

<b>Do Not Write In This Space:</b>
Application Date:
Application Time:
Status Code:
Voucher No:
Recert Date:
Sex Offender Check:
Criminal Background Check:

**The Housing Authority of Columbus, Georgia Application for Section 8 Rental Assistance**

Please complete this application in its entirety. Failure to provide true and complete information may delay the processing of your application. Please DO NOT leave any spaces blank.

**Part A: Household Composition and Characteristics**

1. Legal name of head of household: \_\_\_\_\_
2. Social Security No.: \_\_\_\_\_ 3. Alien Registration No.: \_\_\_\_\_
4. Current Address: \_\_\_\_\_  

Street
City
State
Zip Code
County
5. Mailing address if different from above: \_\_\_\_\_
6. Most recent previous address: \_\_\_\_\_  

Street
City
State
Zip Code
County
7. Home Phone No.: \_\_\_\_\_ 8. Work Phone No.: \_\_\_\_\_ 9. Spouse Work Phone No.: \_\_\_\_\_
10. Highest grade or the full years of formal schooling that the head of household has completed: \_\_\_\_\_
11. Date of Birth: \_\_\_\_\_ 12. Sex (M/F): \_\_\_\_ 13. Citizenship – Are you a citizen of the U.S. (Yes/No)? \_\_\_\_\_  

**If no, please answer question #30 on page 4**
14. Race (1 = White, 2 = Black/African American, 3 = American Indian/Alaska Native, 4 = Asian, 5 = Native Hawaiian/ Other Pacific Islander) Select as many codes as appropriate to best indicate your race: \_\_\_\_\_
15. Ethnicity (1 = Hispanic or Latino, 2 = Not Hispanic or Latino): \_\_\_\_\_
16. Do you or any member of your household claim any type of disability for the purpose of qualifying for reasonable accommodation in PHA rules or policies, modification of the housing unit, or specific housing needs (Yes/No)? \_\_\_\_\_  
 If yes, please describe: \_\_\_\_\_

17. Marital status of Head of Household: Married \_\_\_\_\_ Single \_\_\_\_\_ Widow(er) \_\_\_\_\_ Divorced \_\_\_\_\_

18. Current Spouse Name: \_\_\_\_\_

19. Name and address of former spouse, if separated, divorced, or deceased:

1. Former Spouse Name: Former Spouse Address:	2. Former Spouse Name: Former Spouse Address:
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20. List names, addresses, and telephone numbers of two relatives or friends who generally know how to contact you:

Contact Name: Contact Address:	Contact Name: Contact Address:
Contact Telephone No.:	Contact Telephone No.:

21. Have you ever lived in Public or Assisted Housing? Y/N \_\_\_\_\_ If yes, name and address of Public/Assisted Housing

Agency: \_\_\_\_\_

Date of Residency: \_\_\_\_\_

22. Do you currently owe any back rent or damages to any Public or Assisted Housing Agency (Yes/No)? \_\_\_\_\_

If yes, amount: \_\_\_\_\_ Name and address of Public/Assisted Housing Agency: \_\_\_\_\_

\_\_\_\_\_

24. Have you ever used a name other than the one you are using now (Yes/No)? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

25. **List all other members who will be living in the unit**

- **Column \*A\*** – Give the relationship of each family member to the head using the following codes: (H=head, S=spouse, K=co-head, F=foster child/foster adult, Y=other youth under 18, E=fulltime student 18+, L=live-in aide, A=other adult)
- **Column \*B\*** – Select as many codes as appropriate to best indicate each member’s race: (1=White, 2=Black/African-American, 3=American Indian/Alaska Native, 4=Asian, 5=Native Hawaiian/Other Pacific Islander)
- **Column \*C\*** – Select the code that best indicates each member’s ethnicity: (1=Hispanic or Latino, 2=Not Hispanic or Latino)

Member Number	Member's Full Legal Name	Date of Birth	Social Security No.	Age	Sex M/F	*A* Relation to Head	*B* Race	*C* Ethnicity	U.S. Citizen Yes/No
2									
3									
4									
5									
6									
7									
8									

26. If there are any additional household members check here \_\_\_\_ and attach a separate page with application.

27. List the household member name, school name, address, and telephone number of all household members that are attending school full-time:

a. Name:	b. Name:
School Name:	School Name:
School Address:	School Address:
School Telephone No.:	School Telephone No.:
c. Name:	d. Name:
School Name:	School Name:
School Address:	School Address:
School Telephone No.:	School Telephone No.:
e. Name:	f. Name:
School Name:	School Name:
School Address:	School Address:
School Telephone No.:	School Telephone No.:
g. Name:	h. Name:
School Name:	School Name:
School Address:	School Address:
School Telephone No.:	School Telephone No.:

28. Provide the following information for all household member(s) (other than the Head of Household) who are married, separated, divorced, or widow(ed):

a. Name of Household Member:				
Name of Spouse/Former Spouse:				
Address of Spouse/Former Spouse:				
<b>(Circle one)</b> Is household member:	Married	Separated	Divorced	Widow(ed)
b. Name of Household Member:				
Name of Spouse/Former Spouse:				
Address of Spouse/Former Spouse:				
<b>(Circle one)</b> Is household member:	Married	Separated	Divorced	Widow(ed)

29. List the absent parent's name and address for each household member under the age of 18:

a. Minor's Name:	b. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Address of Absent Parent:	Address of Absent Parent:
c. Minor's Name:	d. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Address of Absent Parent:	Address of Absent Parent:
e. Minor's Name:	f. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Address of Absent Parent:	Address of Absent Parent:
g. Minor's Name:	h. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Address of Absent Parent:	Address of Absent Parent:

30. For all household members that are not U.S. Citizens, provide:

a. Name of Household Member:	b. Name of Household Member:
Alien Registration No.:	Alien Registration No.:
c. Name of Household Member:	d. Name of Household Member:
Alien Registration No.:	Alien Registration No.:

31. What states have you and other members of your household resided in? (Where and Whom): \_\_\_\_\_  
 \_\_\_\_\_

**Part B: Drug/Criminal Activity – Federal Regulations require housing agencies to question applicants and participants concerning drug or violent criminal activities.**

1. Have you or any household member ever been evicted from Public or Assisted Housing for violent criminal or drug-

related activity (Yes/No)? \_\_\_\_\_ If yes, provide the following information: When: \_\_\_\_\_

For what reason: \_\_\_\_\_

Name of household member: \_\_\_\_\_ Name of the Public/Assisted Housing: \_\_\_\_\_

2. Have you or any household member ever been convicted of the manufacturing or production of methamphetamine (speed) on the promises of Public or Assisted Housing (Yes/No)? \_\_\_\_\_ If yes, provide the name of the household member: \_\_\_\_\_ Public/Assisted Housing: \_\_\_\_\_

3. Are you or any household member subject to lifetime registration as a sex offender (Yes/No)? \_\_\_\_\_ If yes, Provide the following information: Name of household member: \_\_\_\_\_

4. Are you or any household member persons who abuse or show a pattern of abuse of alcohol (Yes/No)? \_\_\_\_\_ If yes, provide the following information: Name of household member: \_\_\_\_\_

Is household member currently enrolled in a treatment program (Yes/No)? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

**Part C: Income Information**

1. Does any household member work full-time, part-time, or seasonally – including wages, fees, tips, bonuses, money for services (Yes/No)? \_\_\_\_\_ If yes, provide:

a. Name of Household Member:	b. Name of Household Member:
Employer Name:	Employer Name:
Employer Address:	Employer Address:
Employer Telephone No.:	Employer Telephone No.:
c. Name of Household Member:	d. Name of Household Member:
Employer Name:	Employer Name:
Employer Address:	Employer Address:
Employer Telephone No.:	Employer Telephone No.:

2. Does any household member work for someone who pays cash (Yes/No)? \_\_\_\_\_ If yes, provide:

a. Name of Household Member:	b. Name of Household Member:
Employer Name:	Employer Name:
Employer Address:	Employer Address:
Employer Telephone No.:	Employer Telephone No.:

3. Does any household member receive unemployment benefits, workers compensation, or severance pay (Yes/No)?

\_\_\_\_\_ If yes, provide the following: Household member's name: \_\_\_\_\_

Type of benefit: \_\_\_\_\_ Amount: \_\_\_\_\_ Employer Name and Address: \_\_\_\_\_

4. Does any household member receive child support from the child support recovery unit (Yes/No)? \_\_\_\_\_ If yes,

Provide:

a. Minor's Name:	b. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Child Support Amount:	Child Support Amount:
c. Minor's Name:	d. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Child Support Amount:	Child Support Amount:
e. Minor's Name:	f. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Child Support Amount:	Child Support Amount:
g. Minor's Name:	h. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Child Support Amount:	Child Support Amount:

5. Does any household member receive child support directly from the absent parent (Yes/No)? \_\_\_\_\_ If yes, provide:

i. Minor's Name:	j. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Child Support Amount:	Child Support Amount:
k. Minor's Name:	l. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Child Support Amount:	Child Support Amount:
m. Minor's Name:	n. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Child Support Amount:	Child Support Amount:
o. Minor's Name:	p. Minor's Name:
Name of Absent Parent:	Name of Absent Parent:
Child Support Amount:	Child Support Amount:

6. Does any household member receive alimony (Yes/No)? \_\_\_\_\_ If yes, provide: Household member's name:

\_\_\_\_\_ Amount \$ \_\_\_\_\_ Former Spouse's Name: \_\_\_\_\_

7. Does any household member received public assistance (TANF) (Yes/No)? \_\_\_\_\_ If yes, provide: Household member's name: \_\_\_\_\_ Amount \$ \_\_\_\_\_
8. Does any household member receive Social Security or SSI benefits (Yes/No)? \_\_\_\_\_ If yes, provide: Household member's name: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Name of the person's social security number benefits are received under: \_\_\_\_\_  
***(Please attach a copy of the award letter(s) to this application)***
9. Does any household receive income from a pension or annuity (Yes/No)? \_\_\_\_\_ If yes, provide Household Member's name: \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Type of Pension/Annuity: \_\_\_\_\_ Address of Pension/Annuity: \_\_\_\_\_  
Claim No. for pension/annuity: \_\_\_\_\_
10. Does any household member receive regular contributions from organizations or from individuals not living in the unit (Yes/No)? \_\_\_\_\_ If yes, provide: Household Member's Name: \_\_\_\_\_  
Amount \$ \_\_\_\_\_ Name and address of contributing organization/individual: \_\_\_\_\_  
\_\_\_\_\_
11. Did any household member file a Federal Income Tax Return last year (Yes/No)? \_\_\_\_\_ If yes, attach a copy of the Income Tax Return Transcript to this application.
12. Does any household member receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from rental property?  
(Yes/No) \_\_\_\_\_ If yes, provide: Household member's name: \_\_\_\_\_  
Type of Asset: \_\_\_\_\_ Amount of Income/Interest received \$ \_\_\_\_\_
13. Does any household member own a business or are self-employed (Yes/No)? \_\_\_\_\_ If yes, provide: Household Member's name: \_\_\_\_\_ Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_

14. Does any household member receive any type of military pay/allotment (including Coast Guard, National Guard, and Reserve Units) (Yes/No)? \_\_\_\_\_ If yes, provide: Household member's name: \_\_\_\_\_

Amount \$ \_\_\_\_\_ Source of pay/allotment: \_\_\_\_\_

15. Does any household member receive money to pay bills from someone outside of your household (Yes/No)? \_\_\_\_\_

If yes, provide household member's name: \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name and address of party paying the bills: \_\_\_\_\_

**Part D: Assets**

1. Does any household member own or have an interest in any property (real estate, mobile home, and/or land)

(Yes/No)? \_\_\_\_\_ If yes, provide: Household Member's Name: \_\_\_\_\_

Real Estate Address: \_\_\_\_\_ Value: \$ \_\_\_\_\_

2. Has any household member sold or given away any property (real estate, mobile home, and/or land) in the last two

years (Yes/No)? \_\_\_\_\_ If yes, describe: \_\_\_\_\_

\_\_\_\_\_

3. Does any household member own stocks and bonds (Yes/No)? \_\_\_\_\_ If yes, describe below: \_\_\_\_\_

\_\_\_\_\_

4. Where do household members bank? Provide information below:

a. Household Member's Name:	b. Household Member's Name:
Bank Name:	Bank Name:
Bank Address:	Bank Address:
Type of Account:	Type of Account:
Account No.:	Account No.:
c. Household Member's Name:	d. Household Member's Name:
Bank Name:	Bank Name:
Bank Address:	Bank Address:
Type of Account:	Type of Account:
Account No.:	Account No.:

5. Does any household member have any savings certificates, money market funds, or trust funds (Yes/No)? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

6. Does any household member have any type of retirement account (Company, IRA, Keogh) (Yes/No)? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

7. Does any household member have any life insurance policies (Yes/No)? \_\_\_\_\_ If yes, provide:

a. Household Member's Name:	b. Household Member's Name:
Insurance Agency Name:	Insurance Agency Name:
Insurance Agency Address:	Insurance Agency Address:
Policy Number:	Policy Number:
Amount/Value:	Amount/Value:
c. Household Member's Name:	d. Household Member's Name:
Insurance Agency Name:	Insurance Agency Name:
Insurance Agency Address:	Insurance Agency Address:
Policy Number:	Policy Number:
Amount/Value:	Amount/Value:

### **Part E. Expenses**

1. Does any household member have expenses for childcare for a child aged 12 or younger? If yes, provide:

a. Minor's Name:	b. Minor's Name:
Childcare Provider Name:	Childcare Provider Name:
Childcare Provider Address:	Childcare Provider Address:
Childcare Provider Telephone No.:	Childcare Provider Telephone No.:
Monthly cost to you for childcare:	Monthly cost to you for childcare:
c. Minor's Name:	d. Minor's Name:
Childcare Provider Name:	Childcare Provider Name:
Childcare Provider Address:	Childcare Provider Address:
Childcare Provider Telephone No.:	Childcare Provider Telephone No.:
Monthly cost to you for childcare:	Monthly cost to you for childcare:

2. Indicate the monthly amount of expenditures for your household below:

Rent:	Phone:	Medical:	Credit Card:
Electric:	Car payment:	Cable:	Credit Card 2:
Gas:	Car insurance:	Insurance:	Loan:
Water:	Child care:	Rentals:	Other:
Indicate in this space any of the above that are delinquent/not paid current:			

**\*\*\* Elderly/Disabled Families ONLY\*\*\***

3. Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work? If yes, provide:

a. Care Attendant Name:	b. Care Attendant Name:
Care Attendant Address:	Care Attendant Address:
Care Attendant Telephone No.:	Care Attendant Telephone No.:

4. What is the monthly cost to you for the care attendant and/or equipment? \$ \_\_\_\_\_

5. Do you have Medicare (Yes/No)? \_\_\_\_\_ If yes, what is your monthly premium? \$ \_\_\_\_\_

6. Do you have any other kind of medical insurance? If yes, provide:

a. Name of Insurance Company:	b. Name of Insurance Company:
Insurance Agent's Name:	Insurance Agent's Name:
Insurance Company Address:	Insurance Company Address:
Telephone No.:	Telephone No.:
Policy Number:	Policy Number:
Monthly Premium Amount:	Monthly Premium Amount:

7. Do you have outstanding medical bills which you are paying? If yes, provide:

a. Name of Provider:	b. Name of Provider:
Address of Provider:	Address of Provider:
Telephone No. of Provider:	Telephone No. of Provider:
c. Name of Provider:	d. Name of Provider:
Address of Provider:	Address of Provider:
Telephone No. of Provider:	Telephone No. of Provider:

8. Do you expect to incur additional medical expenses in the next twelve months that will not be covered by medial insurance? If yes, provide:

a. Name of Provider:	b. Name of Provider:
Address of Provider:	Address of Provider:
Telephone No. of Provider:	Telephone No. of Provider:
c. Name of Provider:	d. Name of Provider:
Address of Provider:	Address of Provider:
Telephone No. of Provider:	Telephone No. of Provider:

9. If you use the same pharmacy regularly, please provide:

a. Pharmacy Name:	b. Pharmacy Name:
Pharmacy Address:	Pharmacy Address:
Pharmacy Telephone No.:	Pharmacy Telephone No.:

**Part F: Unit Information**

1. Name, address and telephone number of your current landlord: \_\_\_\_\_  
\_\_\_\_\_

2. What is the total monthly rent of your unit? \$\_\_\_\_\_ What amount do you pay monthly for rent? \$\_\_\_\_\_

3. Indicate the type of housing you currently occupy: (Check one below)

House \_\_\_\_\_ Apartment \_\_\_\_\_ Mobile Home \_\_\_\_\_ Other \_\_\_\_\_

4. Do you intend to remain in this unit if your Section 8 rental assistance is approved (Yes/No)? \_\_\_\_\_ If no, and you intend to move – please check all applicable reasons for your move that apply:

\_\_\_\_ Closer to daycare      \_\_\_\_ Transportation      \_\_\_\_ Employment      \_\_\_\_ Closer to other services

\_\_\_\_ Unit is not decent, safe, or sanitary      \_\_\_\_ Rent is too high

\_\_\_\_ Owner is unwilling to participate      \_\_\_\_ Other (please explain): \_\_\_\_\_

**Applicant/Participant Certification**

I certify that the information given to the Housing Authority of Columbus, GA on household composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in household composition, income, assets, and expenses of any household member(s) to the Housing Authority of Columbus, GA within ten (10) business days of the change. I understand that all changes in household composition due to birth, adoption, or court awarded custody must be reported in writing within ten (10) business days of the change. Any other changes in household composition must be approved by the Housing Authority of Columbus, GA and my landlord.

**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.**

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

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Do not write in this space, for Housing Authority use ONLY\*\*\***

I have reviewed this application in its entirety with the above Head of Household/Spouse and verify by my signature that this application is complete and any items that were not complete on the date this application was originally submitted have now been entered, dated, and initialed by the Head of Household/Spouse and myself.

Signature of the Housing Authority Representative: \_\_\_\_\_ Date: \_\_\_\_\_