



# STATESVILLE HOUSING AUTHORITY

## APPLICATION FOR SECTION 8 NEW CONSTRUCTION/PUBLIC HOUSING/SECTION 8 RENTAL ASSISTANCE

DEAR POTENTIAL APPLICANT:

Thank you for your interest in our Housing Programs. We are providing you with this preliminary application so that the Commission can determine your eligibility for housing assistance through one of our subsidy programs, and place your name on our waiting list for the program(s) you have indicated below. Simply fill out the following information.

You **MUST** notify our office in **WRITING** if there is a change in your family size, income, telephone number, or address. No changes taken over the phone. You **MUST** have identification for all changes, whether the change is submitted by mail or in person.

DATE OF APPLICATION: \_\_\_\_\_ TIME OF APPLICATION: \_\_\_\_\_ DATE RECEIVED IN MAIL: \_\_\_\_\_

APPLYING FOR:      \_\_\_\_\_ PUBLIC HOUSING                      \_\_\_\_\_ SECTION 8                      \_\_\_\_\_ S8 NC (*MUST BE 55 OR OLDER*)

CIRCLE APPROPRIATE:              MARRIED              DIVORCED              WIDOWED              SEPARATED              SINGLE

COMPLETE NAME (Including all married names): \_\_\_\_\_

LIST ALL PREVIOUS SPOUSE'S NAMES: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_

CURRENT STREET ADDRESS: \_\_\_\_\_

CITY/STATE AND ZIP: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_ WORK #: \_\_\_\_\_

**Starting with yourself, list everyone who will be living in your NEW home.**

	FIRST NAME, MIDDLE INITIAL & LAST NAME	BIRTH DATE	CITY & STATE OF BIRTH	SOCIAL SECURITY #	RELATION TO HEAD	AGE	SEX
1.					HEAD OF HOUSEHOLD		
2.							
3.							
4.							
5.							
6.							
7.							
8.							

**CIRCLE ALL THAT APPLY:**

RACE:      BLACK      WHITE      AMERICAN INDIAN/ALASKAN NATIVE      ASIAN OR PACIFIC ISLANDER

ETHNIC BACKGROUND:      HISPANIC      NON-HISPANIC

Current landlord's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

How long have you rented from current landlord? \_\_\_\_\_ Why did you move? \_\_\_\_\_

Prior landlord's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

What address did you rent and when? \_\_\_\_\_

Do you have a Section 8 Voucher? \_\_\_\_ YES \_\_\_\_ NO    Have you EVER had a Section 8 Voucher? \_\_\_\_ YES \_\_\_\_ NO

When and with what Housing Authority or Agency? \_\_\_\_\_

HAVE YOU EVER LIVED IN PUBLIC HOUSING, SECTION 8, OR GOVERNMENTAL SUBSIDIZED HOUSING? \_\_\_\_ YES \_\_\_\_ NO

When and with what Housing Authority or Agency? \_\_\_\_\_

**INCOME OF ALL HOUSEHOLD MEMBERS (EMPLOYMENT, SOCIAL SECURITY, SSI, PENSION, AFDC, CHILD SUPPORT, ETC.)**

FAMILY MEMBER'S NAME	SOURCE & TYPE OF INCOME	MONTHLY AMOUNT	ANNUAL AMOUNT
1			
2			
3			
4			

**PLEASE CHECK THE ITEM(S) BELOW THAT MAY APPLY TO YOUR LIVING CONDITIONS:**

- SPOUSE ABUSE       NO INDOOR PLUMBING OR COOKING       HOME DAMAGED BY FIRE OR FLOOD  
 HOMELESS       HOME CONDEMNED BY LOCAL GOVERNMENT       ACTION BY HOUSING OWNER  
 RENTING (AMOUNT OF RENT & UTILITIES: \$ \_\_\_\_\_ )       BUYING (AMOUNT OF MORTGAGE & UTILITIES: \$ \_\_\_\_\_ )

ARE YOU HANDICAPPED OR DISABLED?    \_\_\_\_ YES    \_\_\_\_ NO

DO YOU HAVE SPECIAL ACCOMMODATION NEEDS?    \_\_\_\_ YES    \_\_\_\_ NO

I/WE CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE (1) PUNISHABLE UNDER FEDERAL LAW, (2) GROUNDS TO DENY ELIGIBILITY FOR ASSISTED HOUSING, OR (3) CAUSE FOR TERMINATION OF TENANCY.

\_\_\_\_\_  
HEAD OF HOUSEHOLD SIGNATURE & DATE

\_\_\_\_\_  
CO-APPLICANT SIGNATURE & DATE (OTHER ADULT MEMBER)

\_\_\_\_\_  
CO-APPLICANT SIGNATURE & DATE (OTHER ADULT MEMBER)

\_\_\_\_\_  
CO-APPLICANT SIGNATURE & DATE (OTHER ADULT MEMBER)

## REASONABLE ACCOMMODATION REQUEST FORM

The definition of a person with disabilities is different than the definition used for admission. The Fair Housing definition used for this purpose is:

A person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. (The disability may not be apparent to others, i.e.: a hearing impairment).

If the disability is not apparent or documented, the Statesville Housing Authority will obtain verification that the applicant is the person with the disability.

Please answer the following in relationship to the requested accommodation:

1. Is the applicant a person with disabilities?            Yes            No
2. Is the requested accommodation related to the disability?            Yes            No
3. What accommodation is needed?
4. How will the requested accommodation enable you to access or use the Statesville Housing Authority's programs or services?
5. If the requested accommodation requires modifications, will you or any other party pay for the modification and restoration costs?            Yes            No

The Statesville Housing Authority may permit physical modifications paid at the client's expense, if it does not violate codes or affect the structural integrity of the unit. Any accommodation that would enable a client to materially violate essential lease terms will **NOT** be approved.

PLEASE RETURN THIS REQUEST FORM TO A STATESVILLE HOUSING AUTHORITY STAFF MEMBER

### OFFICE USE ONLY

This request for a reasonable accommodation was:

\_\_\_\_\_ Approved            \_\_\_\_\_ Denied

Reason/Comment: \_\_\_\_\_  
\_\_\_\_\_

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

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

Client sent notice of decision by 1<sup>st</sup> class mail on this date: \_\_\_\_\_  
(Copy of notice attached to this request)

## RELEASE OF INFORMATION / CONSENT FORM

**PURPOSE:** The US Department of Housing and Urban Development and Statesville Housing Authority may use this form and the information obtained with it to administer and enforce program rules and policies.

**AUTHORIZATION:** I authorize release of any information (including documentation and other materials) pertinent to eligibility for participation under any of the following programs: Public Housing, Section 8 or Section 8 New Construction.

**CONDITIONS:** I agree that photocopies of this authorization may be used for the purposes stated herein. If I do not sign this form, I understand that my housing assistance may be denied or terminated.

**INDIVIDUALS/ORGANIZATIONS WHO MAY RELEASE INFORMATION:** Any individual, including government, may be asked to release certain information. For example, information may be requested from: banks, financial institutions, courts, credit bureaus, landlords, law enforcement agencies, past and present employers, schools and colleges, utility companies, welfare agencies, social security administration, VA, daycare providers, providers of child support or alimony, handicapped assistance funds, medical providers, etc.

I authorize SHA and HUD to obtain information about my situation that is pertinent to eligibility or participation in assisted housing programs. I authorize HUD or housing authority representatives to obtain information on wages, or unemployment compensation.

Covered inquiries may include, but are not limited to: childcare expenses, criminal history, credit history, welfare payments, federal, state, tribal or local benefits, social security numbers, medical expenses, identity, marital status, past and current residences, landlord references, bank account information, etc.

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Head of Household Signature & Social Security number

Date

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Signature & Social Security number of other adult

Date

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Signature & Social Security number of other adult

Date

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SHA Representative Signature

Date

# RELEASE AUTHORIZATION FORM

## STATESVILLE HOUSING AUTHORITY

### *ONLINE RENTAL EXCHANGE - CRIMINAL HISTORY & CREDIT REPORTS*

I authorize the Statesville Housing Authority or its agent (Online Rental Exchange) to verify any and all information given by me that pertains to my eligibility for potential housing. I fully understand that the information will include, but is not limited to, criminal records, credit history, social security number verification. I release any and all employers, bureaus, agencies, individuals, data organizations, or companies named above from all liabilities of damages that might occur from information obtained. I understand that the information regarding sex, race, and date of birth are for the sole purpose of gathering the information correctly and will not be used to discriminate against me in violation of any law.

#### APPLICANT PLEASE PRINT CLEARLY

**Name(Last)** \_\_\_\_\_ **(First)** \_\_\_\_\_ **(Middle)** \_\_\_\_\_

**List any other name used in last 7 years (maiden names)** \_\_\_\_\_

**Date of Birth** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

**Current Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Driver's License #** \_\_\_\_\_ **State** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Race (circle one) Black Caucasian Hispanic Asian other** \_\_\_\_\_

**Gender (circle one) Male**

**Female**

List other cities or towns in which you have lived in the last 7 years:

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_

**Landlords: Name** \_\_\_\_\_ **Phone number** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Landlords: Name** \_\_\_\_\_ **Phone number** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_