

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 subject 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)

Please call for appointment: 256-437-3009

Appointment Date:

Appointment Time:

Signature: _____

Date: _____

Documents to bring with you:

1. **Birth certificates or other acceptable birth verifications: shot records, picture ID/ drivers license, school records, voter registration**
2. **Social Security cards**
3. **All final divorce decrees/Custody papers for children**
4. **Marriage certificate**
5. **Rental History: Last 5-6 years including most current landlord's name, complete mailing address, and phone number**
6. **Employer's name, complete mailing address, and phone number or other source of income**
7. **Most recent Social Security/SSI award letter**
8. **Child support check stubs**
9. **Unemployment check stubs**
10. **Veterans benefit award letter**
11. **Personal Reference: Name and phone number**

APPLICATION

Mark program(s) applying for: PUBLIC HOUSING <input type="checkbox"/> SECTION 8 HOUSING VOUCHER <input type="checkbox"/> SECTION 8 MOD REHAB <input type="checkbox"/> Note: You may choose to have your name placed on the waiting list for one, two, or all three of the programs listed above if the waiting lists are open.	APPLICATION FOR ADMISSION <input type="checkbox"/> APPLICATION FOR CONTINUED OCCUPANCY <input type="checkbox"/> DATE _____ TIME _____	<p style="text-align: center;">Racial Group</p> () White () Black/African () Asian () Native American () Other _____
		<p style="text-align: center;">Ethnicity</p> () Hispanic/Latino () Not Hispanic/Latino

TO BE FILLED OUT BY APPLICANT (IN INK). FOR QUESTIONS THAT DO NOT APPLY TO YOU, ANSWER **NO** OR **NONE**. **DO NOT LEAVE BLANKS.**

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 # _____	Other # _____		

Name of Current Landlord _____

Mailing Address of Landlord _____

Street/P.O. Box 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 \$ _____ Monthly Gas \$ _____ Monthly Water \$ _____ Monthly Phone \$ _____ Monthly Cable TV \$ _____ Monthly 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 City, State and Year of locations where you have lived for the past five years. _____

HOUSEHOLD COMPOSITION: List all persons who will live in the rental unit while you are on 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)							
7)							
8)							
9)							
10)							

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
_____	_____	_____	_____
_____	_____	_____	_____

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 \$ _____

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

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 your answers will be verified. Giving false information is considered fraud.

ABSENT PARENT INFORMATION

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

MARITAL STATUS/HISTORY

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

	Date	From Whom	Street Address	City	State	Zip	Comments:
Separated?							
Divorced?							
Widowed?		Social Security Number of Deceased: _____					

Have you ever used a name or Social Security number other than the ones you are using now? Yes No If yes, explain: _____

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

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

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 Stevenson 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 Stevenson HA will verify this information, and I authorize the Stevenson HA 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: _____
SHA 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 Stevenson HA 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	F <input type="checkbox"/> M <input type="checkbox"/>
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"/>