

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)

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 and green cards (if applicable)**
3. **All final divorce decrees**
4. **Marriage certificate**
5. **Most current landlord's name, phone number and complete mailing address**
6. **Employer's name, phone number and complete mailing address**
7. **Most recent Social Security/SSI award letter**
8. **Child support check stubs**
9. **Unemployment check stubs**
10. **Veterans benefit award letter**

The above documents are required for each household member listed on the application.



128 First Street North, Ashland, AL 36251
Phone: (256) 354-2661 Fax: (256) 354-4047
Email: aha@ashlandhdc.com

NOTICE TO ALL APPLICANTS

All persons applying for housing assistance are required to attend an application interview. The purpose for this meeting is to review the application with each applicant, get any missing or unclear information, sign forms as needed to process the application and give you the opportunity to ask questions about the housing program. These interviews are held on **Wednesday of each week between the hours of 8:00 – 11:30 am & 1:00 – 3:30 pm.** You may come at any time during these hours for your interview. All family members age 18 and over who will be living in the apartment are required to attend this meeting. If you do not attend this meeting your application cannot be processed and your name will not be placed on the eligible waiting list for housing. **Please read all the application information carefully.**

You will need to bring the following information as it applies for each person on the application.

1. **Original Social Security cards.**
2. **Birth certificates or other birth record.**
3. **Marriage certificate.**
4. **Final divorce decree. If you have more than one, bring all of them.**
5. **If you are married but separated a signed and dated statement from the estranged spouse to include their name, current street address and how long you have been living apart.**
6. Documents to verify the source and amount of all income received by all persons on the application. Employer names, addresses and phone numbers are to be included. Copies of checks, check stubs, pay vouchers, award letters or any other document from the source of the payment may be used to verify income. **You must report all income being received by all persons listed on the application.**
7. Information in regard to present and past rental property where you have lived. This must include landlord name, address, phone number and the address of the property you rented. You will need to be prepared to give this information for at least the past 5 years.
8. Names, addresses, phone numbers for personal references. These persons cannot be related to you or anyone on the application.

If you have any questions about these items, call the office to ask before you come to your interview. You will be required to sign consent forms at the interview for credit reports, background checks including criminal history (NCIC) and police records.

Your cooperation in providing complete, accurate, verifiable and truthful information will help to speed the processing of your application. If additional information is needed in regard to your application, you will be contacted.

Thank you for your interest in housing assistance. We will make every effort to help you as soon as possible.

Ashland Housing Authority (HA)

APPLICATION

Telephone Numbers: Office (256) 354-2661

Telephone Device for the Deaf: 7-1-1 or 1-800-548-2546

Mark program(s) applying for: PUBLIC HOUSING <input type="checkbox"/> Ashland Heights I (Sec 8 New Const) <input type="checkbox"/> Ashland Heights II(FmHA 515 Elderly) <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"/> <div style="text-align: center;">  </div> DATE _____ TIME _____	<p style="text-align: center;">Racial Group</p> () White () Black/African American () Asian () Native American () Other _____
		<p style="text-align: center;">Ethnicity</p> () Hispanic/Latino () Non 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)							

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 <input type="checkbox"/> No <input type="checkbox"/>	
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 out-of-pocket 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

Are you or any member of your household subject to a Lifetime Sex Offender Registration Requirement in any state? 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.

EMERGENCY CONTACT INFORMATION Provide the name of the person, & an alternate, we should contact in case of an emergency.

Name:	Address:	City:	State:	Zip:
Phone:	Cell Phone:	Relationship:		
Name:	Address:	City:	State:	Zip:
Phone:	Cell Phone:	Relationship:		

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 Ashland 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 Ashland Housing Authority will verify this information, and I authorize the Ashland 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: _____
Ashland HA 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 Ashland 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 Needed	_____
Age of Head	_____
Gender 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"/>