

Read and sign warning before completing this application!

WARNING

Misrepresentation is a serious dwelling lease violation that may result in an eviction. If it is found that an applicant or tenant has misrepresented the facts upon which his/her rent is based so that he/she is paying less than he/she should be paying, the dwelling lease and/or housing assistance will be terminated. In addition, the applicant/tenant may be subjected to civil and criminal penalties.

The applicant/tenant is advised that any person who, by means of a false statement, failure to disclose information, impersonation or other fraudulent scheme or device: 1) obtains or attempts to obtain, or 2) establishes or attempts to establish eligibility for, and/or 3) knowingly or intentionally aids or helps such person obtain or attempt to obtain housing or a reduction in public housing rental charges or any rent subsidy to which such person would not otherwise be entitled, shall be guilty of a misdemeanor. Upon conviction, the person shall be punished by a fine of not less than \$300 nor more than \$500, be punished at hard labor for the county not to exceed 60 days, or both fined and imprisoned, at the discretion of the court. (24-1-10, Code of Alabama, 1975)

Signature: _____

Date: _____

Documents to bring with you:

1. **Birth certificates or other acceptable birth verifications: shot records, picture ID/driver's license, school records, voter registration**
2. **Social Security cards**
3. **All final divorce decrees**
4. **Marriage certificate**
5. **Most current landlord's name and complete mailing address**
6. **Employer's name and complete mailing address**
7. **Most recent Social Security/SSI award letter**
8. **Child support check stubs**
9. **Unemployment check stubs**
10. **Veterans benefit award letter and/or Deployment Letter**

Huntsville Housing Authority
200 Washington Street (35801), P.O. Box 486
Huntsville, Alabama 35804-0486

APPLICATION

Mark NSP programs(s) applying for: PURCHASE <input type="checkbox"/> LEASE <input type="checkbox"/> Note: You may choose to have your name placed on the waiting list for both programs listed above if the waiting lists are open.	Racial Group <input type="checkbox"/> () White () Black/African American <input type="checkbox"/> () Asian () Native American <input type="checkbox"/> () Other _____	Ethnicity <input type="checkbox"/> () Hispanic/Latino <input type="checkbox"/> () Not Hispanic/Latino
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TO BE FILLED OUT BY APPLICANT (IN INK). FOR QUESTIONS THAT DO NOT APPLY TO YOU, ANSWER NO OR NONE.
DO NOT LEAVE BLANKS.

SECTION I – PERSONAL INFORMATION

APPLICANT NAME	Last	First	M.I.
CURRENT ADDRESS	Street	City	State Zip Apt. #
MAILING ADDRESS	P.O. Box	City	State Zip
Home Phone #	Work Phone #	Others #	

SECTION II – MARITAL STATUS/HISTORY

Have you ever been married? Yes No How many times? _____ Maiden Name _____

	Date	From Whom	Street Address	City	State	Zip	
Separated?							Preference: Check all that apply
Divorced?							Displaced by Disaster <input type="checkbox"/>
Widowed?							Elderly <input type="checkbox"/>
							Veteran/Returning Service Person <input type="checkbox"/>
							FSS Participant <input type="checkbox"/>

SECTION III – HOUSEHOLD COMPOSITION: List all persons who will live in the unit while participating in this program:

Print Full Name(s)	Relation To Head of Family	Birth Date	Age	Sex	Social Security Number	Occupation/Name of School Attending	U.S. Citizen Yes/No
1)	Head						
2)							
3)							
4)							
5)							
6)							

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

Military Service: Is there any member of your household (listed above) 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

SECTION IV – RENTAL HISTORY

Name of Current Landlord _____

Mailing Address of Landlord _____

Street City State Zip Apt. #

Present Monthly Rent \$ _____ Number of Bedrooms _____ Number of Persons presently in Household _____

If you pay for your utilities, indicate the utilities paid by you, and the amount. If you do not pay for any of the utilities listed, check N/A.

Electricity \$ _____ Gas \$ _____ Water \$ _____ Phone \$ _____ Cable TV \$ _____ N/A

How long have you lived at the address listed above? Years _____ Months _____

Do you owe any money to the landlord listed above? Yes No If yes, Amount Owed \$ _____

List all previous locations where you have lived for the past five years. (List most recent first)

Name of Landlord	Address	Name of Lease Holder	Length of Time at that Address	Monthly Rent

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

Household Member	Name & Address of Employer	Annual Income

SECTION VI – 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

SECTION VII – 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) \$ _____

SECTION VIII – 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 \$ _____

SECTION IX – 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 \$ _____

SECTION X – 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: _____

SECTION XI – CRIMINAL HISTORY

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

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: _____

SECTION XII – ABSENT PARENT INFORMATION

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

SECTION XIII – ADDITIONAL

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 If yes, monthly amount \$ _____

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 money to the Public Housing Project and/or Section 8 Housing? Yes No If yes, Amount \$ _____

WARNING: You are reminded that all your answers will be verified. Giving false information is considered fraud. 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 Huntsville Housing Authority 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 Huntsville HA will verify this information, and I authorize the Huntsville HA to submit inquires necessary for the purpose of verifying the facts herein stated.

Signature: _____
Head of Household

Date: _____

Signature: _____
Spouse or Other Adult

Date: _____

Signature: _____
Huntsville HA 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 Huntsville Housing Authority to provide you with a HUD Housing Discrimination Complaint form, HUD-903.

Applicant: Do Not Write in this Section
Authority Use Only

Family Status	
Head/Spouse 62 or over	_____
Head/Spouse Disabled	_____
Number in Family	_____
Number of Minors	_____
Number of Bedrooms	_____
Age of Head	_____
Sex of Head	_____
Husband & Wife Present (Y or N)	_____
Spouse Deceased (Y or N)	_____
Separated (Y or N)	_____
Divorced (Y or N)	_____
Eligible <input type="checkbox"/>	Ineligible <input type="checkbox"/>



Growing Communities One Family At A Time

AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agencies, organization, business or individual to release to and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or the manager to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, including but are not limited to:

- | | |
|----------------------------------|-------------------------------|
| Identity | Employment, Income and Assets |
| Medical or Child Care Allowances | Credit and Criminal Activity |
| Residences and Rental Activity | |

GROUP OR INDIVIDUAL THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | |
|--|--|
| Previous Landlords (Including Public Housing Agencies) | Past and Present Employers (Note: IRS Form 4506 is needed for welfare Agencies tax returns.) |
| Courts and Post Offices | State Unemployment Agencies |
| Schools and Colleges | Social Security Administration |
| Law Enforcement Agencies-Tenant Tracker | Support and Alimony Providers |
| Medical and Child Care Providers | Veterans Administration |
| Retirement Systems | Banks and other Financial Institutions |
| Utility Companies | Credit Providers and Credit Bureaus |

CONDITIONS

I agree that a photocopy of this authorization is on file in the management office. I understand I have a right to review my file and correct any information that I can prove is incorrect.

HOUSEHOLD MEMBERS OVER 18:

Printed name (first, middle, last)

Driver's License #/ ID

State

SS#

D.O.B.

Address - Street

Apt. #

Phone

City

Zip

Signature