

I. FAMILY COMPOSITION: List all person(s) that will be living in the unit you are now applying for - start with yourself.

<p>Date of Birth (MM/DD/YYYY)</p> <p>Place of Birth (CITY/STATE)</p> <p>Are you handicapped/disabled? YES NO</p> <p>1. FULL LEGAL NAME:</p> <p>Current Mailing Address</p> <p>City/State/Zip</p> <p>LIST ANY OTHER NAME(S) YOU HAVE EVER USED:</p>	<p>Social Security No: (XXX-XX-XXXX)</p> <p>Driver License No: OR State I.D.</p> <p>Daytime Phone:</p>	<p>Marital Status: Married Separated Divorce Single Spouse/Ex-Spouse Name:</p> <p>Race: Black/AA White Spanish Asian Indian Other _____</p> <p>Age _____ Sex: F M</p>	
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<p>2. FULL LEGAL NAME:</p> <p>Date of Birth (MM/DD/YYYY)</p> <p>RELATIONSHIP: Son Daug Spouse Other _____</p> <p>Absent Parent's Name:</p>		<p>Social Security No: (XXX-XX-XXXX)</p> <p>Is this Person handicapped/disabled? YES NO</p> <p>Place of Birth (CITY/STATE)</p> <p>OCCUPATION/SCHOOL ATTENDING:</p>	<p>Age</p>
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<p>3. FULL LEGAL NAME:</p> <p>Date of Birth (MM/DD/YYYY)</p> <p>RELATIONSHIP: Son Daug Spouse Other _____</p> <p>Absent Parent's Name:</p>		<p>Social Security No: (XXX-XX-XXXX)</p> <p>Is this Person handicapped/disabled? YES NO</p> <p>Place of Birth (CITY/STATE)</p> <p>OCCUPATION/SCHOOL ATTENDING:</p>	<p>Age</p>
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<p>4. FULL LEGAL NAME:</p> <p>Date of Birth (MM/DD/YYYY)</p> <p>RELATIONSHIP: Son Daug Spouse Other _____</p> <p>Absent Parent's Name:</p>		<p>Social Security No: (XXX-XX-XXXX)</p> <p>Is this Person handicapped/disabled? YES NO</p> <p>Place of Birth (CITY/STATE)</p> <p>OCCUPATION/SCHOOL ATTENDING:</p>	<p>Age</p>
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<p>5. FULL LEGAL NAME:</p> <p>Date of Birth (MM/DD/YYYY)</p> <p>RELATIONSHIP: Son Daug Spouse Other _____</p> <p>Absent Parent's Name:</p>		<p>Social Security No: (XXX-XX-XXXX)</p> <p>Is this Person handicapped/disabled? YES NO</p> <p>Place of Birth (CITY/STATE)</p> <p>OCCUPATION/SCHOOL ATTENDING:</p>	<p>Age</p>
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<p>6. FULL LEGAL NAME:</p> <p>Date of Birth (MM/DD/YYYY)</p> <p>RELATIONSHIP: Son Daug Spouse Other _____</p> <p>Absent Parent's Name:</p>		<p>Social Security No: (XXX-XX-XXXX)</p> <p>Is this Person handicapped/disabled? YES NO</p> <p>Place of Birth (CITY/STATE)</p> <p>OCCUPATION/SCHOOL ATTENDING:</p>	<p>Age</p>
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<p>7. FULL LEGAL NAME:</p> <p>Date of Birth (MM/DD/YYYY)</p> <p>RELATIONSHIP: Son Daug Spouse Other _____</p> <p>Absent Parent's Name:</p>		<p>Social Security No: (XXX-XX-XXXX)</p> <p>Is this Person handicapped/disabled? YES NO</p> <p>Place of Birth (CITY/STATE)</p> <p>OCCUPATION/SCHOOL ATTENDING:</p>	<p>Age</p>

II. INCOME INFORMATION:

A. Are you employed? Yes No. If Yes, Where are you employed:

(Name of Company): _____
Company Address: _____
City/State/Zip: _____
Hourly Rate of Pay: _____ Average Hours worked each week: _____

Is any one else listed on this application employed or do you have a 2nd Employment: Yes No.

Who: _____ Where is this employment:
(Name of Company): _____
Company Address: _____
City/State/Zip: _____
Hourly Rate of Pay: _____ Average Hours worked each week: _____

B. Do you or any one listed on this application receive Child Support? Yes No. If Yes, explain:

Is the Check received from Department of Human Resources? Yes No. Amount : \$ _____
Who is the Parent paying this: Name: _____
Case No.: _____

For Which Child(ren) is this received for: _____
Is the Check received from Doris Turner, Child Support Division? Yes No. Amount : \$ _____
Who is the Parent paying this: Name: _____
Docket No.: _____
For Which Child(ren) is this received for: _____

Is the Check received from any other source? Yes No. Amount : \$ _____
Who is the Parent paying this: Name: _____
Case No.: _____
For Which Child(ren) is this received for: _____

C. Do you or any one listed on this application receive any money for the Social Security Administration Office for any reason? Yes No. If Yes, Explain:

Who receives it: Name: _____ Amount: \$ _____
Type of Check: (SS/SSI/SSA/Other): _____ Is there an Over-See-er for this check? Yes No.
If Yes, Name _____
Is this check receive under another Social Security Number besides the one listed on the application? Yes No.
If Yes, SSN _____, Name: _____

Who receives it: Name: _____ Amount: \$ _____
Type of Check: (SS/SSI/SSA/Other): _____ Is there an Over-See-er for this check? Yes No.
If Yes, Name _____
Is this check receive under another Social Security Number besides the one listed on the application? Yes No.
If Yes, SSN _____, Name: _____

Who receives it: Name: _____ Amount: \$ _____
Type of Check: (SS/SSI/SSA/Other): _____ Is there an Over-See-er for this check? Yes No.
If Yes, Name _____
Is this check receive under another Social Security Number besides the one listed on the application? Yes No.
If Yes, SSN _____, Name: _____

D. Other Income: Do you or any one listed on this application receive any other income or money from any other source? Yes No. If yes, explain-list type of money, the amount, and how often it is received:

III. LANDLORD REFERENCES:

A. HOUSING AUTHORITIES: Have you EVER lived in Government/Subsidized Housing, any where in the United States? Yes No.

<p>DATES</p> <p>FROM MM/YYYY</p> <p>TO MM/YYYY</p> <p>HOW MUCH RENT DO YOU PAY:</p>	<p>Which Housing Authority:</p> <p>Address of Authority:</p> <p>City/State/Zip Code</p> <p>Who's name was the lease in:</p> <p>Address where you lived:</p> <p>Who was listed on the lease:</p> <p>Did you leave owning a balance? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes - Amount: \$</p> <p>Did you receive an eviction notice? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, explain:</p>	<p>WHY DID YOU LEAVE?</p>
<p>DATES</p> <p>FROM MM/YYYY</p> <p>TO MM/YYYY</p> <p>HOW MUCH RENT DO YOU PAY:</p>	<p>Which Housing Authority:</p> <p>Address of Authority:</p> <p>City/State/Zip Code</p> <p>Who's name was the lease in:</p> <p>Address where you lived:</p> <p>Who was listed on the lease:</p> <p>Did you leave owning a balance? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes - Amount: \$</p> <p>Did you receive an eviction notice? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, explain:</p>	<p>WHY DID YOU LEAVE?</p>
<p>DATES</p> <p>FROM MM/YYYY</p> <p>TO MM/YYYY</p> <p>HOW MUCH RENT DO YOU PAY:</p>	<p>Which Housing Authority:</p> <p>Address of Authority:</p> <p>City/State/Zip Code</p> <p>Who's name was the lease in:</p> <p>Address where you lived:</p> <p>Who was listed on the lease:</p> <p>Did you leave owning a balance? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes - Amount: \$</p> <p>Did you receive an eviction notice? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, explain:</p>	<p>WHY DID YOU LEAVE?</p>

B. Rental Properties: Have you ever rented from a Landlord, Rental Agency, Real Estate Agency, have you ever signed a lease other than with a Housing Authority? Yes No.

<p>DATES</p> <p>FROM MM/YYYY</p> <p>TO MM/YYYY</p> <p>HOW MUCH RENT DO YOU PAY:</p>	<p>Name of Landlord::</p> <p>Address of Landlord:</p> <p>City/State/Zip Code</p> <p>Who's name was the lease in:</p> <p>Address where you lived:</p> <p>Who was listed on the lease:</p> <p>Did you leave owning a balance? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes - Amount: \$</p> <p>Did you receive an eviction notice? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, explain:</p>	<p>WHY DID YOU LEAVE?</p>
<p>DATES</p> <p>FROM MM/YYYY</p> <p>TO MM/YYYY</p> <p>HOW MUCH RENT DO YOU PAY:</p>	<p>Name of Landlord::</p> <p>Address of Landlord:</p> <p>City/State/Zip Code</p> <p>Who's name was the lease in:</p> <p>Address where you lived:</p> <p>Who was listed on the lease:</p> <p>Did you leave owning a balance? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes - Amount: \$</p>	<p>WHY DID YOU LEAVE?</p>

Did you receive an eviction notice? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, explain:		
<p>DATES</p> <p>FROM MM/YYYY</p> <p>TO MM/YYYY</p> <p>HOW MUCH RENT DO YOU PAY:</p>	<p>Name of Landlord::</p> <p>Address of Landlord:</p> <p>City/State/Zip Code</p> <p>Who's name was the lease in:</p> <p>Address where you lived:</p> <p>Who was listed on the lease:</p> <p>Did you leave owning a balance? <input type="checkbox"/> Yes <input type="checkbox"/> No, if Yes - Amount: \$</p>	<p>WHY DID YOU LEAVE?</p>
Did you receive an eviction notice? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, explain:		

C. List other places you have lived for the past Five (5) years (1999-2004/Present). List any and all places, family, friends, shelter, etc...

<p>DATES</p> <p>FROM MM/YYYY</p> <p>TO MM/YYYY</p> <p>What relationship are they to you:</p>	<p>Name of Person:</p> <p>Their Current Address:</p> <p>City/State/Zip Code</p> <p>Were you listed on their lease? <input type="checkbox"/> Yes <input type="checkbox"/> No, Explain:</p> <p>Did you pay any living expenses?-Explain:</p> <p>Did you leave owning them any money? , if Yes - Amount: \$</p> <p>Did you or your guests cause any problems while living at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No, Explain:</p>	<p>WHY DID YOU LEAVE?</p>
Were you asked to leave? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, explain:		
<p>DATES</p> <p>FROM MM/YYYY</p> <p>TO MM/YYYY</p> <p>What relationship are they to you:</p>	<p>Name of Person:</p> <p>Their Current Address:</p> <p>City/State/Zip Code</p> <p>Were you listed on their lease? <input type="checkbox"/> Yes <input type="checkbox"/> No, Explain:</p> <p>Did you pay any living expenses?-Explain:</p> <p>Did you leave owning them any money? , if Yes - Amount: \$</p> <p>Did you or your guests cause any problems while living at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No, Explain:</p>	<p>WHY DID YOU LEAVE?</p>
Were you asked to leave? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, explain:		
<p>DATES</p> <p>FROM MM/YYYY</p> <p>TO MM/YYYY</p> <p>What relationship are they to you:</p>	<p>Name of Person:</p> <p>Their Current Address:</p> <p>City/State/Zip Code</p> <p>Were you listed on their lease? <input type="checkbox"/> Yes <input type="checkbox"/> No, Explain:</p> <p>Did you pay any living expenses?-Explain:</p> <p>Did you leave owning them any money? , if Yes - Amount: \$</p> <p>Did you or your guests cause any problems while living at this address? <input type="checkbox"/> Yes <input type="checkbox"/> No, Explain:</p>	<p>WHY DID YOU LEAVE?</p>
Were you asked to leave? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes, explain:		

IV. CRIMINAL RECORD/HISTORY:

A. Have you or any one listed on this application, ever been arrested for a criminal offense? Yes No. If Yes, please explain: Who: _____
What Charge: _____ When _____
The out come for this charge: _____

B. Have you or any one listed on this application, ever been arrested for a Drug related criminal offense? Yes No. If Yes, please explain: Who: _____
What Charge: _____ When _____
The out come for this charge: _____

C. Do you or any one listed on this application, currently have or ever had a Drug and/or Alcohol addition/dependency? Yes No. If yes, explain:

1. Who: _____ When _____
Have they received treatment for this problem? Yes No, if yes explain:
When _____, Where: _____
Has rehabilitation been completed? Yes No, If No explain: _____

2. Who: _____ When _____
Have they received treatment for this problem? Yes No, if yes explain:
When _____, Where: _____
Has rehabilitation been completed? Yes No, If No explain: _____

D. Has any one listed on this application, under the age of 21years, Ever Been in Juvenile Court for any reason? Yes No. If yes, explain:

1. Who: _____
What Charge: _____ When _____
The out come for this charge: _____

2. Who: _____
What Charge: _____ When _____
The out come for this charge: _____

3. Who: _____
What Charge: _____ When _____
The out come for this charge: _____

E. Have you ever filed Bankruptcy or Debtors Court? Yes No. If yes, explain _____

F. Is any one listed on this application considered Handicapped or disabled? Yes No. If yes, Explain Who _____

Do you/They require special housing needs? Yes No. If yes, Explain what is needed: _____

G. Is there any thing else you feel we need to know about your situation? Explain: _____

V. LOCAL PREFERENCE: do you feel you would qualify for one of the following situations. Check all that apply.

- Person who has been working at least one full year
- Veteran of the United States Armed Forces
- Resident of the City of Northport, Alabama
- Person displaced by Natural Disaster (Fire, Tornado/Hurricane, Flood, or Government action).

****WARNING****

Section 1001 of Title 18 of the U.S. Code, States that a person is Guilty of a Felony for knowingly and willingly making false or fraudulent states to any Department or Agency of the United States as to any matter within its jurisdiction.

APPLICANT/PARTICIPANT CERTIFICATION

I certify that the information given to the Northport Housing Authority on Family 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 family composition, income, assets, and expenses of any family member(s) to the Northport Housing Authority within thirty (30) days of the change. Further that the Northport Housing Authority will verify all information listed on this application.

RELEASE OF INFORMATION

I consent to allow the Northport Housing Authority to request information contained from the sources listed in this application for the purpose of verifying my eligibility. This will consist of Current and Past Employers, and other income sources such as child support, ADFC/TANF, Social Security Administration, Retirement/ Pension funds, Veterans Administration, etc... National Crime Information Center, Credit Bureau of Tuscaloosa, and Current and Past landlords/ Housing Authorities, Other places of residency, etc...

Signature of Head of Household		Date	
Signature of Spouse/Other Adult		Date	
Signature of Other Adult		Date	
Signature of Other Adult		Date	