

# Huntsville Housing Authority

Application for Public Housing



**Warning:** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States of America.

## I. Head of Household (HOH)

Full Name  Date of Birth  mm/dd/yyyy Age

Address  Birth Place  City, State

City  State  Zip Code  Social Security #  (enter only numbers)

Phone Number  Email

Racial Group \*  White  Black /African American  Asian  Native American  Other: \* (Optional)

Ethnicity \*  Not Hispanic/Latino  Hispanic/Latino \* (Optional)

Alternate Contact Name  Relation to you  Contact Phone #

Are you a U.S. citizen?  
 yes  no

Are you a student?  
 yes  no

Are you working 30 hours or more per week?  
 yes  no

How many bedrooms do you require?  
 0  1  2  
 3  4  5

## II: Household Composition

Other Adult(s) Last name, First name, MI <i>(ages 18 and older)</i>	Social Security Number	Relationship to HOH	Birth Date <i>mm/dd/yyyy</i>	Birth Place	Racial Group (Optional)	Ethnicity (Optional)	U.S. Citizen Yes/No	Student Yes/No

Minor(s) Last name, First name, MI <i>(ages 17 and under)</i>	Social Security Number	Relationship to HOH	Birth Date <i>mm/dd/yyyy</i>	Birth Place	Racial Group (Optional)	Ethnicity (Optional)	U.S. Citizen Yes/No	Student Yes/No

**For HHA Use Only:** APPLICANTS DO NOT WRITE IN THIS SECTION.

Date/Time  Received By  Interview Date  # Bedrooms



**II: Household Composition** (continued)

HOH

SSN

1. Does anyone live with you now who is not listed above?  **yes**  **no** If yes, explain

2. Does anyone plan to live with you in the future not listed above?  **yes**  **no** If yes, explain

3. Are you married now (*by ceremony or common law*) and your spouse or co-HOH is not listed on this application?  **yes**  **no**  
If yes, provide their name and address

4. Are any household member(s) 18 years old or older a FULL-TIME student? (other than the HOH, Co-HOH or spouse)  **yes**  **no**  
If yes, list their name and the school they attend

5. Are any parents of minor household members absent from the home?  **yes**  **no**  
If yes, provide their name(s) and address(es)

6. Does anyone outside the household help with bills on a regular basis?  **yes**  **no** If yes, explain below

Name	Address	Relationship to HOH	Monthly Amount \$

7. Does anyone in your household require special accommodations due to a handicap or disability?  **yes**  **no**  
If yes, specify requirements

8. Have you or any other adult household member ever used any name(s) or Social Security number(s) other than the one you are currently using?  **yes**  **no**  
If yes explain

9. Has any household member ever committed fraud in a State or Federal assistance program, or been requested to repay money for knowingly misrepresenting information for such programs?  **yes**  **no**  
If yes, explain

10. Are you an emancipated minor?  **yes**  **no** If yes, explain

### III: Income & Assets

HOH

SSN

#### III-A: Income Available to Household Members

Income Source	Receiving	Member of Household Receiving	Source Name & Address	Amount
Welfare/TANF	<input type="radio"/> yes <input type="radio"/> no			
Food Stamps	<input type="radio"/> yes <input type="radio"/> no			
Wages/Earnings	<input type="radio"/> yes <input type="radio"/> no			
Pension/Retirement	<input type="radio"/> yes <input type="radio"/> no			
SSI	<input type="radio"/> yes <input type="radio"/> no			
SSA/Social Security	<input type="radio"/> yes <input type="radio"/> no			
Child Support	<input type="radio"/> yes <input type="radio"/> no			
Alimony/ Spousal Support	<input type="radio"/> yes <input type="radio"/> no			
Unemployment Benefits	<input type="radio"/> yes <input type="radio"/> no			
Worker's Compensation	<input type="radio"/> yes <input type="radio"/> no			
Veterans Benefits (VA)	<input type="radio"/> yes <input type="radio"/> no			
Property Rental Income	<input type="radio"/> yes <input type="radio"/> no			
Babysitting or Adult Care	<input type="radio"/> yes <input type="radio"/> no			
Regular Contributions or Gifts	<input type="radio"/> yes <input type="radio"/> no			
	<input type="radio"/> yes <input type="radio"/> no			
	<input type="radio"/> yes <input type="radio"/> no			

#### III-B: Assets In

Asset Source	Have/Receiving	Member of Household Receiving	Source Name & Address	Amount
Checking Account	<input type="radio"/> yes <input type="radio"/> no			
Savings Account	<input type="radio"/> yes <input type="radio"/> no			
Certificates of Deposit (CD's)	<input type="radio"/> yes <input type="radio"/> no			
Pension/Retirement Fund	<input type="radio"/> yes <input type="radio"/> no			
Real Estate	<input type="radio"/> yes <input type="radio"/> no			
Stocks	<input type="radio"/> yes <input type="radio"/> no			
Trusts	<input type="radio"/> yes <input type="radio"/> no			
Bonds	<input type="radio"/> yes <input type="radio"/> no			
Insurance Settlement	<input type="radio"/> yes <input type="radio"/> no			
	<input type="radio"/> yes <input type="radio"/> no			
	<input type="radio"/> yes <input type="radio"/> no			

#### III-C: Assets Out

Have any of your assets been given away, disposed of, or sold in the past 2 years?  yes  no If yes, explain below

Asset Type	Value of Asset When Given Away	Total Amount Received for Asset	Date Given Away

Asset Type	Value of Asset When Given Away	Total Amount Received for Asset	Date Given Away

**IV: Medical/Disabled Expenses**

HOH

SSN

- List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside sources.  
DO NOT INCLUDE LIFE OR BURIAL INSURANCE PREMIUMS.

Complete only if the HOH, co-HOH or spouse are disabled or 62 years of age or older.

Type	Medical Source	Amount
Medical Insurance		
Prescriptions		
Doctor Office Visits		
Hospital Bills		

Complete only if you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work.

Type	Disabled Source	Amount
Attendant Care		
Equipment		

**V: Childcare Expenses**

(Complete only if the childcare is for children age 12 or younger and is required for you to attend school, work, or look for work)

- Do you pay childcare for children in your household age 12 or younger while you work or attend school?  **yes**  **no** If yes, complete the table below

Child's Name	Childcare Provider Name	Childcare Provider Address	When is care provided?	Un-reimbursed Amount	Per week, month, year

**VI: Rental History**

1. Is any family member a previous resident of HHA?  **yes**  **no** If yes, please give Name  From date  To date

Why did they leave?

2. Is any family member a previous resident of another housing agency?  **yes**  **no** If yes, please give Name  From date  To date

Why did they leave?

3. Have you ever participated in the Certificate or Voucher Program (Section 8)?  **yes**  **no**

If yes, when and where

4. Have you or any household member ever been evicted?  **yes**  **no**

If yes, when	If yes, why	Landlord name at that time	Landlord address at that time

5. Are your rent and other charges payable to your current landlord paid up to date?  **yes**  **no**

If no, explain

6. Are all utilities (gas, electricity, and water) on in your dwelling today?  **yes**  **no**

If no, explain

7.	Current Landlord's Name	Address	Relation to landlord?	Lived there from	Lived there to	Monthly Rent	Late rent payments	Did landlord ask you to move?
							<input type="text"/>	<input type="text"/>
8.	Previous Landlord's Name	Address	Relation to landlord?	lived there from	lived there to	Monthly Rent	Late rent payments	Did landlord ask you to move?
							<input type="text"/>	<input type="text"/>
9.	Previous Landlord's Name	Address	Relation to landlord?	lived there from	lived there to	Monthly Rent	Late rent payments	Did landlord ask you to move?
							<input type="text"/>	<input type="text"/>
10.	Previous Landlord's Name	Address	Relation to landlord?	lived there from	lived there to	Monthly Rent	Late rent payments	Did landlord ask you to move?
							<input type="text"/>	<input type="text"/>

**VII: Preferences**

HOH  SSN

1. Are you currently without a home because of reasons that are not your fault?  **yes**  **no** If yes, select a reason below

- Natural Disaster  Property Loss  Other  Domestic Violence  Government
- If other, please explain

2. Are you age 19 to 21 and aging out of the foster care system?  **yes**  **no**

2.1 If you answered "yes" to the above question, were you referred by Harris Homes for Children or another agency?  **yes**  **no**

If yes, explain

3. Have you or your spouse, co-HOH (*who must also be a household member*) been continuously employed for the past 12 months, working at least 30 hours per week?

**yes**  **no** If yes, explain

4. Has any family member been a victim of domestic abuse (*and been referred by a local service agency*)?  **yes**  **no**

If yes, explain

5. Are you or a household member on active duty with the US armed services?  **yes**  **no** If yes, who

5.1 Are you or a household member a veteran of the US armed services who was discharged from service?  **yes**  **no**

If yes, who

5.2 If yes to either question above, select a service branch below

- Army  USMC  Air Force  Navy  Coast Guard  National Guard (during war time)

6. Are you a widow or widower of a spouse who died while on active military duty?  **yes**  **no**

7. Are you currently homeless?  **yes**  **no** If yes, explain

7.1 Are you currently living in a homeless shelter?  **yes**  **no** If yes, provide the name of the shelter

## VIII: Criminal History

HOH  SSN

1. Has any household member (*regardless of age*) ever been arrested, charged, or convicted for any criminal activity?  **yes**  **no**

If yes, explain

Date of offense

2. Has any household member (*regardless of age*) ever been arrested, charged, or convicted for any alcohol-related activity?  **yes**  **no**

If yes, explain

Date of offense

3. Has any household member (*regardless of age*) ever been arrested, charged, or convicted for manufacture of methamphetamines?  **yes**  **no**

If yes, explain

Date of offense

4. Has any household member (*regardless of age*) ever been arrested, charged, or convicted for any drugs/controlled substance activity (*including but not limited to*) possession, sale, distribution, paraphernalia?  **yes**  **no**

If yes, explain

Date of offense

5. Are any household member(s) (*regardless of age*) subject to life-time registration as a sex-offender?  **yes**  **no**

If yes, explain

Date of offense

## IX: Additional Information

1. List below all vehicles that household members will park on HHA property

Make i.e., Ford, Kia	Model i.e., Taurus, Optima	Year	Color	License Plate Number

2. Do you have any pets?  **yes**  **no**

If yes, describe below

Type (cat, dog, fish, lizard, etc..)

Breed (if dog or cat)

Weight (if dog or cat)

**X: Waiting List Selection**

Select either community wide **or** site based waiting list by checking a box below.

HOH

SSN

**Community Wide Waiting List** **Community-Wide Waiting List:** You will be offered the first available unit of appropriate size that becomes available in any one of HHA's **traditional public housing** communities.

**Place me on the Community Wide waiting list**

**TRADITIONAL PUBLIC HOUSING COMMUNITIES** (if you select Community-Wide Waiting List the following sites will be selected.)

- 47-02 Butler Terrace     47-03 Sparkman Homes     47-04 Butler Terrace Addition     47-06 Northwoods     47-07 Northwoods Addition     47-10 Searcy Homes
- 47-14 LR Patton     47-51 Brookside     47-52 Lincoln Park

**OR**

**Site Based Waiting List**

**Place me on the Site Based waiting list**

**Site-Based Waiting Lists:** You will be offered housing in the location(s) that you select. You will be offered a unit in whichever property has a vacancy first, when your name reaches the top of the waiting list.

**\*ELDERLY/DISABLED PROPERTIES** (must document HOH 62 years of age or older **OR** have a disability verified by a medical professional)  
**A mandatory cable TV fee of \$18.00 is charged monthly to all residents of The Todd & Johnson Tower.**

**\*\*** As a requirement of admission to HHA's Incentive sites, the applicant must meet one of the following conditions:

- A. Be engaged in employment (at least 30 hours a week) for 12 consecutive months
- B. Households where the head and spouse, or sole member is age 62 or older, or is a person with disabilities would also be eligible to reside at an incentive site.

**SITE BASED SELECTIONS** (select no more than **TWO** properties from below; if more than two properties are selected, only the first two properties will be considered and all others will be disregarded)

- 47-8 Johnson Towers (ELDERLY/DISABLED PROPERTY)\*
- 47-11 The Todd (ELDERLY PROPERTY-FOR 62+ YEARS OF AGE ONLY)\*
- 47-16 Meadow Hills/scattered sites (2-3 bedroom, 1 bath single family home)\*\*
- 47-21 Cotton Row II (2 bedroom, 1 1/2 bath townhomes)\*\*
- 47-18 Mahogany Row (2-3 bedroom, 2 bath apartment)\*\*
- 47-19 Stone Manor (2-3 bedroom, 2bath apartments)\*\*
- 47-20 Windtrace/Cotton Row (2bedroom, 1bath / 2 bedroom, 1.5 bath )\*\*
- 47-22 Cotton Row III (2 bedroom, 1 bath)
- 47-23 West Huntsville Condos (2-3 bedroom, 1 bath )
- 47-24 9010 Mahogany Row (2 and3 bedroom, 2 bath apartments)\*\*



**ALL HOUSEHOLD MEMBERS AGE 18 AND OVER SHOULD REVIEW THE INFORMATION ON THIS APPLICATION AND MUST SIGN BELOW**

**I/We certify that the information given to the Huntsville Housing Authority on household composition, income, net family assets, allowances, deductions and preferences is accurate and complete to the best of my/our knowledge and belief. I understand that I must report any changes in income, assets, and family composition to the Housing Authority, IN WRITING. I/We understand that giving false statements or information can be grounds for punishment under Federal and State laws as well as grounds for termination of housing assistance.**

_____ <b>Signature of Head of Household</b>	_____ <b>Date</b>	_____ <b>Signature of Spouse, co-HOH or Other Adult</b>	_____ <b>Date</b>
_____ <b>Signature of Other Adult</b>	_____ <b>Date</b>	_____ <b>Signature of Other Adult</b>	_____ <b>Date</b>
_____ <b>Signature of Other Adult</b>	_____ <b>Date</b>	_____ <b>Signature of Other Adult</b>	_____ <b>Date</b>

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If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot-line at 1-800-669-9777