

MID-EAST REGIONAL HOUSING AUTHORITY

_____ Aurora _____ Chocowinity _____ Swan Quarter _____ Columbia
_____ Creswell _____ Roper _____ Jamesville _____ Aulander _____ Lewiston

APPLICATION NO: _____ BR SIZE: _____

ABBREVIATED APPLICATION FOR ADMISSION

DATE: _____ TIME: _____ MARITAL STATUS: _____ PHONE: _____

ALT. PHONE: _____

NAME: _____

CURRENT MAILING ADDRESS: _____

LIST HOUSEHOLD MEMBERS THAT WILL BE LIVING WITH YOU (OLDEST TO YOUNGEST)

List Each Member of Household	Social Security #	Date of Birth	Rel to HOH	Age	Sex
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

List source, rate and type of income for each family member: _____

DO YOU PAY FOR CHILD CARE? Yes No IF SO, HOW MUCH? _____

LANDLORD NAME/ADDRESS: _____

EVER LIVED IN PUBLIC HOUSING? Yes No SECTION 8 Yes No

WHERE: _____ OWE MONEY: Yes No

HAVE YOU OR ANY FAMILY MEMBER EVER APPEARED IN COURT, MAGISTRATES OFFICE, BEEN ON PROBATION, OR SERVED TIME IN ANY TYPE OF CORRECTIONAL FACILITY?

Yes No

Family Deductions

- A. 400 for each elderly family _____
- B. 480 for each member under 18 years of age _____
- C. 480 for each member over 18 years who is disabled, handicapped or a full-time student _____
- D. Child care expenses for any minor under 13 years of age _____
- E. Medical expense in excess of 3% of annual income for any elderly family or any family that is not elderly but has a handicap or disability _____
- F. Handicapped assistance expense (non-elderly) _____

WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

I HAVE READ THE ABOVE STATEMENT AND THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTION TO INQUIRIES FOR THE PURPOSE OF VERIFYING THE FACTS HEREIN STATED.

SIGNATURE

DATE

REVIEWED BY

DATE