

**ROBESON COUNTY HOUSING AUTHORITY
APPLICATION FOR ASSISTANCE AND INFORMATION
STATEMENT**



IF YOU HAVE A HANDICAP OR DISABILITY (A PHYSICAL OR MENTAL IMPAIRMENT THAT LIMITS A MAJOR LIFE ACTIVITY), OR HAVE DIFFICULTY COMPLETING THIS APPLICATION, PLEASE ADVISE US OF YOUR NEEDS WHEN YOU RECEIVE THE APPLICATION OR CALL US TO SCHEDULE ASSISTANCE.

OUR PHONE NUMBER IS 910-738-4866 CALL BETWEEN THE HOURS OF 8:15 AND 5:15. THE OFFICE IS CLOSED FROM 12:00 TO 1:00 FOR LUNCH.

APPROPRIATE ASSISTANCE WILL BE PROVIDED IN A CONFIDENTIAL MANNER AND SETTING.

- ❖ Answering questions on this form- Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition, or prior tenant history is **grounds for rejection**.
- ❖ Answering questions pertaining to handicap or disability - Answers to questions concerning handicap or disability status are **optional**. However, without this information, we may be unable to:
 1. Determine your eligibility or need for special housing features.
 2. Calculate your rent correctly. Families with members who have a handicap or disability may be entitled to certain deductions from income that affects rent.

If you answer these questions, we will need to verify that you or a family member has a disability or handicap. We do not need to know the nature, extent, or current condition of the handicap or disability. We will need to know that you meet the federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on handicap or disability status will be treated as confidential by management. In accordance with program regulations, information may be released to appropriate federal, state, or local agencies.

Instructions for Head of Household



1. Please print all selections in ink. Do not leave any sections blank, even those that do not apply to you. For instance, if a section asks for drivers license #, and you do not have a license, you should enter “none” or “N/A” (not applicable). If you need to make a correction, draw one line through the correct information, then print the correct information above, and initial the change.
2. As head of household, you will complete this application form. Each additional adult who will live in the apartment must sign this application, and in addition, must complete an Additional Adult Addendum.
3. It is important that all information on this form and on the Additional Adult Addendum forms be completed, and correct. False, incomplete, or misleading information will cause your household’s application to be rejected.
4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number, income situation, or misleading information will cause your household’s application to be rejected.
5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing , your application will be placed on a Waiting List, but this does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be rejected. We will process your application according to our standard procedures.

Warning: Section 1001 of title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

Head of Household and Spouse / Co-applicant: Please Print

Head of Household	Spouse / Co-Applicant
<p>1. Full Legal Name</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<p>1. Full Legal Name</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
<p>2. Home Telephone ()</p>	<p>2. Home Telephone ()</p>
<p>3. Work Telephone ()</p>	<p>3. Work Telephone ()</p>
<p>4. Social Security Number</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>	<p>4. Social Security Number</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>

1. Have you or your spouse ever used names different from those shown above? YES No If yes, please list names used and dates when such names were in use:

2. Have you, your spouse / co-applicant ever used different names from the names shown above? Yes No If yes, please provide landlord name, address, and dates:

3. Has any place where you, your spouse / co-applicant were living been destroyed or damaged by fire? Yes No If yes, please provide details:

Household Composition



List all persons, including yourself, who will reside in the apartment. Note: The number in the left-hand column is the household member number and is the number requested in the remaining sections of this application.

Full Name	Relationship	Sex	Age	Date of Birth	Occupation (If Student, Name of School)	Social Security Number
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						



Income from Employment

List all full-time, part-time, and / or seasonal employment for head, spouse / co-applicant and other household members age 18 or older, including the self-employed:

Household Member #	Type of income And who pays it	Address of source Of income	Contact Person Name and Address	Estimated total earnings



Income from other Sources

List non-employment income for all household members. This includes interest, dividends, income from rental property, social security, pensions, public assistance, SSI, unemployment compensation, alimony, child support, workers compensation, disability compensation, the portion of educational grants and scholarships allotted for subsistence and all other income.

Household Member #	Type of income And who pays it	Address of source Of income	Contact Person Name and Address	Estimated total earnings

Assets

List assets of all household members, including bank accounts, stocks, bonds, credit union shares, land, and real estate:

Household Member #	Description of Asset	Estimated Current Value	Estimated Annual Income From Assets

Race and Ethnicity of Head of Household

HUD requires us to report the race and ethnicity of the Head of Household for all applicants. We request your cooperation in the completion of the following questions. This response is optional and your response has no bearing on your eligibility for housing.

- Race of Head of Household. Please check one:
 White Black Native American/Alaskan/Hawaiian
 Asian/Pacific Islander
- Ethnicity of Head of Household. Please check one:
 Hispanic Non-Hispanic

Questions for all Applicants

The following questions pertain to you and all household members. Check **YES** or **NO** in response to each question and use the space provided to explain any yes answers.

- Yes** **No** Does any member of your household receive regular cash contributions from agencies or from individuals not living with you?

- Yes** **No** Does any member of your household receive income from assets, including interest, dividends, stocks or bonds?

- Yes** **No** Does any member of your household receive income from school-aid, scholarships, or educational grants?

- Yes** **No** Have you sold or given away any real property or other assets in the past two years?

- Yes** **No** Does any adult member of your household attend school full time?

- Yes** **No** Do you or any other member of your household currently illegally use a controlled substance? If yes, describe.

- Yes** **No** Have you or any other member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance? If yes, explain the circumstances, outcome, and present status.

Public Housing Application

8. **Yes** **No** Have you or any other member of your family been involved in criminal activity that poses a threat to the health, safety or welfare of others? If yes, when and where?

9. **Yes** **No** Have you, your spouse, or your co-applicant ever applied / lived in a government subsidized apartment before? If yes, when and where?



Waiting List Priorities

If you answer yes to any of the following questions, you must provide documentation.

1. **Yes** **No** Are you a Veteran?
2. **Yes** **No** Do you reside or work within the Lumberton, Red Springs, Rowland, or St. Pauls area?
3. **Yes** **No** Are you employed as law enforcement?
4. **Yes** **No** Are you a working family?
5. **Yes** **No** Are you unable to work because of disability?
6. **Yes** **No** Are you displaced by fire or other disaster?
7. **Yes** **No** Are you currently living in poor conditions?

Rental History

Please enter the information requested for your current address and the two most recent prior addresses. Include places where you were not listed on the lease, and places where you lived in a different name.

Applicant Street Address	City, State, and Zip	Monthly Rent	Telephone ()
Landlord / Person in Charge Street Address	City, State, and Zip	Utilities Cost	Landlord Phone
Names of Household Members			
Move-In Date		Security Deposit	

Do you have an executed lease agreement at the above address? **Yes** **No**

Applicant Street Address	City, State, and Zip	Monthly Rent	Telephone ()
Landlord / Person in Charge Street Address	City, State, and Zip	Utilities Cost	Landlord Phone
Names of Household Members			
Move-In Date	Move-out Date	Reason for leaving	Security Deposit

Public Housing Application

Applicant Street Address	City, state, and Zip	Monthly Rent	Telephone ()
Landlord / Person in Charge Street Address	City, State, and Zip	Utilities Cost	Landlord Phone
Names of Household Members			
Move-In Date		Security Deposit	

Utilities

Please list the company's where you have paid utilities in you or your co-applicant's name.

1. _____
2. _____
3. _____
4. _____

Allowances

1. Dependant Deduction: Enter the names of all household members other than head or spouse who are:

- a. Under age 18 _____
- b. Age 18 or older, but a full time student _____
- c. Age 18 or older, but disabled or handicap _____

Each family member verified above = a \$480 deduction from annual income in computing rent.

2. Childcare expenses: list amounts you pay for the care of children or foster children in your household under the age of 13 in order to permit an adult family member to go to work or school. _____

a. List names of children for which childcare is provided:

b. List the names of adult family members able to go to work or school because of the above paid childcare.

3. Medical Expenses

If the head of household is disabled or elderly, please provide the amount paid in medical expenses per month.

\$ _____

Public Housing Application

4. Elderly/ Disabled

If the head of household is disabled or handicap, or over the age of 62, the household is entitled to a \$400.00 deduction from annual income in computing rent. If you wish to claim this deduction, check here:



Statement by All Adult Household Members

We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading, or incomplete, management may decline our application, or if move-in has occurred, terminate our Rental Agreement.

We authorize the property to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources of credit and verification conformation which may be released to appropriate federal, state, or local agencies.

If our application is approved, and move-in occurs, we certify that only those persons listed on this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing.

We agree to notify management in writing regarding any changes in household address, telephone numbers, income, and household composition.

We have read and understand the information in this application in particular the information contained in the instructions for head of household and we agree to comply with such information.

We have been notified of the resident selection plan, which summarizes the procedures for processing applications.

We understand that this application is placed on a waiting list, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages, and security deposits.

If this application is for a household of more than one person, we consider ourselves a stable household, and all of our income is available for its needs.

Signature of Head of Household

Date

Signature of Spouse or Co-Applicant

Date

Signature of Co-Applicant

Date

Signature of Co-Applicant

Date

Acceptance of completed application by management

Signature of Management Representative

Date



**Notice to all Applicants
Options For Applications With Disabilities or Handicaps**

Our properties are managed by the Robeson County Housing Authority. We are not permitted to discriminate against applicants and residents on the basis of their race, sex, religion, color, national origin, familial status, disability or handicap. We also have specific obligations which relate solely to people with disabilities or handicaps. A disability or handicap is a physical or mental impairment that limits a major life activity (i.e., working, seeing, hearing, thinking)

Please be advised that we have legal obligation to make changes in policies and procedures (“reasonable accommodations”) and structural alterations if it will enable an otherwise eligible applicant or residents with a disability an equal opportunity to access and enjoy the housing program. We do not have to make a reasonable accommodation or physical modification if the cost is too high, or would cause undo financial or administrative burden to the agency.

Sample alterations that are considered reasonable include but are not limited to:

- ❖ Grab bars, for a person confined to a wheelchair.
- ❖ Allowing a blind individual to have a dog used for sight at a complex that does not normally allow animals.
- ❖ Making large type documents or making a reader available to assist with those who are illiterate, or unable to see.
- ❖ Making a sign language interpreter available for someone who has a hearing impairment.

Please note that our obligation to provide a reasonable accommodation and physical modification does not require us to waive basic lease requirements for applicants or residents with disabilities. An applicant or tenant with a disability must still be able to meet the essential obligations of tenancy (pay rent, care for their apartment, report required information to the manager, avoid disturbing their neighbors, etc.) with or without a reasonable accommodation or physical modification.

If you or any member of your household has a disability or handicap and think you may need or want a reasonable accommodation, you may request it at any time in the application process, or after admission.

Explained by: _____
Management signature

Date: _____

Received by: _____
Applicant signature

Date: _____

Please use the space provided to describe any special needs you may have that would require the Robeson County Housing Authority to make any necessary modifications or accommodations:
