

**GASTONIA HOUSING AUTHORITY
Public Housing Application**

The Gastonia Housing Authority offers three rental properties in the city of Gastonia. Please designate the property for which you are applying (select only one.) You must take the completed application and all supporting documentation to the management office of the property you have selected to officially apply for public housing. Application for other properties can be made when you visit the management office of your choice.

Cameron Courts/Weldon Heights – family, elderly and disabled

Mountain View – family, elderly and disabled

Linwood Terrace – elderly only (over 62 years of age)

Name of head of household: _____
Last
First
Middle

Name of adult co-head of household: _____
Last
First
Middle

Current Address: _____ City, State, Zip _____

Mailing Address: _____ City, State, Zip _____

Phone number where you can be reached: _____

Emergency Contact Information: (please list name/address/phone number):

Name	Address	Phone
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For Statistical Purposes Only:

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

Ethnicity of Head of Household: Hispanic/Latino Non-Hispanic/Non-Latino

Family Information: Beginning with you, list all persons who will live in the PHA 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 F / M	Social Security Number	Relationship to HOH	Disabled person? Yes or No	Full-time Student Yes or No
H					HOH		
2					Spouse/ Co-head		
3							
4							
5							
6							

7							
8							

Is the applicant family displaced by domestic violence? ___Yes ___No If yes, who can verify this? Please give Name, address and phone number:

Name Address Phone

Will any family member need a unit with: _____ flat (no stairs) _____ Wheelchair access
_____ sight/hearing impaired features?

Is any adult family member enrolled in an education program full-time? ___Yes ___No If yes, who can verify this? Please give Name, address and phone number:

Name Address Phone

Is any adult family member enrolled in a job-training program including one required under the Welfare program? No If yes, who can verify this? Please give Name, address and phone number:

Name Address Phone

Family Income Information: Please list the source and amount of all income expected for the next 12 months for each family member, including you. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker’s Compensation, Child support, etc. *Example: Name, wages, \$150/week or name, wages, SSI, \$421/month.*

Family Member Name	Income Source	Amount \$	Frequency-Per
			___Week ___Month ___Year
			___Week ___Month ___Year
			___Week ___Month ___Year
			___Week ___Month ___Year

Does your household receive food stamps? ___yes ___no If yes, list amount? \$ _____/month

Does anyone outside your household help pay for any of your bills or give you money? If so, give name and address: _____ Reason: _____

Do you have a checking or savings account or own any Certificates of Deposit, stock, bonds, etc.

___yes ___no If yes, describe the type of asset(s): _____

Do you own now or have you owned in the last two years, land, mobile home, or a house? ____yes____no
If yes, please explain: _____

Rental History: The Gastonia Housing Authority will contact all former landlords for the period of three years before the date of this application.

List all addresses for **previous three (3) years**. If you have lived with family or friends, please list their name, their relationship to you, his/her telephone number and how long you have lived with them.

Current Landlord's name and phone number: _____
Name Phone

Address of unit rented: _____

How long at this address? From _____ To: _____
Month Year Month Year

Previous Landlord's name and phone number: _____
Name Phone

Address of unit rented: _____

How long at this address? From _____ To: _____
Month Year Month Year

Prior Landlord's name and phone number: _____
Name Phone

Address of unit rented: _____

How long at this address? From _____ To: _____
Month Year Month Year

Screening Questions: A "Yes" answer will not necessarily disqualify you for admission.

Have you ever been evicted or asked to vacate a unit? ____Yes ____No If yes, When and Why?

Have you ever received housing assistance through public housing or through Section 8 Housing Choice Voucher Program? ____Yes ____No If yes, When? _____ If yes, please list the name of the head of household, the unit address or location or the name of the housing authority. _____ Do you owe

money to any housing authority? ____ Yes ____ No If yes, how much? \$_____

Do you have any *Past Due* utility bills? ____Yes ____ No If yes, please describe and give amount owed.

Have you or any member of the applicant household ever been arrested 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 involved. _____

Is anyone in your household currently on parole or probation within the last three years? ____Yes ____No If yes, please explain and list the name of your probation officer and his/her telephone number.

Name of probation officer

phone

Qualifying for Deductions in Calculating Rent:

Is the head of household or spouse age 62 or older or a person with a disability ___Yes ___No If yes, please answer the following questions. If no, skip to question #28.

Does your household have any medical expenses (include insurance, Medicare deduction, doctor visits, hospital, therapy, supplies, medical transportation, etc.)? ___Yes ___No If yes, please describe the type of expense (not your medical condition) and the un-reimbursed amount you spend per month on all medical expenses: Type of Expense: _____

_____ Monthly medical expense: \$ _____ please give the name, address & phone # of someone who can verify the expense: _____

Name

Phone

Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work, go to school or attend job training? ___Yes ___No If yes, describe the monthly amount and the nature of the expense: \$ _____ to pay for: _____ Please give us the name, address & phone number of someone who can verify the expense:

_____ Name

_____ Phone

Do you have childcare expenses for children under age 13 or receive benefits so an adult in the family can work, go to school or attend job training? ___Yes ___No If yes, Monthly un-reimbursed child care cost: \$ _____ Please list the name address and phone number of your childcare provider:

_____ Name

_____ Address

_____ Phone

Driver's License or State ID number: Applicant: _____ Co-Applicant: _____

Automobile: Year: _____ Make: _____ Model: _____ License Tag #: _____

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 a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

I have read and understand the information contained in the Application Fact Sheet, the Instructions for Completing the Application and the Notice to All Applicants regarding reasonable accommodations for Applicants with Disabilities and have received a copy of this information.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature

Date

Co-applicant Signature

Date