



# HOUSING AUTHORITY OF THE CITY OF PRICHARD

## Application for Admission — NSP2

Military Service: Is there any member of your household now serving in military service (Army, Air Force, Marines, Navy, etc.)?

If yes, give the following information on each military service person:

Name	Rank:	Address	Service

INCOME: List all employment income (including self-employment) for each household member.

Household Member	Name & Address of Employer	Annual Income

OTHER SOURCES OF INCOME: (Examples: welfare, Social Security, SSE, pensions disability compensation, unemployment compensation, baby-sitting, alimony, child support, annuities, interest, dividends, income from rental property, Armed Forces, Military Reserves, cash contributions from individuals, scholarships, grants) Include alimony and/or child support entitled to but not received.

Household Member	Source	Amount

BANK INFORMATION: List any checking, savings, credit union and/or certificate of deposit accounts.

Type of Account	Bank	Account Number	Amount

Stocks & Bonds Yes  No  If yes, current value \$ \_\_\_\_\_

Savings Bonds Yes  No  If yes, current amount \$ \_\_\_\_\_

Do you own real estate? Yes  No  If yes, current value \$ \_\_\_\_\_ Have you EVER owned real estate? Yes  No

If yes, when? \_\_\_\_\_ Do you *have life insurance* or a retirement account? Yes  No  If yes, current amount(s) \$ \_\_\_\_\_

### CHILDCARE EXPENSES

Do you pay for baby-sitting while a family member is employed? Yes  No

If yes, list child care provider's name, address and telephone number: \_\_\_\_\_

Baby-sitting cost: Weekly \$ \_\_\_\_\_ or Monthly \$ \_\_\_\_\_

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### MEDICAL EXPENSES

Are you receiving Medicare benefits? Yes  No  If yes, monthly amount of benefits \$ \_\_\_\_\_

Are you receiving medical assistance through the welfare department (DHR)? Yes  No  If yes, monthly amount \$ \_\_\_\_\_

Do you pay for any medical insurance/hospitalization (such as BlueCross)? Yes  No

If yes, indicate amount of premium paid and how often paid. Weekly \$ \_\_\_\_\_ or Bi-weekly \$ \_\_\_\_\_ or Monthly \$ \_\_\_\_\_

Are you making payments on outstanding medical bills? Yes  No  If yes, amount paid per month \$ \_\_\_\_\_

Do you take prescription drugs on a regular basis? Yes  No  If yes, your cost per month \$ \_\_\_\_\_

### SPECIAL NEEDS

For the purpose of determining allowable income deductions, does any member of your household have a disability? Yes  No

Does any member require any special accommodations? Yes  No

If yes, what? \_\_\_\_\_

Do you pay for a care attendant or for any equipment for any member with a disability in order to permit that person or someone else in the household to work? \_\_\_\_\_

### PROGRAM INFORMATION

Have you or any family member listed on the front of the application ever been arrested for any offense against the law? Yes  No

Are any household members subject to a lifetime registration requirement under the state sex offender registration program?  
Yes  No

Have you or any family member listed on the front of the application ever been in trouble with the law? For example, traffic citation  
Yes  No

**Notice: You are reminded that all your answers will be verified. Giving false information is considered fraud.**

### ABSENT PARENT INFORMATION

Family Member	Father/Mother's Name	Street Address

Have you ever been married? Yes  NO  Maiden Name \_\_\_\_\_

	Date	From Whom	Street Address	City	State	Zip	Comments
Separated?							
Divorced?							
Widowed?							

Social Security Number of Deceased (if widowed) \_\_\_\_\_

### ADDITIONAL INFORMATION

**HOUSING AUTHORITY OF THE CITY OF PRICHARD**  
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Have you ever applied for Public Housing or Section 8 Housing? Yes  No

Have you ever lived in Public Housing or Section 8 Housing? Yes  No

Have you ever lived in housing that is referred to as the "PROJECTS"? Yes  No

If you have lived or currently live in Public Housing ("Projects") and/or Section 8 Assisted Housing or housing where the amount of rent you paid was based on your income, complete the following:

Where (Address) \_\_\_\_\_ When (Dates) \_\_\_\_\_

Do you owe **any money to the Public Housing Department and/or Section 8 Housing?** Yes  No

If yes, Amount \$ \_\_\_\_\_

**Signed receipt and acknowledgement of form HUD-52675 (Debts Owed to Public Housing Agencies & Terminations)**

Yes  No

**WARNING: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

I/We certify that all information given to the Housing Authority of the City of Prichard in this application is correct. I/We understand that if these facts are not true, housing assistance or housing will not be provided, and I/We will be declared ineligible. I understand that after the information in this application is verified that the information will be submitted to the U. S. Department of Housing and Urban Development (HUD) on Form HUD-50058 (The Federal Privacy Act Statement contains additional information concerning the authorized use of this information.) I also understand that staff of the Housing Authority of the City of Prichard will verify this information, and I authorize the Housing Authority of the City of Prichard to submit inquiries necessary for the purpose of verifying the facts herein stated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Head of Household

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse or Other Adult

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
HACP Representative

**Note: If you believe you have been discriminated against, you may report the incident by calling the Fair Housing and Equal Opportunity toll-free hotline at 1-800-669-9777, or by asking the Housing Authority of the City of Prichard to provide you with HUD Housing Discrimination Complaint form HUD-903.**