

## APPLICATION FOR HOUSING INSTRUCTIONS

Once this application has been completed and all the required documents have been assembled, please make an appointment with:

**MRS. DOROTHY PHILLIPS AT 229-242-4130 EXT 201**  
**HUDSON DOCKETT HOMES**  
**807 S FRY STREET**  
**VALDOSTA GA 31601**

If you do not have all of the required documents below, we **CANNOT** complete the processing of your application, nor schedule your interview appointment. Please use the checklist below to assure all required information is attached.

### REQUIRED DOCUMENTS

- \_\_\_\_\_ 1. This application packet fully completed.
- \_\_\_\_\_ 2. Current income verification from ALL sources of income including food stamps
- \_\_\_\_\_ 3. Social Security cards for ALL persons who will be living in the household
- \_\_\_\_\_ 4. Birth Certificates for ALL persons who will be living in the household.
- \_\_\_\_\_ 5. Picture Identification
- \_\_\_\_\_ 6. Marriage License
- \_\_\_\_\_ 7. Complete names, address, and telephone numbers of landlords from whom you have rented in the past three years. If you are not renting in your name, list the name of the person you are living with, their relationship to you, and the name, address, and phone number of their landlord

### PLEASE NOTE:

If you fail to provide us with the required documents and a complete rental history, your application will be filed as **“Incomplete Information to Process”**.

**APPLICATIONS WILL NOT BE ACCEPTED WITHOUT ALL THE REQUIRED INFORMATION LISTED ABOVE**

FOR OFFICE USE ONLY:

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

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

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

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 as it appears on the Social Security card for each person who will reside in the household. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Please do not leave any section of the application blank.

If that section does not apply to you, write N/A in that section.

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

DAYTIME PHONE NUMBER: \_\_\_\_\_

#### I. HOUSEHOLD COMPOSITION

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

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

RACE OF HEAD OF HOUSEHOLD (CHECK ONE)

- WHITE
- BLACK
- AMERICAN INDIAN / ALASKAN NATIVE
- ASIAN OR PACIFIC ISLANDER

ETHNICITY (CHECK ONE)

- HISPANIC
- NON-HISPANIC

Does anyone in your household require special accommodation 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 this 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 Receive 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	Gorss Income (cash or check) Before Deducts	List any changes anticipated

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

**III. ASSET**

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

- Real Estate
- Stocks / Bonds
- Saving Account
- Company Retirement / Pension Fund
- Insurance Settlements
- Certificate of Deposit
- Trusts
- Checking Account
- 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 or Child Care for children age 12 or younger while you at work or attend school? \_\_\_\_\_. If yes, please fill out the following on the person to whom the expense 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
Physicians _____	_____	Prescriptions _____	_____
_____	_____	_____	_____

#### 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 changes. I have no objections to inquires being made for the purpose of verifying the statement 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 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 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 _____
Earliest Date Next Offer Can Be Made _____		Removed _____

## PERSONAL DECLARATION

THIS FORM MUST BE COMPLETED IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT.

I. HOUSEHOLD COMPOSITION: List all persons who will be living in your home, listing head of household first.

ADULTS (LEGAL NAME)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SOCIAL SECURITY NUMBER	INDICATE IF MARRIED (M) WIDOWED (W) SEPARATED (S) DIVORCED (D)
1.				YEAR:
2.				YEAR:
3.				YEAR:
4.				YEAR:

CHILDREN (name as it appears on SS card)	DATE OF BIRTH	RELATIONSHIP TO HEAD OF HOUSEHOLD	SCHOOL NAME	ABSENT PARENT'S NAME	ABSENT PARENT'S ADDRESS
1.					
2.					
3.					
4.					
5.					
6.					

If separated or divorced, list name and address of spouse/ex-spouse as follows:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
SS NO. (If known)

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
SS NO. (If known)

II. TOTAL HOUSEHOLD INCOME: List all money earned or received by everyone living in your household. This includes money from wage, self-employment, child support, contributions, Social Security, disability payments (SSI), Workman's Compensation, retirement benefit, AFDC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and all other sources.

LIST AMOUNTS RECEIVED BELOW:

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	AFDC	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1.							
2.							
3.							
4.							

III. ASSETS: If yes to any, listed below. Do you or any household member own or have an interest in any real estate, boat, and/or mobile homes? \_\_\_\_ Have you sold any real estate in the last two years? \_\_\_\_ Do you own any stock or bond? \_\_\_\_ Do you have savings account? \_\_\_\_ If yes, give bank account numbers, and amount below. Do you own a car \_\_\_\_

Model/Year \_\_\_\_\_ Tag No. \_\_\_\_\_.

Do you own a second car? \_\_\_\_ Model/Year \_\_\_\_\_ Tag No. \_\_\_\_\_.

- Does anyone outside of your household pay for any of your bills or give you money? Yes/No \_\_\_\_ If yes, explain below.
- Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes/No \_\_\_\_ If yes, explain below.
- Have you or any member lived in any assisted housing? Yes/No \_\_\_\_ If yes, list where and when below.
- Have you or anyone in your household ever been convicted of any crime other than traffic violations? Yes/No \_\_\_\_ If yes, explain below (Applies to Public Housing Applicants only)
- Have you ever committed any fraud in a Federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes/No \_\_\_\_ if yes, explain below.

I, do hereby swear and attest that all of the information above about me is true and correct. I also understand that ALL CHANGES in the income of any member of the household as well as ANY CHANGES in the household members must be reported to the Housing Authority in WRITING IMMEDIATELY.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OTHER ADULT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF AOTHER ADULT

\_\_\_\_\_  
DATE

**WARNING: TITLE 10, SECTION 1000 1 OF THE UNITED STATES. CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRADLENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**