

**PICAYUNE HOUSING AUTHORITY
APPLICATION**



COMPLETE THIS FORM IN INK IN ITS ENTIRETY. USE THE LEGAL NAME FOR EACH PERSON WHO WILL RESIDE IN THE RENTAL UNIT EXACTLY AS IT APPEARS ON HIS/HER SOCIAL SECURITY CARD. ALL PERSONS AGE 18 AND OVER MUST SIGN THIS APPLICATION CERTIFYING THE INFORMATION PERTAINING TO THEM IS CORRECT. DO NOT LEAVE ANY SECTION OF THE APPLICATION BLANK. ANY REQUIRED INFORMATION NOT RECEIVED BY THE PUBLIC HOUSING AGENCY (PHA) WITHIN 14 CALENDAR DAYS OF THE DATE OF THIS APPLICATION WILL RESULT IN DENIAL OF THE APPLICATION.

HEAD OF HOUSEHOLD INFORMATION

Applicant Name: _____
(Full name as it appears on Social Security card)

Mailing Address: _____
(Include Apt# or Lot#) _____ City _____ State _____ Zip _____

Physical Address (if different from mailing address): _____

Home/Cell Phone#: _____ **Additional Contact#:** _____

Email: _____

Social Security#: _____ **Date of Birth** _____ **Age** _____

Race/Ethnicity: _____ **Circle One:** Male / Female / Decline to Disclose **Disabled*(circle):** Yes / No

I wish to apply for: (Applicants may choose both, if eligible)

- ☐ **Family Housing**
- ☐ **Pines (Elderly &/or Disabled Housing)** – to qualify you must be 62 years of age or older or disabled as defined by the Social Security Administration or federal regulations)

LIMITED ENGLISH PROFICIENCY: Do you require oral and/or written information in any language other than English:
_____ Yes _____ No **If Yes, contact the office for assistance.**

COMMUNICATIONS

Place mark the applicable statement below to identify any language or disability needs in communication.

- ☐ Mark this box if you speak English
- ☐ Marque esta casilla si lee o habla Espanol. (Spanish)
- ☐ I do not require any alternate means of communication
- ☐ I require that all written information be: In large print presented orally in Braille
- ☐ In another format (explain specific need): _____

HOUSEHOLD COMPOSITION:

LIST BELOW ALL OTHER ADULT HOUSEHOLD MEMBERS AGE 18 OR OLDER (besides the Head of Household) **WHO WILL RESIDE IN THE UNIT.** Use the following codes to describe each adult member's relationship to the Head of Household: **S** = Spouse, **K** = Co-Head, **A** = Adult who is not a full-time student, **E** = Full-time student age 18 or older who is not the Head of Household, Spouse, or Co-Head, **F** = Foster Adult, **L** = Live-In Aide (if required by an elderly/disabled applicant)

Name: _____
(Full name as it appears on Social Security Card)

Social Security#: _____ **Date of Birth** _____ **Age** _____

Race/Ethnicity: _____ **Circle One:** Male / Female / Decline to Disclose **Disabled*(circle):** Yes / No

Relationship to Head of Household (see above for applicable code): _____

Name: _____
(Full name as it appears on Social Security Card)

Social Security#: _____ **Date of Birth** _____ **Age** _____

Race/Ethnicity: _____ **Circle One:** Male / Female / Decline to Disclose **Disabled*(circle):** Yes / No

Relationship to Head of Household (see above for applicable code): _____

***Please note:** No applicant for housing assistance will be discriminated against because of a disability. Applicants are not required to disclose a disability. However, benefits for which persons with disabilities are eligible cannot be provided unless disability status is disclosed.

LIST BELOW ALL HOUSEHOLD MEMBERS UNDER THE AGE OF 18:

Name: _____
(Full name as it appears on Social Security Card)

Social Security#: _____ Date of Birth _____ Age _____

Race/Ethnicity: _____ Circle One: Male / Female / Decline to Disclose Disabled*(circle): Yes / No

Relationship to Head of Household: _____

Do you have legal custody or guardianship of this child? (circle) : Yes / No

Name & Contact Information for Absent Parent (if both parents will not be living in the same household):

Name of School or Day Care Attended: (if applicable): _____

Name: _____
(Full name as it appears on Social Security Card)

Social Security#: _____ Date of Birth _____ Age _____

Race/Ethnicity: _____ Circle One: Male / Female / Decline to Disclose Disabled*(circle): Yes / No

Relationship to Head of Household: _____

Do you have legal custody or guardianship of this child? (circle) : Yes / No

Name & Contact Information for Absent Parent (if both parents will not be living in the same household):

Name of School or Day Care Attended: (if applicable): _____

Name: _____
(Full name as it appears on Social Security Card)

Social Security#: _____ Date of Birth _____ Age _____

Race/Ethnicity: _____ Circle One: Male / Female / Decline to Disclose Disabled*(circle): Yes / No

Relationship to Head of Household: _____

Do you have legal custody or guardianship of this child? (circle) : Yes / No

Name & Contact Information for Absent Parent (if both parents will not be living in the same household):

Name of School or Day Care Attended: (if applicable): _____

Name: _____
(Full name as it appears on Social Security Card)

Social Security#: _____ Date of Birth _____ Age _____

Race/Ethnicity: _____ Circle One: Male / Female / Decline to Disclose Disabled*(circle): Yes / No

Relationship to Head of Household: _____

Do you have legal custody or guardianship of this child? (circle) : Yes / No

Name & Contact Information for Absent Parent (if both parents will not be living in the same household):

Name of School or Day Care Attended: (if applicable): _____

If a Social Security Number is not provided for anyone listed on the application, print their name in front of the applicable reason below:

_____ is an ineligible non-citizen.
(Name)

_____ has not been issued a Social Security Number. I/We understand
(Name) that if this application is approved, I/we will not receive a rental
offer until a Social Security Number has been provided to the PHA

1. Are you, or any household member over the age of 18, a full-time student? ☐ Yes ☐ No
If yes, list household member name and the school attended: _____
2. Is the Spouse of the Head of Household temporarily absent from the home? ☐ Yes ☐ No
If yes, where is he/she? _____
When will the temporarily absent spouse return? _____
Does the temporarily absent spouse have income? ☐ Yes ☐ No
If yes, list all his/her income below:
\$ _____ Source: _____
3. Do you or anyone in your household require any special accommodations (such as: a ramp, handrails, wheelchair accessible unit, emotional support animal, etc.) due to a handicap or disability? ☐ Yes ☐ No
If yes, list requirements: _____
4. Do you or any elderly or disabled family member require a Live-In Aide? ☐ Yes ☐ No
5. Is your, or any household member's, legal name different than the name on his/her Social Security card?
☐ Yes ☐ No If YES, who? _____
6. Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one currently being used? ☐ Yes ☐ No
If YES, explain: _____
7. Are there children 7 years and under who have an elevated blood level of lead? ☐ Yes ☐ No

WAGES OR EARNINGS

Name of Person Working: _____

Place of Employment: _____

Employer's Address: _____ Employer's Phone#: _____

Work Start Date: _____ # Hours Worked Weekly _____

Gross Income: \$ _____ Circle one: Weekly, Bi-Weekly, Semi-Monthly, Monthly

Do you ever receive any of the following:

Overtime: ☐ Yes ☐ No Tips: ☐ Yes ☐ No
Bonus: ☐ Yes ☐ No Commission: ☐ Yes ☐ No

Name of Person Working: _____

Place of Employment: _____

Employer's Address: _____ Employer's Phone#: _____

Work Start Date: _____ # Hours Worked Weekly _____

Gross Income: \$ _____ Circle one: Weekly, Bi-Weekly, Semi-Monthly, Monthly

Do you ever receive any of the following:

Overtime: ☐ Yes ☐ No Tips: ☐ Yes ☐ No
Bonus: ☐ Yes ☐ No Commission: ☐ Yes ☐ No

OTHER TYPES OF INCOME	(check either)		Name of Family Member with This Type of Income	Monthly Gross Amount
	Yes	No		
•TANF	☐	☐	_____	\$ _____
•Food Stamps	☐	☐	_____	\$ _____
•SSI	☐	☐	_____	\$ _____
•Social Security	☐	☐	_____	\$ _____
•Unemployment Benefits	☐	☐	_____	\$ _____
•Worker's Compensation	☐	☐	_____	\$ _____
•Military Income	☐	☐	_____	\$ _____
•Self-Employed	☐	☐	_____	\$ _____
•Temporary/ Seasonal Work	☐	☐	_____	\$ _____
•Student Financial Assistance (Grants, Scholarships, Work Study, etc.)	☐	☐	_____	\$ _____
•Veterans Benefits	☐	☐	_____	\$ _____
•Lump Sum Payments	☐	☐	_____	\$ _____
•Regular Gifts, Payments Contributions from persons outside household	☐	☐	_____	\$ _____
•Child Support	☐	☐	_____	\$ _____
•Spousal Support	☐	☐	_____	\$ _____
•Pension/Retirement	☐	☐	_____	\$ _____
•Job Training	☐	☐	_____	\$ _____
•Other: (list below)	☐	☐	_____	\$ _____

Have you or anyone in your household applied for any benefits listed above? ____ Yes ____ No

If YES, explain: _____

Does anyone outside the household help with bills on a regular basis? ____ Yes ____ No

If YES, list the name of each person or agency that assists with bills or contributes to your household:

Do you pay Court ordered Child Support? ____ Yes ____ No

If YES, explain: _____

ASSETS

Do you own a home? ____ Yes ____ No

If yes, what is its present value? _____

What will you do with the house if you move into rental housing? _____

Has an asset been given away or sold for less than its fair market value in the past 2 years? ____ Yes ____ No

If yes, what was its market value? _____ How much did you receive? _____

TYPES OF ASSETS	(check either)		Name of Family Member with This Type of Asset	Value	Income Generated by Asset per year
	Yes	No			
Cash	☐	☐		\$	\$
Checking Account(s)	☐	☐		\$	\$
Savings Account(s)	☐	☐		\$	\$
Whole Life Insurance	☐	☐		\$	\$
Insurance Settlements	☐	☐		\$	\$
Trust Funds	☐	☐		\$	\$
Certificate of Deposit	☐	☐		\$	\$
Retirement Accounts	☐	☐		\$	\$
Safe Deposit Box	☐	☐		\$	\$
Real Estate (house, land)	☐	☐		\$	\$
Stocks or Bonds	☐	☐		\$	\$
Money Market Account	☐	☐		\$	\$
Other, Explain:	☐	☐		\$	\$

CHILD CARE

Do you pay for Child Care for children age 12 or younger while you work, attend school, or seek employment?

_____ Yes _____ No

If YES, how much do you pay per week? _____ Is any portion reimbursed? _____ Yes _____ No

What amount is reimbursed? _____ Source: _____

Name, Address, and Phone Number of Child Care provider: _____

DO YOU HAVE A PET? _____ Yes _____ No

If YES, list type and breed: _____

Note: It is required that all pets must be spayed or neutered, and have current vaccination documentation. (All residents with a dog or cat will be required to pay a \$5.00 monthly pet fee.)

MEDICAL EXPENSES – Elderly, Handicapped or Disabled Families Only

If the Head of Household or the spouse of the head of household is: a) 62 years of age or older; b) handicapped; or c) disabled; AND if any household member pays for medications, medical/dental treatment, medical insurance, or prescribed appliances which are not reimbursed, bring in verification of previous year expenses. You may bring receipts for medicine or a statement from your pharmacist itemizing the medications and cost. Be sure to bring your Medicare and insurance statements with you. **Will you be providing these?** _____ Yes _____ No

Do you pay for attendant care or an auxiliary apparatus for any disabled household member in order for them or any other adult family member to work? _____ Yes _____ No

LIST ALL VEHICLES THAT HOUSEHOLD MEMBERS WILL PARK ON PHA-OWNED PROPERTY (Note: Any vehicle not registered in household members name will not be allowed to park on PHA property)

MAKE: _____ **MODEL:** _____ **COLOR:** _____ **LICENSE PLATE#** _____

MAKE: _____ **MODEL:** _____ **COLOR:** _____ **LICENSE PLATE#** _____

PREFERENCES: Are you entitled to a Local Preference? (Optional)

☐ Yes ☐ No

Are you, your spouse, or the co-head currently working at least 20 hours a week?

☐ Yes ☐ No

Are you, your spouse, or the co-head Elderly (age 62 or older)?

☐ Yes ☐ No

Are you, your spouse, or the co-head a Veteran?

☐ Yes ☐ No

Are you the spouse of a deceased Veteran?

☐ Yes ☐ No

Are you, your spouse, or the co-head currently serving in the Military or National Guard?

☐ Yes ☐ No

Is anyone listed on the application currently (within the last 6 months) a victim of domestic violence, dating violence, sexual assault, or stalking?

☐ Yes ☐ No

Are you being involuntarily displaced and required to vacate housing as a result of a disaster such as fire, flood, hurricane, etc.?

☐ Yes ☐ No

Are you, and have you been, paying more than 50% of the family income for rent for the last 90 days?

☐ Yes ☐ No

If you check yes to any of the questions above, you hereby certify that you are entitled to a local preference. You also understand that prior to receiving the preference, you are required to furnish documented proof as requested by the Housing Authority.

CRIMINAL HISTORY

Have you, or anyone listed on the application, ever been arrested, charged, or convicted for any of the following?

1. Violent Criminal Activity ☐ Yes ☐ No

If YES, give details: (Dates, Locations, Brief explanation of charges)
2. Domestic Violence, dating violence, sexual assault, or stalking ☐ Yes ☐ No

If YES, give details: (Dates, Locations, Brief explanation of charges)
3. Alcohol-related Activity ☐ Yes ☐ No

If YES, give details: (Dates, Locations, Brief explanation of charges)
4. Manufacture of methamphetamines ☐ Yes ☐ No

If YES, give details: (Dates, Locations, Brief explanation of charges)
5. Possession, use, sale, or distribution of illegal drugs ☐ Yes ☐ No

If YES, give details: (Dates, Locations, Brief explanation of charges)
6. Any other arrests, charges, or convictions for ANY reason not listed above ☐ Yes ☐ No

If YES, give details: (Dates, Locations, Brief explanation of charges)

If required to report to a probation/parole officer, please list their name and telephone number:

Name: Phone:

Have you or any other household member participated in drug rehabilitation during the past 12 months?

☐ Yes ☐ No

If YES, explain:

Are you, or anyone listed on the application, required to register in any state as a Sex Offender? ☐ Yes ☐ No

Have you or anyone on the application been evicted from federally assisted housing in the past 5 years?

☐ Yes ☐ No

If YES, who, where, and when?

RESIDENCE HISTORY

Please list your residence history for the **past five (5) years** from date of application. **Application will not be processed if residence history is not provided.** Use separate sheet if needed. *If you are not renting from a Landlord, please write the name of the person you are residing with as the Landlord.*

Current Address: _____
Street Address (include Apt#, Lot#, etc.) City State Zip

Current Landlord Name: _____

Landlord Mailing Address: _____
Street Address (include Apt#, Lot#, etc.) City State Zip

Landlord Phone#: _____

Is Landlord a Friend or Relative? ____ Yes ____ No If Yes, describe: _____

Dates of Occupancy From: _____ To: _____

Rent Paid \$ _____ Monthly Utilities Paid \$ _____

Reason for Moving: _____

Current Address: _____
Street Address (include Apt#, Lot#, etc.) City State Zip

Current Landlord Name: _____

Landlord Mailing Address: _____
Street Address (include Apt#, Lot#, etc.) City State Zip

Landlord Phone#: _____

Is Landlord a Friend or Relative? ____ Yes ____ No If Yes, describe: _____

Dates of Occupancy From: _____ To: _____

Rent Paid \$ _____ Monthly Utilities Paid \$ _____

Reason for Moving: _____

Current Address: _____
Street Address (include Apt#, Lot#, etc.) City State Zip

Current Landlord Name: _____

Landlord Mailing Address: _____
Street Address (include Apt#, Lot#, etc.) City State Zip

Landlord Phone#: _____

Is Landlord a Friend or Relative? ____ Yes ____ No If Yes, describe: _____

Dates of Occupancy From: _____ To: _____

Rent Paid \$ _____ Monthly Utilities Paid \$ _____

Reason for Moving: _____

Current Address: _____
Street Address (include Apt#, Lot#, etc.) City State Zip

Current Landlord Name: _____

Landlord Mailing Address: _____
Street Address (include Apt#, Lot#, etc.) City State Zip

Landlord Phone#: _____

Is Landlord a Friend or Relative? ____ Yes ____ No If Yes, describe: _____

Dates of Occupancy From: _____ To: _____

Rent Paid \$ _____ Monthly Utilities Paid \$ _____

Reason for Moving: _____

PERSONAL REFERENCES

List two references (to whom you are not related by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement.

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Number of years you have known him/her: _____

Name: _____

Address: _____ City _____ State _____ Zip _____

Phone: _____ Number of years you have known him/her: _____

PREVIOUS HOUSING ASSISTANCE

Have you, or any household member, lived in public housing? _____ Yes _____ No

Have you, or any household member, participated in the Section 8 Housing Choice Voucher Program?
_____ Yes _____ No

If YES, list name of Head of Household: _____

List information about each Housing Agency where any family member has lived.

Housing Agency: _____

Lease in Name of: _____ Date From: _____ To: _____

Why did you move? _____

Have you ever committed any fraud in any housing assistance program or been requested to repay money for knowingly misrepresenting information for such housing programs?

_____ Yes _____ No If YES, explain: _____

Note: If you, or anyone in your family, are a person with disabilities, and you required a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority at 821 Sixth Avenue, Picayune, MS, Monday through Thursday, between the hours of 9:00 a.m. and 5:30 p.m. except when the office is closed for holidays. Any person with a disability or disabilities may also contact our office by calling (601) 798-3281.

The Picayune Housing Authority is being operated as a completely non-segregated system without discrimination based on race, color, religion, sex, national origin, age, familial statues, and disability.

Units are assigned on a "first come-first served" basis within eligibility categories including Local Preferences as previously established and posted by the Authority and approved by HUD, plus affirmative action by the Authority to overcome the effects of conditions which resulted in past segregation of Authority projects.

Applicant / Tenant Certification

All family members age 18 or older must certify to the accuracy of the information provided and sign this application.

- [] I (We) certify that the information provided in this application is accurate and complete to the best of my (our) knowledge and belief.
- [] I (We) understand that providing false statements or information is punishable under Federal Law and constitutes grounds for denial of my application, as well as termination of housing assistance and eviction after leasing a dwelling unit.
- [] I (We) understand that all information provided in this application and required supplements and during the eligibility interview is subject to verification.
- [] I (We) further understand that all changes in household members, income, contact information, or preference status must be reported to the Public Housing Authority IN WRITING within 10 business days of the change.

I declare under penalty of perjury under the laws of the United States of America and the State of Mississippi that the information contained in this statement of facts is true, correct, and complete.

_____ Signature of Head of Household	_____ Date
_____ Signature of Other Adult	_____ Date
_____ Signature of Other Adult	_____ Date
_____ Signature of Housing Authority Representative	_____ Date

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.

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

NOTE: If this form is completed by a person other than the applicant/participant, please complete and sign representative information.

_____ Printed Name of Representative	_____ Signature	_____ Relation to Applicant	_____ Date
_____ Address	_____ City/State/Zip		_____ Telephone#