



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:

¹ FY 2017 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%	\$30,900	\$35,300	\$39,700	\$44,100	\$47,650	\$51,200	\$54,700	\$58,250
Maximum gross household income	120%	\$46,300	\$52,900	\$59,500	\$66,100	\$71,400	\$76,700	\$82,000	\$87,300

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

DATE: _____ SOCIAL SECURITY NO. ____ - ____ - _____

FULL NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

BIRTHDATE: ____/____/____ PHONE NO: () ____ - _____

EMAIL ADDRESS: _____

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. _____

¹ Income Limits effective May 26, 2017

EMAIL ADDRESS: _____

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

TYPE OF SCHOOL	NAME & LOCATION	DEGREE(S) EARNED	YEARS COMPLETED	SPECIAL SKILLS & TRAINING
HIGH SCHOOL				
GED				
TRADE				
COLLEGE				
COLLEGE				

IV. INCOME DATA

PRESENT EMPLOYER _____

ADDRESS _____ **CITY** _____ **ST** _____ **ZIPCODE** _____

PHONE # () ____ - ____ **NUMBER OF YEARS** _____

WAGES/SALARY \$ _____ **(INDICATE WEEKLEY OR MONTHLY GROSS)**

SPOUSE'S EMPLOYER (IF PRESENTLY MARRIED)

ADDRESS _____ **CITY** _____ **ST** _____ **ZIPCODE** _____

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	_____	_____	_____
TOTAL MONTHLY HOUSEHOLD INCOME FROM ALL SOURCES \$ _____			

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?

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

PAYMENTS ON LOANS AND CHARGE ACCOUNTS, INCLUDING AUTO & PERSONAL			
Name of Company	Remaining Balance	Monthly Payment	Purpose of Loan
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):

Physician _____ **Phone ()** ____ - ____

Physician _____ **Phone ()** ____ - ____

Other information you feel would be helpful: _____

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:

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:

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: _____