



**HOUSING AUTHORITY OF THE CITY OF PRICHARD**  
 4503 SENATOR STREET, PRICHARD, ALABAMA 36613 ph: (251) 452-8500

**AFFORDABLE HOMES PROGRAM HOMEOWNERSHIP-APPLICATION**

**PROGRAM REQUIREMENTS:** Income - \$19,000 (Leacy Estates- \$22,000)\* Income- Section 8 Participants \$15,080 \* First –Time Homebuyer \* Employed at least three (3) years \* Employed one (1) year {Section 8} \* 1% payment of sales price towards purchase \* Satisfactory credit history \* Attend training & counseling classes \* Good rental history \* Acceptable background history \* Active in Homeowners Association \* Abide by program regulations \* At least one (1) young dependent

**FEDERAL INCOME LIMITS:**

FY 2015 INCOME AREA	HOUSEHOLD SIZE	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8+ PERSON
	FY INCOME CATEGORY								
Maximum gross household income	80%	29,900	34,150	38,400	42,650	46,100	49,500	52,900	56,300
Maximum gross household income	120%	\$43,600	\$49,800	\$56,050	\$62,300	\$67,250	\$72,250	\$77,250	\$82,200

\*\*\*\*\*RATES AND QUALIFICATIONS ARE SUBJECT TO CHANGE\*\*\*\*\*

DATE: \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ PHONE NO: ( ) \_\_\_\_ - \_\_\_\_\_

ARE YOU A REGISTERED VOTER? \_\_\_\_\_ YES \_\_\_\_\_ NO

\*\*\*\*\* IF ADDRESS ABOVE IS LESS THAN TWO YEARS\*\*\*\*\*

PREVIOUS ADDRESS: \_\_\_\_\_

MARTIAL STATUS: MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ SINGLE \_\_\_\_\_

SEPARATED \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

SPOUSE'S SOCIAL SECURITY NO. \_\_\_\_\_

LANDLORD: \_\_\_\_\_ PHONE NO: ( ) \_\_\_\_ - \_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HAVE YOU EVER OWNED A HOME? \_\_\_ YES \_\_\_ NO

WHEN/HOW LONG? \_\_\_\_\_

REASON YOU NO LONGER OWN A HOME: \_\_\_\_\_

HAVE YOU EVER FILED BANKRUPTCY? \_\_\_ YES \_\_\_ NO

WHEN \_\_\_\_\_

HAVE YOU EVER HAD A JUDGEMENT FILED AGAINST YOU? \_\_\_ YES \_\_\_ NO

WHEN \_\_\_\_\_

NUMBER OF PEOPLE IN FAMILY \_\_\_\_\_ BOYS \_\_\_\_\_ GIRLS \_\_\_\_\_ ADULTS \_\_\_\_\_

**I. LIST OF PERSONS WHO WILL LIVE IN THE HOUSEHOLD**

<u>NAME</u>	<u>AGE</u>	<u>DOB</u>	<u>SSN#</u>	<u>RELATION</u>
_____	___	_____	_____	_____
_____	___	_____	_____	_____
_____	___	_____	_____	_____
_____	___	_____	_____	_____
_____	___	_____	_____	_____
_____	___	_____	_____	_____

HANDICAP REQUIREMENTS: \_\_\_\_\_ YES \_\_\_\_\_ NO OTHER \_\_\_\_\_

**II. REFERENCES**

*(Please list three references other than employers who are not related to you.)*

NAME	ADDRESS	TELEPHONE

**III. EDUCATIONAL BACKGROUND**

<b>TYPE OF SCHOOL</b>	<b>NAME &amp; LOCATION</b>	<b>DEGREE(S) EARNED</b>	<b>YEARS COMPLETED</b>	<b>SPECIAL SKILLS &amp; TRAINING</b>
<b>HIGH SCHOOL</b>				
<b>GED</b>				
<b>TRADE</b>				
<b>COLLEGE</b>				
<b>COLLEGE</b>				

**IV. INCOME DATA**

**PRESENT EMPLOYER** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE # ( )** \_\_\_\_ - \_\_\_\_ **NUMBER OF YEARS** \_\_\_\_\_

**WAGES/SALARY \$** \_\_\_\_\_ **(INDICATE WEEKLY OR MONTHLY GROSS)**

**SPOUSE'S EMPLOYER (IF PRESENTLY MARRIED)**

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE # ( )** \_\_\_\_ - \_\_\_\_ **NUMBERS OF YEARS** \_\_\_\_\_

**WAGES/SALARY \$** \_\_\_\_\_ **(INDICATE WEEKLY OR MONTHLY GROSS)**

**PREVIOUS EMPLOYER (SELF)** \_\_\_\_\_

**PHONE# ( )** \_\_\_\_ - \_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PREVIOUS EMPLOYER (SPOUSE)** \_\_\_\_\_

**PHONE# ( )** \_\_\_\_ - \_\_\_\_

**ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_ **ST** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**ARE YOU CURRENTLY RECEIVING ANY OF THE FOLLOWING:**

<u>TYPE</u>	<u>AMOUNT</u>	<u>HOW OFTEN</u>	<u>DATE BEGAN</u>
Social Security	_____	_____	_____
S.S.I.	_____	_____	_____
A.D.C.	_____	_____	_____
Retirement	_____	_____	_____
VA Benefits	_____	_____	_____
Unemployment	_____	_____	_____
Worker's Comp.	_____	_____	_____
Child Support	_____	_____	_____
OTHER	_____	_____	_____
<b>TOTAL MONTHLY HOUSEHOLD INCOME FROM ALL SOURCES \$ _____</b>			

**V. ASSET INFORMATION:**

**DESCRIPTION OF ASSETS:**

Checking Account # \_\_\_\_\_ Balance \_\_\_\_\_

Bank Name & Address \_\_\_\_\_

Savings Account # \_\_\_\_\_ Balance \_\_\_\_\_

Bank Name & Address \_\_\_\_\_

Other Assets: Yes \_\_\_\_\_ No \_\_\_\_\_

Type: \_\_\_\_\_

Automobiles (Make, year model): \_\_\_\_\_

**VI. WHAT ARE YOUR CURRENT HOUSEHOLD EXPENSES?**

	<b>AMOUNT OR AVERAGE</b>	<b>WEEKLY, MONTHLY OR QUARTERLY</b>
<b>RENT</b>	\$ _____	\$ _____
<b>ELECTRICITY</b>	\$ _____	\$ _____
<b>GAS</b>	\$ _____	\$ _____
<b>TELEPHONE</b>	\$ _____	\$ _____
<b>WATER/GARAGE</b>	\$ _____	\$ _____
<b>LIFE INSURANCE</b>	\$ _____	\$ _____
<b>MEDICAL INSURANCE</b>	\$ _____	\$ _____
<b>CAR</b>	\$ _____	\$ _____
<b>FOOD</b>	\$ _____	\$ _____
<b>GASOLINE</b>	\$ _____	\$ _____
<b>CLOTHES</b>	\$ _____	\$ _____
<b>MEDICAL/DENTAL</b>	\$ _____	\$ _____
<b>MISCELLANEOUS</b> (Hair, lunch, bus fare, recreation, church, etc.)	\$ _____	\$ _____

<b>PAYMENTS ON LOANS AND CHARGE ACCOUNTS, INCLUDING AUTO &amp; PERSONAL</b>			
<b>Name of Company</b>	<b>Remaining Balance</b>	<b>Monthly Payment</b>	<b>Purpose of Loan</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

6.				
7.				

**VII. MEDICAL DATA:**

**Are you presently under treatment or taking medication? (Include medical information for all persons living in the household):**

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**Physician** \_\_\_\_\_ **Phone ( )** \_\_\_\_ - \_\_\_\_

**Physician** \_\_\_\_\_ **Phone ( )** \_\_\_\_ - \_\_\_\_

**Other information you feel would be helpful:** \_\_\_\_\_

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**Do you owe a student Loan?**                      \_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

**Are your payments current?**                      \_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

**Do you have rental/apartment insurance**                      \_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

**Have you ever had a fire in your home?**                      \_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

**Do you agree to become a member in  
The Homeowner's Association?**                      \_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

**Do you agree to use your home as your  
Principal place of residence**                      \_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

**Do you agree to participate in the Counseling and training, etc., programs if selected to  
participate in the Affordable Homes Program?** \_\_\_\_\_ **Yes**                      \_\_\_\_\_ **No**

**State briefly your reasons for wanting to own a home:**

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**I understand if any of the above information has been intentionally misrepresented, this application may be invalidated making me ineligible for the Affordable Homes Program. I hereby authorize the Affordable Homes Program for the Housing Authority of the City of Prichard, Alabama to make all necessary inquiries for the purpose of verifying the facts herein stated.**

**Signature of Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_**

**Signature of Applicant(s) \_\_\_\_\_ Date \_\_\_\_\_**

**Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_**

**NOTE: (Upon completion of this application or if you should need assistance in understanding or completing this application, please call 452-8500 between the hours of 8:00 A.M. and 5:00 P.M., Monday through Friday.)**



**HOUSING AUTHORITY OF THE CITY OF PRICHARD  
AFFORDABLE HOMES PROGRAM - HOMEOWNERSHIP  
AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_ (legal name), do hereby authorize any agencies, offices, groups, organizations or business firms to release to the Housing Authority of the City of Prichard any information or materials which are deemed necessary to complete and verify my application for participation in and/or to maintain my continued assistance under the Section 8 Housing Assistance Program, Section 8 Voucher program, Low-Income Housing Programs, and/or the Affordable Homes Program. The information needed may include verification or inquires regarding my identity, household members, employment and income, assets, health, residency, and allowances or preferences I have claimed. These organizations are to include, but are not limited to : financial institutions; Employment Security Commission; past or present employers; Social Security Administration; welfare and food stamp agencies; Veterans Administration; court clerks, utility companies; Worker's Compensation payers; physicians and health institutions; public and private retirement systems; law enforcement agencies, and credit providers.

I understand that the Department of Housing and Urban Development (HUD) may conduct computer matching programs in order to verify the information supplied on my application or recertification. It is understood and agreed that this authorization, or the information obtained with its use, may be given to and used by HUD in the administration and enforcement of program rules and regulations and that HUD may, in the course of its duties, obtain such information from federal, state or local agencies, including State Employment Security Agencies; Department of Defense; Office of Personnel Management; the Social Security Administration, and state welfare and food stamp agencies.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_





**HOUSING AUTHORITY OF THE CITY OF PRICHARD  
PERSONAL INQUIRY WAIVER AUTHORIZATION**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Phone Number : ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Identification Number / Drivers License Number (include State of Issue)

\_\_\_\_\_ State \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other (Specify): \_\_\_\_\_

**I respectfully request and authorize you to furnish the Housing Authority of the City of Prichard ( also referred to as Prichard Housing Authority), or any authorized representative of the Housing Authority of the City of Prichard, any and all information or records that you may have concerning my arrest history, which if requested can include a picture and fingerprints. Please include any and all medical, physical and mental records or reports including all information of a confidential or privileged nature, and Photostats of same if requested. This information is to be used to assist in completing a background history for the confidential use of \_\_\_\_\_**

\_\_\_\_\_  
(State Reason for Record Check)

**I hereby release the City of Prichard Department, the City of Prichard, Alabama, and its members from any liability, which may result from furnishing the information requested above.**

\_\_\_\_\_  
(Signature of individual being checked)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Prichard Housing Authority Representative

\_\_\_\_\_  
(Date)



**HOUSING AUTHORITY OF THE CITY OF PRICHARD  
REQUEST FOR CRIMINAL BACKGROUND CHECK**

**In accordance with Public Law 104-120, the agreement between the U.S. Department of Housing and Urban Development and the U.S. Department of Justice, a copy of which is on file with the Housing Authority and this law enforcement agency, and the agreements between this Housing Authority and the Alabama Criminal Justice Information Center (ACJIC) relating to access to the National Crime Information Center (NCIC) data, the Housing Authority of the City of Prichard hereby request that this law enforcement agency conduct a name test to determine whether or not:**

**Name** \_\_\_\_\_

**Race** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Has a criminal history record indexed in the Interstate Identification Index (III). A copy of the consent form signed by the above – named person is attached.**

\_\_\_\_\_  
**Applicant/ Tenant**

\_\_\_\_\_  
**PHA Representative**

**Date Sent to Law Enforcement:** \_\_\_\_\_



**TO BE COMPLETED BY LAW ENFORCEMENT  
AND RETURNED TO THE HOUSING AUTHORITY OF THE CITY OF PRICHARD**

\_\_\_\_\_ **There is no information in the NCIC for the above named person.**

\_\_\_\_\_ **There may be a criminal history record of the named person and the Housing Authority of the City of Prichard should refer the named person to a state or local law enforcement agency for fingerprinting and further checks with the FBI through the Identification Division of the Alabama Department of Public Safety.**

\_\_\_\_\_  
**Law Enforcement Representative**

\_\_\_\_\_  
**Date**



**HOUSING AUTHORITY OF THE CITY OF PRICHARD  
REQUEST FOR RENTAL HISTORY**

**To: LANDLORD** \_\_\_\_\_

**Re: APPLICANT** \_\_\_\_\_

The above identified person has applied for residency at the Housing Authority of the City of Prichard and indicated to us that you now have (or recently had) this applicant as a tenant in your property located at:

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As indicated by the signature noted below, the applicant consents to the release of information pertaining to his/her rental history to the Housing Authority of the City of Prichard. We would greatly appreciate your cooperation.

Please answer the following questions regarding the applicant's rental history.

1. How long has the above name applicant resided at this address? \_\_\_\_\_
2. Number of Bedrooms? \_\_\_\_\_
3. Monthly rent? \_\_\_\_\_ Any Past Due Now? \_\_\_\_\_ If so, Amount Due? \$ \_\_\_\_\_
4. Has the applicant ever been behind in monthly rent payments? \_\_\_\_\_
5. Does applicant maintain desirable living conditions (i.e., well kept home)? \_\_\_\_\_
6. Does applicant get along with neighbors in area? \_\_\_\_\_
7. The applicant's overall conduct while residing at your property would be:  
\_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor
8. If applicant moved and reapplied in the future, would you rent to him/her again? \_\_\_\_\_  
If not, Why? \_\_\_\_\_
9. Did applicant own a pet? \_\_\_\_\_ Any problems? \_\_\_\_\_
10. Additional comments \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_ - \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_



**HOUSING AUTHORITY OF THE CITY OF PRICHARD  
AUTHORIZATION FOR CREDIT CHECK**

**I, \_\_\_\_\_ (legal name) do hereby authorize the Housing Authority of the City of Prichard to run a check on my credit history and background and further authorize any agency, office, group, organization or business firm to release to the Housing Authority of the City of Prichard any information deemed necessary to complete and verify my credit history and background.**

**It is my understanding and with my consent that a photocopy of this authorization may be used for the purpose stated above.**

**Signed** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_

**Date** \_\_\_\_\_



**HOUSING AUTHORITY OF THE CITY OF PRICHARD  
REQUEST FOR VERIFICATION OF EMPLOYMENT / INCOME**

Date: \_\_\_\_\_

Attention: PERSONNEL DEPARTMENT  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Re: Employee: \_\_\_\_\_  
SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

The person named above is applying for or participating in a federally – assisted housing program operated by the Housing Authority. Written verification of income is required in order to determine eligibility and the amount of rent that she/he is to pay. Your prompt return of this form in the enclosed, postage-paid envelope will be appreciated.

HOUSING AUTHORITY REPRESENTATIVE: \_\_\_\_\_

I, hereby authorize, my employer to release the information requested directly to the Housing Authority.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verification of Employment Income (Please complete whether currently employed or not)

1. Date employment began: \_\_\_\_\_ Occupation: \_\_\_\_\_
2. Date employment terminated: \_\_\_\_\_ Re-employed: \_\_\_\_\_
3. Base Pay: \$ \_\_\_\_\_ per : \_\_\_\_\_ hr \_\_\_\_\_ day \_\_\_\_\_ week \_\_\_\_\_ yr  
Pay Period: Weekly ( ) Bi-Weekly ( ) Semi-Monthly ( ) Monthly ( )  
Date present rate effective: \_\_\_\_\_  
Average hours per week at base pay rate: \_\_\_\_\_ Average weeks per year at base rate: \_\_\_\_\_  
Change in base rate anticipated during next 12 months to : \$ \_\_\_\_\_ per \_\_\_\_\_ Overtime pay: \$ \_\_\_\_\_ per hour Expected overtime during the next 12 months: \_\_\_\_\_ hrs per week Earnings year to date: \$ \_\_\_\_\_
4. Amount deducted per pay period for health insurance: \$ \_\_\_\_\_ per \_\_\_\_\_
5. Amount vacation pay: \$ \_\_\_\_\_ per \_\_\_\_\_
6. Amount sick leave pay: \$ \_\_\_\_\_ per \_\_\_\_\_
7. Total earnings past 12 months:  
\$ \_\_\_\_\_ Base Pay \$ \_\_\_\_\_ Bonus \$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_
8. If employer is landlord, is a rent reduction given? \_\_\_ No \_\_\_ Yes Amount: \$ \_\_\_\_\_
9. Do federal funds pay for any part of salary? \_\_\_ No \_\_\_ Yes Amount: \$ \_\_\_\_\_  
If yes, name of program: \_\_\_\_\_

Signature \_\_\_\_\_  
Name (print/type) \_\_\_\_\_  
Title \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date: \_\_\_\_\_