



# HOUSING AUTHORITY OF THE CITY OF PRICHARD

## Application for Admission – Public Housing

**Do you anticipate any changes in your family composition?** Yes  No  **If yes, explain:** \_\_\_\_\_

**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, SSI, 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 family to work? Yes  No  If yes, describe expense \_\_\_\_\_

**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

Have you or any family member listed on the front of the application ever had a warrant issued for an arrest? Yes  No

Are any household members subject to 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 or any other situation? Yes  No  If you answered yes to any of the questions in this section, explain:

\_\_\_\_\_

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

**ABSENT PARENT INFORMATION**

Family Member	Father/Mother's Name	Street Address	City,State	Last Contact

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Have you ever been married? Yes <input type="checkbox"/> NO <input type="checkbox"/> Maiden Name _____							
	Date	From Whom	Street Address	City	State	Zip	Comments
Separated?							
Divorced?							
Widowed?							
Social Security Number of Deceased (if widowed) _____							

**ADDITIONAL INFORMATION**

<p>Have you ever applied for Public Housing or Section 8 Housing? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you ever lived in Public Housing or Section 8 Housing? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Have you ever lived in housing that is referred to as the "PROJECTS"? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>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) _____</p> <p><b>Do you owe any money to the Public Housing Project and/or Section 8 Housing? Yes <input type="checkbox"/> No <input type="checkbox"/></b>          If yes, Amount \$ _____</p> <p><b>Signed receipt and acknowledgement of form HUD-52675 (Debts Owed to Public Housing Agencies &amp; Terminations)</b>          Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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**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: \_\_\_\_\_  
 Head of Household

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

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

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

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

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

**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.**

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.