

Application for Public Housing

Important Information

Please read the following carefully before completing the application form.

If you or anyone in your family is person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

- The application must be completed in the handwriting of the head of household. Incomplete application will not be processed.
- Persons with disabilities or persons who are limited in their ability to read, write, speak, or understand English can seek assistance with the completion of the form at the housing agency office.
- Use the full legal name of each person listed on the application as it appears on their social security card.
- Please print all answers.
- Answer all questions on the application form. Do not leave any questions blank. If a question does not apply to you such as: "What is your telephone number?" and you do not have a telephone, write "none".
- All yes/no questions *must* be checked to indicate whether your response is a "yes" or "no".
- If there is not enough space to answer a particular question or to provide an additional explanation that you want to make, please feel free to attach one or more pages to the application.
- Where indicated on this form, the questions apply to all members of the family on the application.
- The information that you provide on this application must be true and complete. It is a violation of federal and state criminal law to make false statements on an application for housing assistance. If you do not understand a question, please ask your housing representative.
- Be advised that the PHA will conduct criminal background checks and sex offender registration checks on all adult household members, including live-in aides.

To qualify for Public Housing an applicant must:

- Be a family as defined in the Housing Agency's Admission and Continued Occupancy Policy (ACOP). A copy of the ACOP is either posted or available at the housing agency office.
- Meet the HUD requirements on citizenship or immigration status.
- Have an annual income at the time of admission that does not exceed the income limits established by HUD. These income limits are posted in the PHA's office.
- Provide documentation of Social Security number for all household members except noncontending persons.
- Pay and money owed to the PHA or any other housing authority
- Not be subject to lifetime sex offender registration requirements.
- Sign authorization forms so the PHA can verify the various eligibility requirements.
- Not have any household members who are engaged in any criminal activity that threatens the life, health, safety or right to peaceful enjoyment of the premises by other residents, and not have any household members who are engaged in any drug-related or violent criminal activity.
- Qualify as a suitable renter after the PHA conducts screening of prior rental history and financial responsibility.

Americans with Disabilities Act

We need your help to ensure all our programs, services and activities are fully accessible to persons with disabilities. If you encounter any type of barrier that prevents you from receiving the full benefit of our programs, services or activities please let us know.

Waiting List Placement

Please mark which site(s) you are interested in (if qualified):

_____ Washington Street --- Elderly/Disabled 1 bedroom

_____ Lincoln Manor ----- Elderly/Disabled
_____ 0 bdrm. _____ 1 bdrm.

_____ High Rise ----- Elderly/Disabled/Working adults
_____ 0 bdrm. _____ 1 bdrm.

_____ John F. Kennedy----- Family Units
_____ 1 bdrm. _____ 2 bdrm. _____ 3bdrm _____ 4bdrm

_____ Lepha Mackey----- Family Units
_____ 2 bdrm. _____ 3 bdrm.

PERSONAL DECLARATION

Housing Assistance Application/Personal Declaration

PART A: HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1) Legal Name of Head of Household _____

2) Social Security _____ 3. Alien Registration # _____

4) Current Address: Street _____

City/State Zip _____

5) Mailing Address if different from above: Street _____

City/State/Zip _____

6) Most Recent Previous Address: Street _____

City/State/Zip _____

7) Phone _____ 8) Work _____ 9) Spouse Work # _____

10) Date of Birth _____ 11) Sex (M/F) _____

12) Citizenship: Are you a citizen of the United States? (Yes/No) _____

13) A) White D) American Indian/ Alaska Native

B) Black/ African American E) Asian

C) Native Hawaiian/ Other Pacific Islander

Select as many codes as appropriate to best indicate your race: _____

14) Ethnicity (1 = Hispanic or Latino 2 = Not Hispanic or Latino) _____

15) Do you or any member of your family claim any type of disability for the purpose of qualifying for reasonable accommodation in PHA rules or policies, modification of the housing unit, or specific housing needs? (YES/NO)

If yes, please describe: _____

16) Marital status of Head of Household: Married___ Single___ Widow(er)___ Divorced___

17) Current Spouse Name: _____

18) List names, addresses and telephone numbers of two relatives or friends who generally know how to contact you:

1. Contact Name:	2. Contact Name:
Address:	Address:
Telephone #	Telephone #

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19) Have you or any household member ever received any type of housing assistance? (Yes/No) _____

If yes, provide: Household Member Name: _____

Public/ Assisted Housing Agency Name: _____

Agency Address: _____

What year(s)? _____ Who was the Head of Household? _____

20) Do you currently owe any money to any Public or Assisted Housing Agency? (Yes/No) _____

If yes, amount \$ _____

Name of Public/Assisted Housing Agency _____

Address of Agency _____

21) Have you ever used a name other than the one you are using now? (Yes/No) _____

If yes, please explain: _____

22) Have you ever used a social security number other than the one you listed on page 1 of this form? (Yes/No) _____

If yes, what is the other number? _____

23) **LIST ALL OTHER MEMBERS WHO WILL BE LIVING IN THE UNIT.**

Member Number	Member's Full Legal Name	Relation to Head	Birth Date	Age	Sex (M/F)	Social Security Number	Occupation or school name	U.S. Citizen Yes/No
Head (1)								
2								
3								
4								
5								
6								
7								
8								

If there are any additional household members check here _____ and attach a separate page with application.

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24) Has anyone who will live in the home previously lived in a state other than this state? (Yes/No) _____
 If yes, which family member(s)?

Family member _____ State lived _____

Family member _____ State lived _____

25) Does anyone other than an adult who will live in the home, share custody of any of the children listed? (Yes/No) _____

If yes, who? _____

26) Is anyone who will reside in the home currently married? (Yes/No) _____

If yes, who? _____

27) Are any family members temporarily absent from the home? (Yes/No) _____

If yes, who? _____

28) Full time students: List the household member name, school name, address and telephone number of all household members who are attending school full-time:

A. Name of Household Member:	
School Name:	
School Address:	
School Telephone #:	
B. Name of Household Member:	
School Name:	
School Address:	
School Telephone #:	
C. Name of Household Member:	
School Name:	
School Address:	
School Telephone #:	
D. Name of Household Member:	
School Name:	
School Address:	
School Telephone #:	

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29) For all household members that are not United States citizens, provide the following information:

A. Name of Household Member:	
Alien Registration#:	
B. Name of Household Member:	
Alien Registration#:	
C. Name of Household Member:	
Alien Registration#:	
D. Name of Household Member:	
Alien Registration#:	

Part A: INCOME INFORMATION

(This part applies to all household members, including minors.)

1. Work full time, part-time, or seasonally – including wages, tips, bonuses, money for services?
 (Yes/No) _____ If yes, provide the following information:

Name of Household Member	Employer Name/Address	Employer Telephone Number

2. Any household member work for someone who pays cash? (Yes/No) _____

If yes, please provide the following information:

Name of Household Member	Employer Name/ Address	Employer Telephone Number
a.		
b.		

3. Does any household member receive unemployment benefits, workers compensation, or severance pay? (Yes/No) _____ If yes. Please provide:

Household Members Name: _____

Type of Benefit: _____ Amount: \$ _____

Employer Name and Address: _____

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4. Does any household member receive child support from the child support recovery unit?
(Yes/No) _____

If yes, please provide:

Minor's Name	Name of Absent Parent	Child Support Amount
a)		\$
b)		\$
c)		\$
d)		\$

5. Does any household member receive child support directly from the absent parent?
(Yes/No) _____ If yes, please provide:

Minor's Name	Name of Absent Parent	Child Support Amount
a)		\$
b)		\$
c)		\$
d)		\$

6. Does any household member receive alimony? (Yes/No) _____ If yes, please provide:

Household member name: _____ Amount: \$ _____

Former Spouse Name: _____

7. Does any household member receive public assistance (TANF)? (Yes/No) _____

If yes, please provide:

Household member name: _____ Amount: \$ _____

8. Does any household member receive Social Security or SSI benefits? (Yes/No) _____

If yes, attach a copy of the award letter to this application and provide:

Household member name: _____ Amount: \$ _____

Social Security number benefits are received under: _____

9. Does any household member receive income from a pension or annuity? (Yes/No) _____

If yes, please provide:

Household member name: _____ Amount: \$ _____

Type of Pension/Annuity: _____ Claim #: _____

Address of Pension/Annuity: _____

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10. Does any household member receive regular contributions from organizations or from individuals not living in the unit? (Yes/No) _____ If yes, please provide:

Household member name: _____ Amount: \$ _____

Name and Address of Contributing Organization or Individual: _____

11. Does any household member receive income from assets including interest on checking or saving accounts, interest and dividends from certificates or deposits, stocks or bonds, or income from rental property? (Yes/No) _____ If yes, please provide:

Household member name: _____ Amount: \$ _____

Type of asset: _____ Amount of Income/Interest received: \$ _____

12. Do any household members own a business or are self- employed? (Yes/No) _____

If yes, please provide:

Household member name: _____

Business name: _____

Business address: _____

13. Does any household member receive any type of military pay/allotment (including the Coast Guard, National Guard, and Reserve Units)? (Yes/No) _____ If yes, please provide:

Household member name: _____ Amount: \$ _____

Source of Pay/Allotment: _____

14. Does any household member receive money to pay bills from someone outside of the household? (Yes/No) _____ If yes, please provide:

Household member name _____ Amount: \$ _____

Name and address of party paying the bills: _____

PART B: ASSETS

1. Does a household member own or have an interest in any property (real estate, mobile home and/or land)? (Yes/No) _____ If yes, please provide:

Household member name: _____ Value: \$ _____

Real estate address: _____

2. Has any household member sold or given away property (real estate, mobile home and/or land) in the last two years? (Yes/No) _____ If yes, please describe below:

3. Does any household member own any stocks or bonds? (Yes/No) _____ If yes, please describe: _____

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4. Does any household member have any savings certificates, money market funds or trust funds?
(Yes/No) _____ If yes, please describe: _____

5. Does any household member have any type of retirement account (Company, IRA, Keogh)?
(Yes/No) _____ If yes, please describe: _____

6. Does any household member have any inheritances, lottery winnings, or lump sum payments?
(Yes/No) _____ If yes, please describe: _____

7. Does any household member have any life insurance policies? (Yes/No) _____
If yes, please provide below:

Name of household member	Insurance Agency name/ address	Policy Number	Amount/ Value
a.			\$
b.			\$
c.			\$
d.			\$

PART C: EXPENSES

1. Does any household member have expenses for child support of a child 12 or younger?
(Yes/No) _____ If yes, please provide:

Minor's Name	Childcare Provider Name and Address	Provider Telephone Number	Monthly Cost to You for Childcare
			\$
			\$
			\$
			\$

Is any portion of your childcare expenses reimbursed from an outside agency or person?
(Yes/No) _____

2. Indicate the dollar monthly expenditures for your household below:
 Rent: \$ _____ Medical: \$ _____ Child Care: \$ _____
 Other: \$ _____

Please indicate in this space any of the above that are delinquent or not paid current:

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3. Do you pay a care attendant or any equipment for any household member(s) with disabilities that is necessary to permit that person or someone else in the household to work? (Yes/No) _____

If you do ay a care attendant, please provide:

Care Attendant Name	Care Attendant Address	Care Attendant Telephone Number
a.		
b.		

What is the monthly cost to you for the care attendant and/or the equipment? \$ _____

ELDERLY OR DISABLED FAMILIES ONLY

Complete the following questions in this part (Part C) only if the head of household or spouse is 62 years of age or older, or if the head or spouse is a person with a disability.

4. Do you have Medicare? (Yes/No) _____ If yes, please provide: \$ _____

5. Do you pay for any other kind of medical insurance? (Yes/No) _____

If yes, please provide information below:

	Policy Number:	Policy Number:
Insurance Agent's Name		
Name of Insurance Company		
Address		
Telephone Number		
Monthly Premium Amount	\$ _____	\$ _____

6. Do you have any outstanding medical bills that you are paying? (Yes/No) _____

If yes, please provide information below:

Name of Provider	Address of Provider	Telephone Number
a.		
b.		

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7. Do you expect to incur additional medical expenses in the next 12 months that will not be covered by insurance? (Yes/No) _____

If yes, please list anticipated medical expenses not covered below:

APPLICANT/PARTICIPANT CERTIFICATION

I certify that the information given to the Rockport Housing Authority (PHA) on household composition and characteristics, drug and criminal activity, income, assets, and expenses is accurate and complete. I understand that false statements or information are punishable under Federal Law are grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in household composition, income, assets, and expenses of any household member(s) to the Rockport PHA within thirty (30) days of the change. Further that no one is permitted to move into my unit without prior written approval of the Rockport PHA. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under:

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWING AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Signature of Head of Household: _____

Date: _____

Signature of Spouse: _____

Date: _____

DO NOT WRITE IN THIS SPACE – FOR PHA ONLY:

I have received this application in its entirety with the above Head of household/Spouse and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated, and initialed by the Head of Household/Spouse and myself.

Signature of the PHA Representative _____

Date: _____