**APPLICATION FOR ADMISSION**

**Public Housing Properties**

Mid-East Regional Housing Authority

2995 Radio Station Road

Greenville, NC 27834

252-752-9548 / TDD: 1-800-851-6099

 **Aulander Creswell Swan Quarter**

 

**To Be Completed by MERHA Staff Only:**

Date: \_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_

 **Aurora Jamesville**

 **Chocowinity Lewiston-Woodville**

 **Columbia Roper**

**PLEASE PRINT:**

 Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Emergency Contact & Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART I – HOUSEHOLD STATS**

1. Family B. Age 62 or Over C. Familial D. Are you or any member of your household a Military Veteran

E. Does any family member require an impairment accessible unit? If yes, what type?

 Visual and/or hearing-impaired Wheelchair Access Ground Floor unit Other

**PART II – HOUSEHOLD INFORMATION**

Note: An individual may be exempt from the SSN disclosure requirement.

Are you an individual who was 62 or older as of 1/31/10 and whose initial determination of eligibility was begun before 1/31/10? Yes No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Family Member | List Each Member of Household | Social Security Number | Date of Birth | Relationship to Head | Age | Sex\* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Anticipated Changes in Family Status: Yes No Which Family Member? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Sexual Orientation is Optional/Not Required***

**PART III – TOTAL FAMILY INCOME**

|  |  |  |
| --- | --- | --- |
| Family Member | List Source, Rate & Type of Income for Each Family Member (include income from assets)  | Anticipated Annual Income |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| Assets:  |  |  |

Do you participate in Medicare Part D? Yes No Total Annual Family Income $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Does any household member receive money from any education source such as grants and/or scholarships? Yes No

\*\*\*\*\****ALL GRANTS and/or SCHOLARSHIPS MUST BE DISCLOSED FOR ALL MEMBERS OF THE HOUSEHOLD***

**PART IV – REQUEST FOR DISABLED/IMPAIRED DEDUCTION**

Persons who meet the definition of disabled or impaired qualify for a $400 deduction to their annual income when determining rent contribution and certain other deductions. See the attached addendum, which defines disabled or impaired. If you feel that you qualify and would like to request this adjustment to your income, please indicate

 Yes No. If yes, then we will need sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information (documentation) may result in the denial of these deductions.

**PART V – REQUEST FOR MEDICAL EXPENSE DEDUCTION**

Persons who qualify for elderly/disabled deductions, may also qualify for medical expense deductions. If you have medical expenses not covered by insurance and would like to request this adjustment to your income, please indicate Yes or

 No. If you have indicated your desire to request this adjustment, then we will need sufficient information (medical bill receipts, prescription receipts, etc.) to confirm your eligibility for this adjustment. Failure to provide this information will result in denial of these deductions.

**PART VI – REQUEST FOR CHILDCARE EXPENSE DEDUCTION**

Families may request a deduction for childcare expenses when necessary, for employment or education of a family member. If you would like to request this adjustment to your income, please indicate Yes No. If you have indicated your desire to request this adjustment, then we will need sufficient information (receipts/notarized statements of childcare provider and proof of employment or education status) to confirm your eligibility for this adjustment. Failure to provide this information will result in denial of these deductions.

**PART VII – INFORMATION**

Are you seeking housing as a result of a presidentially declared disaster? Yes No

1. Current Housing Status: Monthly Rent $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Utilities (Lights, Heat & Water) $\_\_\_\_\_\_\_\_\_\_
2. Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length at this Address: \_\_\_\_\_\_\_\_\_\_
3. Landlord’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Landlord’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Are Monthly Rent & Utilities Paid? Yes No If not, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Previous Housing Situation: Monthly Rent $\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Utilities (Lights, Heat & Water) $\_\_\_\_\_\_\_\_\_\_
7. Previous Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Length at this Address: \_\_\_\_\_\_\_\_\_\_\_\_\_
8. Move-Out Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for Moving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Landlord’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Landlord’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
11. Balance Owed to Previous Landlord? Yes No If yes, how much: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
12. Previous Resident of Public Housing? Yes No If yes, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Was move Out Voluntary? Yes No Were you evicted? Yes No

1. Do you have a Civil/Criminal Record? Yes No If yes, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you a Full-Time/Part-Time Student? Yes No If yes, where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Is anyone in your household a Sex Offender? Yes No If yes, who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE: Sex Offender screening is required on all members of the household before eligibility is determined.***

1. List ALL States where any member of your household has resided: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PART VIII – APPLICANT CERTIFICATION**

**APPLICANT(S): I/WE certify that the statements given in this form are true and complete to the best of my/our knowledge and belief. I/WE understand that false statements or information are punishable under Federal and State Laws. I/WE also certify by my/our signature(s) that I/WE understand that I/WE cannot maintain two residences while being assisted by this Housing Authority.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Head of Household Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Spouse/Co-Head Date**

**Race:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ National Origin: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*\*The information regarding race, national origin and sex designation solicited in this application is requested in order to assure the Federal Government, acting through the Housing Authority, that Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.*

**PART IX – ELIGIBILITY STATUS**

***NOTE: Eligibility status indicated here is based on preliminary data.***

1. Family Composition: \_\_\_\_\_\_ B. Unit Size Required: \_\_\_\_\_\_\_ C. Income Eligible: \_\_\_\_\_\_\_\_

**PART VIII – PHA CERTIFICATION**

**I certify that the information on this form has been verified as required by Federal Law and the family is:**

**( ) Eligible ( ) Ineligible to live in public housing**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Housing Authority Official Date**