Gastonia Housing Authority
Application for Housing Assistance

Copies of this application are also available for download at www.ghanc.org. Completed applications can be scanned and emailed to section8@ghanc.org or mailed to PO Box 2398, Gastonia, NC 28053.

Please complete all sections and questions using blue or black ink. Incomplete applications will not be processed, and you will not be notified. If your application is not accepted, you will receive an Ineligibility letter explaining why within 4 weeks. If your application is accepted, you will receive an Eligibility Letter. The Eligibility letter does NOT mean you have been approved for housing assistance. It only means that you have been determined initially eligible based on the information on the application form. Final eligibility will not be determined until after your name reaches the top of the waiting list.

It is NOT necessary to attach birth certificates, social security benefit letters, income or any other verification documents at this time.

After you receive an Eligibility Letter you can use our automated waiting list telephone number 704-675-7677 to check your position on the waiting list. Please keep in mind that it is normal for your position on the waiting list to change as new applications are added and ineligible applications are dropped.

All changes to your household income and household composition (who will live in your household) must be reported in writing within 14 days. You will be notified by mail when your name reaches the top of the waiting list. Please notify us in writing if your current mailing address changes so we can reach you. If we are unable to reach you by mail, your application will be dropped, and you will need to reapply once the waiting list re-opens.

If you are a person with a disability and need assistance completing this application, please email us at the address above or leave a message at 704-349-5113.

Programs you are applying for:

_____ Section 8 Housing Choice voucher program

______ RAD Family Site (Cameron Weldon / Mt View)

To be eligible for any of the waiting lists below the head of household or spouse must be age 62 or older OR age 55 and older and in need of supportive services. Only applicants who meet one of these qualifications will be added to these waiting lists

______ RAD Linwood Terrace

_____ Gateway Village Senior Apartments

_____ Dallas High School Senior Apartments

_____ Loftin at Montross Senior Apartments

Name of Head of Household (Last, First, MI) ____

Street Address____ City, State, Zip Code__________________________

Mailing Address____ City, State, Zip Code__________________________

Phone number where you can be reached or where we can leave a message ________________________________

Email address: ____

Head of Household Marital Status: □ **Single** □ **Married** □ **Separated (legally)** □ **Divorced** □ **Widowed**

Veteran Status: Are you or any member of your household a current military serviceperson or a veteran who has been separated under honorable conditions from any branch of the US armed forces, or the surviving spouse of a veteran?
YES / NO If yes, list family member and military status: ____

Beginning with you, list all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member. *No one except those listed on this form may live in the unit.*

	First & Last Name	Date of Birth	Sex	Social Security Number	Relationship to Head of Household	Disabled Person? Yes or No	Full-time Student? Yes or No
H					SELF		
2							
3							
4							
5							
6							
7							
8							
9							

Please list the source and amount of all employment income expected for the next 12 months for <u>each</u> family member, including yourself.

Family Member Name	Income Source	Hourly Rate $	Hours Per Week	Average Pay Amount $	Frequency - Per
					□ Week □ Month □ Year
					□ Week □ Month □ Year
					□ Week □ Month □ Year

Are you self-employed or do you perform any contract work, side jobs, or gig jobs (cutting grass, handyman/ woman, doing hair, Uber, Lyft, Uber Eats, Door Dash, Instacart, etc.)

If yes, type of work and average weekly earnings?: ____

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Source	Yes	No	Person Receiving	Monthly Amount
• TANF/WFFA				
• Unemployment Benefits				
• Workers Compensation				
• Child Support (attach 12-month printout)				

- Do you have a court order(s) for child support? YES / NO If yes, attach a copy of the court order

Source	Yes	No	Person Receiving	Monthly Amount
• Spousal Support/Alimony				
• Social Security				
• SSI				
• Pension/Retirement				
• Veteran's Benefits				
• Self-employment				
• Food Stamps				
• Other (explain)				

Does anyone outside your household pay for any bills or give you money? □ YES □ NO
If yes, give name and address ____

Amount and frequency ____

Expenses / Deductions:

-Childcare: Does any household member pay out-of-pocket childcare expense for a child age 12 or under? YES / NO If yes, list name, address and phone # of childcare provider: ____

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Is there any other household member who could care for this child? YES / NO

Do you have a DSS childcare voucher? YES / NO If yes, please attach a copy.

Disability Expenses: Do you pay for a care attendant or for any equipment for any household member with disabilities that it is necessary to permit that person or someone else in the household to work? YES / NO If yes, are any of these expenses reimbursed by any person or agency? YES / NO

Medical Expenses: (Only applicable to household whose head or spouse is 62 years of age or older or whose head or spouse is a person with a disability).

Does any household member pay for Medicare? YES / NO If yes, list amount: ____________________________________

Does any household member pay for any type of medical insurance? YES / NO If yes, list insurance company and amount ____

Does any household member anticipate any medical expenses that will exceed 3% of gross annual income during the next 12 months that will not be reimbursed by or paid for by any source outside of the household (This includes prescription and non-prescription drugs and other medical costs)? YES / NO If yes, list name and address of doctor and/or pharmacy (Attach extra sheet if needed):____

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Criminal History: Have you or any member of your household ever been arrested, charged or convicted for drug-related criminal activity or any criminal act that has as one of its elements the use, attempted use or threatened use of physical force against a person or property of another? YES/NO If yes, list who and explain charges. Please include felonies as well as misdemeanors.

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I do hereby swear and attest that all of the information above about me and my family are true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members / composition must be reported to the Housing Authority IN WRITING within 14 days.

**By signing this form, I/We recognize that the Lessor or his agent may investigate the information supplied by the applicant, and disclosures of pertinent facts may be made to the lessor.

**Warning: 18 U.S.C 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000 or imprisoned for not more than five (5) years or both.

****I understand that all notifications are through the mail. If I do not respond or the mail cannot be delivered to the address given, my application will be deleted from the waiting list.**

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Applicant's Signature **Date**

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Co-Applicant's Signature **Date**