

**FOR OFFICE USE ONLY**

DATE/TIME: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

BEDROOM SIZE: \_\_\_\_\_

FEDERAL PREFERENCE: \_\_\_\_\_

**APPLICATION FOR ADMISSION  
VALDOSTA HOUSING AUTHORITY**

THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL ADULTS

Complete this form in your own handwriting in ink. Use the correct legal name for each person who will reside in the apartment as it appears on the Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Please do not leave blank any section of the application. If that section does not apply to you, write N/A in it.

Name: \_\_\_\_\_

Mailing  
Address: \_\_\_\_\_

Daytime  
Phone: \_\_\_\_\_

**I. HOUSEHOLD COMPOSITION**

Adults (age 18 & over)			Relation	Sex	Social Security	Elderly/	Date of	Place of
Last	First	MI	To Head	M/F	Number	Disabled	Birth	Birth
			HEAD					

Children (under age 18) *Begin With The Oldest				Social Security	Date of	Place of	Name & Address of
Last	First	MI	Sex	Number	Birth	of Birth	Absent Parent (Not Living With Child)

Race of Head of Household (check one)

Ethnicity (check one)

( ) White

( ) Hispanic

( ) Black

( ) Non-Hispanic

( ) American Indian / Alaskan Native

( ) Asian or Pacific Islander

Does anyone in your household require special accommodations due to a handicap or disability? \_\_\_\_\_

If yes, specify requirements: \_\_\_\_\_

Do you pay Handicap Assistance Care or for auxiliary apparatus for handicapped household members in order

for them or another family member to work? \_\_\_\_\_ If yes, itemize: \_\_\_\_\_

## II. TOTAL INCOME TO HOUSEHOLD

List all money earned or received by everyone living in the household. This includes but is not limited to: gross wages, self-employment, child support, Social security, SSI, Worker's Compensation, retirement benefits, AFDC, Veteran's benefits, alimony, babysitting, rental property income, income from banks such as interest on savings, bonds, checking accounts, and CD's. Also include any regular contributions to the household from any regular contributions to the household from any person outside the household.

Name of Household Member Who Receives Income	Source or Type of Income (Name of Employer; Absent Parent; AFDC; SS; Bank; VA; State; Company; Individual; etc.)	Is Income Hourly, Weekly, Bi-weekly, or Monthly?	Gross Income (cash or check) Before Deducts	List any changes anticipated

Is the Head of Household or Spouse of the Head of Household in the Armed Services? \_\_\_\_\_

## III. ASSETS

Do any household members have or receive income from assets: (Check all that apply)

[ ] Real Estate

[ ] Company Retirement \ Pension Fund

[ ] Trusts

[ ] Stocks \ Bonds

[ ] Insurance Settlements

[ ] Checking Account

[ ] Saving Account

[ ] Certificate of Deposit

[ ] Other: \_\_\_\_\_

Have you given away or sold any asset for less than fair market value in the past 2 years? \_\_\_\_\_ If yes, what? \_\_\_\_\_ What was its market value? \_\_\_\_\_ How much did you receive? \_\_\_\_\_

**IV. CHILD CARE AND MEDICAL INFORMATION**

Do you pay for Child Care for children age 12 or younger while you work or attend school? \_\_\_\_\_. If yes, please fill out the following on the person to whom the expenses are paid:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

How much per month? \_\_\_\_\_

If the Head of Household or Spouse are age 62 or older OR disabled regardless of age, list all medical expenses anticipated for the next 12 months that will not be reimbursed by insurance or other outside source:

MEDICAL EXPENSE	YEARLY TOTAL	MEDICAL EXPENSE	YEARLY TOTAL
<i>Physicians</i> _____	_____	<i>Prescriptions</i> _____	_____
_____	_____	_____	_____

**V. GENERAL INFORMATION**

Current Landlord: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How much do you currently pay in rent? \_\_\_\_\_

Have you or any household member ever lived in public housing or received housing assistance? \_\_\_\_\_

If yes, where? \_\_\_\_\_ Under whose name? \_\_\_\_\_ When? \_\_\_\_\_

Do you owe money on any type of claim to any Housing Authority in the United States where you or any household member has lived after age 18? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Does any household member 18 or older have a debt with a utility company or previous landlord? \_\_\_\_\_

Have you, or any household member, ever used any other name or social security number than the one used on this application? \_\_\_\_\_ List: \_\_\_\_\_

Has anyone in the household (regardless of age) ever been convicted of a crime other than traffic violations? \_\_\_\_\_ Explain: \_\_\_\_\_

Is any household member required to report to a probation or parole officer? \_\_\_\_\_

Have you, or any household member, ever been arrested for drug or alcohol related activity or violent criminal activity? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Do you own a vehicle? \_\_\_\_\_ If yes, list Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

How did you hear about the Valdosta Housing Authority? \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address: \_\_\_\_\_ Ph# \_\_\_\_\_

Father's Name \_\_\_\_\_ Address: \_\_\_\_\_ Ph# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_ Ph# \_\_\_\_\_

**All family members, age 18 and over, should review the information listed on this form and MUST sign below.**

I do hereby swear and attest that all the information above is true and correct. I understand that I must report any changes in income, assets, family composition, or address to the Valdosta Housing Authority within 10 days of such change. I have no objections to inquires being made for the purpose of verifying the statements made here. I further understand that false statements or information are punishable under Federal Law and grounds for denial of this application. I understand that this application is valid for six (6) months only unless renewed or updated by the applicant. All information provided on this form is subject to verification by the Valdosta Housing Authority.

\_\_\_\_\_  
Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Spouse of Head of Household \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Other Adult \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Other Adult \_\_\_\_\_ Date \_\_\_\_\_

*If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-424-8590 or local Fair Housing hot line.*

**Do NOT write in this box. (For PHA use only)**

Date Eligibility Established: \_\_\_\_\_ Date Denial Mailed: \_\_\_\_\_

**Record of Offers:**

Date: \_\_\_\_\_ Unit: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_

Accepted: \_\_\_\_\_ Moved In: \_\_\_\_\_ Rejected: \_\_\_\_\_

Earliest Date Next Offer Can Be Made: \_\_\_\_\_ Removed: \_\_\_\_\_

Date: \_\_\_\_\_ Unit: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_

Accepted: \_\_\_\_\_ Moved In: \_\_\_\_\_ Rejected: \_\_\_\_\_

Earliest Date Next Offer Can Be Made: \_\_\_\_\_ Removed: \_\_\_\_\_

Date: \_\_\_\_\_ Unit: \_\_\_\_\_ Bedroom Size: \_\_\_\_\_

Accepted: \_\_\_\_\_ Moved In: \_\_\_\_\_ Rejected: \_\_\_\_\_

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