



PHA USE ONLY
Date: _____
Time: _____

APPLICATION FOR PUBLIC HOUSING

Family Information

Beginning with yourself, list all persons who will live in the PHA unit. Each box must be completed for each family member. No one except those listed on this form may live in the unit.

Family Member	Name	Relationship to Head of Household	Age	Sex	Occupation
1		Head			
2					
3					
4					
5					
6					
7					
8					
9					

1. Are you anticipating any changes in your family composition? Custody changes or current pregnancies? Getting married? _____

2. Are you currently serving, or have you ever served in the United States Armed Forces? _____
If yes, please list your dates of service: _____

3. Have you been displaced by a natural disaster, such as a flood, hurricane, earthquake? _____

4. Current Landlord Information

Name: _____

Phone Number: _____

Dates lived at Residence: _____

Crawfordville Property
301 Thompson Street
Crawfordville, Georgia 30631

Harlem Property
140 E. Milledgeville Road
Harlem, Georgia 30814

Thomson Property
219 Pecan Avenue
Thomson, Georgia 30824

Warrenton Property
PO Box 2
Warrenton, Georgia 30828

Family information

Please list the source and amount of all income expected for the coming 12 months for all family members, including yourself. Include all earnings and benefits received from TANF, VA, Social Security, SSI, SSID, Unemployment, Wages, Worker’s Compensation, Child Support, etc.

Example: Wages, \$150/week, SSI, \$421/month

Family Member Name	Income Source	Amount	Frequency Monthly, Weekly, etc.

5. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.? _____ If yes, what is the market value of all the assets?

6. Do you own any real estate? _____
Have you sold any real estate in the last 2 years? _____

7. Do you have any past due utility bills? _____

8. Have you even lived in public housing before? _____ If yes, when? _____

9. Have you ever been evicted from public housing? _____

If yes, please explain: _____

10. Is anyone in your household currently on parole or probation? _____

11. License or ID# _____ If you own a car, please answer the following questions: Make _____ Model _____ Year _____
Color _____ License Plate: _____

Qualifying for Deductions in Calculating Rent

In order to qualify for possible deductions in rent, verification must be provided if answering “yes” to any of the following questions

11. Is the head of household or spouse age 62 or older? Or a person with a disability? _____

We are required to verify the disability of applicants claiming to be disabled to determine an applicant’s eligibility for housing and to compute rent. An SSI awards letter can verify this, or a Disability Verification form completed by a physician. Please request this form from the Occupancy Specialist if needed.

12. If you answered “yes” to question 11, do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? Please describe the expense, not the medical condition _____

13. Does your household have any medical expenses paid out of pocket? (doctor visits, hospital, clinic costs, medicine, therapy, etc.)? _____

14. Do you have child care expenses for children under the age of 13 so an adult in the family can work, go to school or attend job training? _____

15. Is any member of the household age 18 or older other than the family head and spouse a full-time student or a person with a disability? _____

I certify that the statements on this application are true to the best of my knowledge and belief and understand that they will be verified. I authorize the release of information to the Housing Authority by my employer(s), the Department of Public assistance, the Social Security Administration, and/or other business or government agencies. I understand that any false statement made on this application will cause me to be disqualified for admission.

Applicant Signature

EGHAP Witness

Date

Date

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 an 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.