

I Speak

(Language Identification Sheet)

Name: _____

Date: _____

<input type="checkbox"/>	如果您阅读或说简体中文, 请将此框标记为 ""	Simplified Chinese
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<input type="checkbox"/>	如果你讀或說繁體中文, 就把這個盒子記下來	Traditional Chinese
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<input type="checkbox"/>	Mark this box if you read or speak English	English
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<input type="checkbox"/>	Markahan ang kahong ito kung basahin mo o magsalita ng Filipino	Filipino
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<input type="checkbox"/>	अगर आप हिंदी पढ़ते या बोलते हैं तो इस बॉक्स को मार्क करें	Hindi
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<input type="checkbox"/>	日本語を読んだり話したりする場合は、このボックスに印をつける	Japanese
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<input type="checkbox"/>	한국어를 읽거나 말하는 경우 이 상자에 표시	Korean
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<input type="checkbox"/>	Marque esta casilla si lee o habla español	Spanish
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<input type="checkbox"/>	Đánh dấu hộp này nếu bạn đọc hoặc nói chuyện Việt	Vietnamese
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Application Information

Applications for Housing Assistance Programs will be taken by **Appointment Only**. Please contact Julie Bumgarner at ext. 100 to set up an appointment time.

You must have birth certificates and social security cards for every member of the household that will be residing in the apartment. Anyone over 18 will need a photo ID. You will also need a copy of your marriage certificate if your spouse will be living with you. Anyone in the household over 18 years of age will need to be present at the time the application is turned in.

If you do not have your birth certificate you can receive one by going to the courthouse in the county that you were born in, it does not have to be a certified copy.

If you do not have your social security card you can go to the Social Security office in Shelby, NC and apply for one, you will need to wait until they mail your card before you can apply. We will accept a photocopy of the original social security card as long as it is legible.

If you do not have the required documents your application will not be processed.

Forest City Housing Authority is an Equal Housing Provider

APPLICATION FOR PUBLIC HOUSING / SECTION 8 MULTIFAMILY (NOT VOUCHERS)

Date of Application: _____ Time of Application: _____

1. Name of Head of household: _____

2. Name of adult co-head of household: _____

3. Current Address: _____

Phone Number: _____

For Statistical Purposes Only

4. Race of head of household:

<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White

5. Ethnicity of Head:

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino

6. List all persons who will live in the unit, including foster children, live-in aides (if needed for the care of a family member).
No one except those listed on this form may live in the unit.

	First and Last Name	Date of Birth	Sex	SSN	Relation	Disabled	State and County of Birth	Full Time Student
1					HOH	Y or N		Y or N
2						Y or N		Y or N
3						Y or N		Y or N
4						Y or N		Y or N
5						Y or N		Y or N
6						Y or N		Y or N
7						Y or N		Y or N
8						Y or N		Y or N

Family Income Information

7. Please list the source and amount of all income expected for the coming 12 months for all family members, included but not limited to all earnings and benefits received from working, TANF, VA, Social Security, SSI, SSID, Unemployment, Workers Compensation, pension, child support, etc.

Family Member Name	Income Source	Amount	Frequency			
			Weekly	Bi-weekly	Monthly	Yearly
			Weekly	Bi-weekly	Monthly	Yearly
			Weekly	Bi-weekly	Monthly	Yearly
			Weekly	Bi-weekly	Monthly	Yearly
			Weekly	Bi-weekly	Monthly	Yearly
			Weekly	Bi-weekly	Monthly	Yearly
			Weekly	Bi-weekly	Monthly	Yearly

8. Do you have a checking or savings account or own any Certificates of Deposits, stocks, bonds, etc. Yes or No
 If yes, describe the type of asset(s) _____
 What is the market value of assets _____

9. Do you own any real estate? Yes or No
 If yes, what is the address? _____

10. Have you sold any real estate in the past two (2) years? Yes or No
 If yes, what is the address? _____

11. Current Landlord's Name: _____
 Address: _____
 Phone Number: _____

12. Former Landlord's Name: _____
 Address: _____
 Phone Number: _____

Screening

13. Have you ever lived in Public Housing, Section 8 or any government subsidized property? Yes or No

If yes, Name of Agency or Landlord? _____

Dates you lived there _____

Do you owe money to any housing authority, Section 8 voucher property or government subsidized property?

Yes or No

If yes, Name of Agency and Amount owed _____

14. Have you ever been evicted from housing? Yes or No

If yes, why? _____

15. Do you have any past utility bills? Yes or No If yes, name of company.

16. Have you or any member of the household ever been arrested or convicted of a crime other than a traffic violation? Yes or No

If yes, please explain the crime and who was involved _____

17. Is anyone in your household currently on parole or probation? Yes or No

If yes, please explain: _____

18. The Department of Housing and Urban Development and Forest City Housing Authority has a zero tolerance approach to prevent lifetime sex offenders from receiving federal housing assistance.

A. Are you the applicant subject to a lifetime state sex offender registration program in any state? Yes or No
If you answered yes, please list the state in which you are to be registered as a lifetime sex offender.

B. Is any adult member of your household subject to a lifetime state offender registration program in any state? Yes or No
If you answered yes, please list the state in which they are to be registered as a lifetime sex offender.

C. Is there a juvenile in the household subject to a lifetime state offender registration program in any state? Yes or No
If you answered yes, please list the state in which they are to be registered as a lifetime sex offender.

19. Please list every member of your family that will be living with you including yourself and every state that each person has lived since birth

	First and Last Name	States Lived
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____

20. Is the head of household or spouse age 62 or older or a person with a disability? Yes or No
If yes, please answer the following questions. If no skip to question 24

21. If you were age 62 or older as of January 31, 2010 and did not have a social security number, were you receiving HUD rental assistance at another location on January 31, 2010? Yes or No
If yes, list the name and address _____

22. Does your household have any medical expenses? (include insurance, Medicare deduction, doctor and dentist bills, hospital bills, clinic costs, medicine, therapy, supplies, medical transportation, etc.) Yes or No

If yes please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on each medical expenses:

Type of expense: _____

Monthly medical expense: \$ _____

Name, address and phone# of someone who can verify the expense: _____

23. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work? Yes or No

If yes, describe the nature of the expense and the monthly amount: _____

Name, address and phone # of someone who can verify the expense _____

24. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training?
Yes or No

If yes, list the name, address and phone number of childcare provider _____
Monthly unreimbursed child care cost _____

25. Is any member of the household age 18 or older (other than family head and spouse) a full or part time student or person with a disability? Yes or No

If yes, name the family member and the name and address of someone who can verify this information

26. Driver License or State ID#: Applicant _____ Co-applicant _____

Do you have a vehicle? Yes or No

If yes, list the Year: _____ Make: _____ Model: _____ Tag Number: _____

27. Do you have a pet? Yes or No

If yes, describe the pet: _____

28. Do you have a service animal? Yes or No

If yes, please describe: _____

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified.

I/we authorize the release of information to the Housing Authority by my/our employer(s), the Social Security Administration, landlords and/or other businesses or government agencies.

I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature Date

Co-applicant Signature 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 a department or an agency of the United States shall be fined not more that \$10,000 or shall be imprisoned for not more that 5 years or both.