EQUAL HOUSING OPPORTUNITY

PICAYUNE HOUSING AUTHORITY
APPLICATION

COMPLETE THIS FORM IN INK IN YOUR OWN HANDWRITING. 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 10 BUSINESS DAYS OF THE DATE OF THIS APPLICATION WILL RESULT IN DENIAL OF THE APPLICATION.

APPLICANT HEAD OF HOUSEHOLD INFORMATION

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

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

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

Mailing Address:_____ City_____ State____ Zip_____

Physical Address Where You Currently Reside:_____

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

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 a check mark in the appropriate boxes in each section 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 (Does not apply to Head of Household listed above)

LIST BELOW ALL OTHER ADULT HOUSEHOLD MEMBERS AGE 18 OR OLDER 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, **F** = Foster Adult, **E** = Full-time student age 18 or older who is not the Head of Household, Spouse, or Co-Head, **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**_____

Circle One: M / F / Decline to Disclose **Race/Ethnicity**_____ **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**_____

Circle One: M / F / Decline to Disclose **Race/Ethnicity**_____ **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 PERSONS UNDER THE AGE OF 18:

Last:________________ First:________________ MI:____
(Full Name as it appears on Social Security Card)

Social Security #________________ DOB____________ Age______ Race & Ethnicity:__________

Sex (circle one) Male Female Decline to Disclose Disabled* (circle) Yes No

Relationship to Head of Household:________________

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

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 same household):

____

Last:________________ First:________________ MI:____
(Full Name as it appears on Social Security Card)

Social Security #________________ DOB____________ Age______ Race & Ethnicity__________

Sex (circle one) Male Female Decline to Disclose Disabled* (circle) Yes No

Relationship to Head of Household:________________

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

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 same household):

____

Last:________________ First:________________ MI:____
(Full Name as it appears on Social Security Card)

Social Security #________________ DOB____________ Age______ Race & Ethnicity__________

Sex (circle one) Male Female Decline to Disclose Disabled* (circle) Yes No

Relationship to Head of Household:________________

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

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 same household):

____

Last:________________ First:________________ MI:____
(Full Name as it appears on Social Security Card)

Social Security #________________ DOB____________ Age______ Race & Ethnicity__________

Sex (circle one) Male Female Decline to Disclose Disabled* (circle) Yes No

Relationship to Head of Household:________________

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

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 same household):

____

If a Social Security Number is not provided for anyone listed on the application, check the reason below:

________________ **is an ineligible non-citizen.**
(Name)

________________ **has not been issued a Social Security Number. I/we understand 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.**
(Name)

HOUSEHOLD COMPOSITION (continued)

1. Are you or any household member over age 18 a full-time student? ____ Yes ____ No

   If yes, list name and the school he/she attends:_____

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 person return? _____

   Does 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, etc.) due to a handicap or disability: ____ Yes ____ No

   If yes, list requirements:_____

4. Does any elderly or disabled family member require a Live-In Aid? ____ 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 Family Member Working:_____

_____
Employer's Name Address Telephone #

_____ $_____
Work Start Date # Hours Worked Weekly Gross Income (Bi-Weekly / Weekly / Monthly – circle one)

Do you ever receive any of the following?

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

Name of Family Member Working:_____

_____
Employer's Name Address Telephone #

_____ $_____
Work Start Date # Hours Worked Weekly Gross Income (Bi-Weekly / Weekly / Monthly – circle one)

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) Yes	No	*Name of Family Member with This Type of Income*	Monthly Gross Amount
• 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 any 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) Yes	No	Name of Family Member with This Type of Asset	Value	Income Generated by Asset per year
• Cash	☐	☐			
• Checking Account(s)	☐	☐			
• Savings Accounts (s)	☐	☐			
• 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 month? _____ 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

If yes, explain: _____

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)

Have you been working at least 20 hours a week for the last 6 months?	☐ Yes	☐ No
Are you, your spouse, or the co-head Elderly (age 62 or older)	☐ Yes	☐ No
Is any household member a Veteran?	☐ Yes	☐ No
Are you the spouse of a Deceased Veteran?	☐ Yes	☐ No
Are you or your spouse currently serving in the Military or National Guard?	☐ Yes	☐ No
Is any family member listed on the application currently a victim of domestic violence, dating violence, sexual assault or stalking?	☐ Yes	☐ No
Are you seeking housing due to a Presidentially Declared Disaster?	☐ Yes	☐ No
Have you been paying more than 50% of your income towards 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 and are hereby applying. 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 any household member 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. 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, list name and telephone number of probation officer/parole officer:

Name:_____Phone:_____

Have you or any household member participated in drug rehabilitation during the past 12 months?
____Yes ____No
If YES, explain:_____

Are you or any household member required to register in any state as a Sex Offender? ____Yes ____No
If YES, list name and state: _____

Have you or any household member been evicted from federally assisted housing in the past 5 years?
____Yes ____No
If YES, who, where, and when?_____

RENTAL 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.

Current Address: ____
Street Address City State Zip

Current Landlord Name: ____

Landlord Mailing Address: ____
Street Address or PO Box City State Zip

Landlord Home &/or Cell Phone#: ____________________ Work Phone#: ____________

Is Landlord a Friend or Relative? Yes___ No___ If Yes, describe: ____________________

Dates of Occupancy From: ____________ To: ____________

Rent Paid: $__________ Monthly Utilities: $__________

Reason for Moving: ____

Previous residence: ____
Street Address City State Zip

Previous Landlord Name: ____

Landlord Mailing Address: ____
Street Address or PO Box City State Zip

Landlord Home &/or Cell Phone#: ____________________ Work Phone#: ____________

Is Landlord a Friend or Relative? Yes___ No___ If Yes, describe: ____________________

Dates of Occupancy From: ____________ To: ____________

Rent Paid: $__________ Monthly Utilities: $__________

Reason for Moving: ____

Previous residence: ____
Street Address City State Zip

Previous Landlord Name: ____

Landlord Mailing Address: ____
Street Address or PO Box City State Zip

Landlord Home &/or Cell Phone#: ____________________ Work Phone#: ____________

Is Landlord a Friend or Relative? Yes___ No___ If Yes, describe: ____________________

Dates of Occupancy From: ____________ To: ____________

Rent Paid: $__________ Monthly Utilities: $__________

Reason for Moving: ____

Previous residence: ____
Street Address City State Zip

Previous Landlord Name: ____

Landlord Mailing Address: ____
Street Address or PO Box City State Zip

Landlord Home &/or Cell Phone#: ____________________ Work Phone#: ____________

Is Landlord a Friend or Relative? Yes___ No___ If Yes, describe: ____________________

Dates of Occupancy From: ____________ To: ____________

Rent Paid: $__________ Monthly Utilities: $__________

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

Has any household member lived in public housing? ____Yes ____No
Has 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: _____

From_____ To_____ Lease in name of:_____

Why did you move? _____

Were any wages disregarded in calculating your rent? ____Yes ____No ____Do not know

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 anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority at 821 Sixth Avenue, Picayune, Mississippi, Monday through Friday, between the hours of 9:00 a.m. and 4:00 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 status, 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 5 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 applicant/participant, please sign and complete representative information.

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