Gastonia Housing Authority
Application for Housing Assistance

Program you are applying for:

SECTION 8 HOUSING CHOICE VOUCHER (HCV) WAITING LIST IS CURRENTLY CLOSED

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

****YOU WILL NOT BE NOTIFIED IF YOUR APPLICATIONIS INCOMPLETE***

_____ RAD Family Site (Cameron Weldon / Mt View)

_____ RAD Linwood Terrace **(62 and older only)**

Name of Head of Household _____

| Last | First | M |

Current Address_____ City, State, Zip Code_____

Mailing Address_____ City, State, Zip Code_____

Phone number where you can be reached_____

(Demographic Information for Statistical Purposes Only)

1. **Race of Head: □ Caucasian/White □ African American/Black □Asian/Pacific Islander**
    □ Native American/Alaskan Native □ Mixed race

2. **Ethnicity of Head: □ Hispanic/Latino □ Non-Hispanic/Non-Latino**

3. **Gender: □ Male □ Female**

4. **Marital Status : □ Single □ Married □ Separated □ Divorced □ Widowed**

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							

1. Have you or anyone who will live in the assisted household ever been arrested, charged or convicted of a crime other than a traffic violation? □ YES □ NO If yes, please explain the nature of the offense including the county and state, the date of the charge and the name of the family member who was involved:

_____
_____

2. Have you ever received housing assistance through Public Housing or through Section 8 Housing Choice Voucher Program before? □ YES   □ NO

If yes, please list the name of the head of household, the unit address or the name of the housing authority
_____

Do you owe money to any housing authority? □ YES   □ NO

3. Has anyone in the household ever been subject to registration as a sex offender? □ YES   NO

If yes, please list person(s) _____

1. Please list the source and amount of all income expected for the next 12 months for <u>each</u> family member, including yourself. Include all earning and benefits received from AFDC /TANF / WFFA, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc. EXAMPLE: Name, Wages, Hourly Rate, Hours/week, $150/week - Name, SSI, $421/month

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

2. Does your household receive food stamps? □ YES   □ NO   If yes, list amount your household receives monthly _____

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

Amount and frequency _____

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 <u>14 days</u>.

☐ **By checking box on left I / We hereby give the Gastonia Housing Authority permission to perform criminal and credit background investigations for the purposes of determining eligibility (applies to Public Housing applications only).**

**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.

_____
Applicant's Signature   Date

_____
Co-Applicant's Signature   Date