



Handicapped Accessible

# APPLICATION FOR ADMISSION



Equal Housing Opportunity

MID-EAST REGIONAL HOUSING AUTHORITY  
415 EAST BOULEVARD, SUITE 140  
PO BOX 811  
WILLIAMSTON, NORTH CAROLINA 27892

Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_ Time \_\_\_\_\_  
Telephone No. \_\_\_\_\_  
Emergency Contact \_\_\_\_\_

## PART I - HOUSEHOLD STATUS

- A.  Family                      B.  Age 62 or Over                      C.  Familial
- D.  Does any family member require an impairment accessible unit? If yes, what type?  Visual and/or hearing impaired.  Wheel Chair Access  Ground floor unit  Other

## PARTII - HOUSEHOLD INFORMATION

Fam. Mbr.	List Each Member of Household	Social Security Number	Date of Birth	Rel. To Head	Age	Sex	Remarks

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

Where did you hear about our Property? \_\_\_\_\_  
(This is for Marketing Purposes only)\_\_\_\_\_

## PART III - TOTAL FAMILY INCOME

Fam. Mbr	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 or scholarships? ____Yes ____No		
<b>** All Grants and Scholarships must be disclosed For ALL members of the household</b>		

## PART IV-REQUEST FOR DISABLED/IMPARED DEDUCTION

Persons, which 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 in the space provided. \_\_\_\_\_ If you have indicated your desire to request this adjustment, then we will need only sufficient information (documentation) to confirm your qualification for this status. Failure to provide this information may result in the denial of these deductions.

## PART V - REQUEST FOR MEDICAL EXPENSE DEDUCTION

Person, which qualifies for elderly/disabled deduction, may also qualify for medical expenses deduction. If you have medical expenses not covered by insurance and would like to request this adjustment to your income, please indicate in the space provided. \_\_\_\_\_ 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 CHILD CARE 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 in the space provided. \_\_\_\_\_ If you have indicated your desire to request this adjustment, then we will need sufficient information (receipts/notarized statements of child care 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**

A. Current Housing Status:		Monthly Rent \$ _____	Monthly Utilities (Lights, Heat & Water) \$ _____
1. Current Address:		Length at Residence: _____	
2. Landlord's Name: _____		Address: _____	Telephone No: _____
3. Are Monthly Rent & Utilities Paid ?		( ) Yes	( ) No If no, why? _____
B. Previous Housing Situation:		Monthly Rent \$ _____	Monthly Utilities (Lights, Heat & Water) \$ _____
1. Previous Address:		Length at Residence: _____	
2. Move-out Date: _____		Reason For Moving: _____	
3. Landlord's Name: _____		Address: _____	Telephone No: _____
4. Balance Owed Previous Landlord?		( ) Yes	( ) No If yes, how much? \$ _____
C. Previous Resident of Public Housing?		( ) Yes	( ) No If yes, where? _____
Was Move Out Voluntary?		( ) Yes	( ) No Were You Evicted? ( ) Yes ( ) No
D. Do you have a Civil/Criminal Record?		( ) Yes	( ) No If yes, where? _____
E. Are You a Full-time/Part-Time Student?		( ) Yes	( ) No If yes, where? _____
F. Is anyone in your household a Sex Offender?		( ) Yes	( ) No
G. List All States where any member has resided		_____	

**PART VIII - ELIGIBILITY STATUS**

A. Family Composition:	B. Unit Size Required:	C. Income Eligible:
Eligible? ( ) Yes ( ) No	Bedroom Unit _____	( ) Yes ( ) No

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

**PART IX - 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

**PART X – APPLICANT CERTIFICATION**

**TENANT(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.

You also certify by your signature (s) that you understand you cannot maintain two residences while being assisted by this Housing Authority.

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

\_\_\_\_\_  
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 on this application is requested in order to assure the Federal Government, acting through the Housing Authority, that Federal Laws prohibiting discrimination against tenant 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.

Interviewed by: \_\_\_\_\_

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