

HOUSING AUTHORITY OF THE CITY OF COMMERCE



Eligibility Pre-Application



APPLICANTS FOR PUBLIC HOUSING

Dear Applicant:

As part of our application process, we require that you inform us of the Category where your household falls by placing your initials in the line accordingly. You must provide proof of your eligibility for the category you choose.

The Commerce Housing Authority will select families based on the following preferences within each bedroom size category based on our local housing needs and priorities:

_____ **Category 1**

- (1) Working families as defined by those families whose Head of Household and/or Spouse have been working full-time (35 hours/week) for a minimum period of 9 months (documented wage earnings). Applicants whose head of household or Spouse are elderly and/or disabled will qualify for this preference and will be given additional preference for 1-bedroom units over other families.
- (2) Those who have been Involuntarily Displaced due to a Federally Declared Disaster.

_____ **Category 2**

- (1) Working Family. At least one family member (must be family head or spouse) who is employed at least 15 hours per week (9 months of documented wage earnings) or enrolled in a secondary education program full-time.
- (2) Victims of Domestic Violence who have actively participated for 60 days (about 2 months) in a residential Domestic Violence Shelter.

_____ **Category 3**

- (1) The Head of Household or Married Spouse is actively participating in a family treatment court including Drug/DUI courts, and/or Juvenile Courts Recovery Program and Mental Health services. These individuals must have provided documentation demonstrating progress towards meeting goals and remaining actively involved in their Court Ordered Counseling (A referral form will be required from the courts)
- (2) Veterans and veteran's families.
- (3) Youth in foster care that have aged out and are continuing education and job training through DFCS program.

_____ **Category 4**

All other eligible applicants.

Dear Applicant:

Thank you for your interest in living with the Commerce Housing Authority. This packet is an eligibility pre-application; therefore, it is very important to fill it out completely and carefully, so that our Occupancy Office staff may serve you as efficiently as possible, we need your help with the following:

Complete the entire Pre-eligibility application. Do not leave blanks on the form. Use N/A (Not Applicable) if a question does not apply to you. ALL adult members of the household must sign this pre-application form.

You must return this form via Fax at 706-335-0970 or mail at 100 Willoughby Homes Commerce GA 30529.

Additional documentation may be necessary and requested at time of interview to determine eligibility and suitability for public housing or rent calculation.

The Commerce Housing Authority (CHA) has implemented a Non-Smoking Policy for all dwelling units owned or operated by GHA.

If you have any other questions regarding this process, please call the Admissions and Occupancy Office at 706-335-3611 or 770-519-7799.

Sincerely,

Beth Brown

Beth Brown
Executive Director

1.Head of Household Information					Race		Ethnicity		
_____		_____			<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander		<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		
Last Name		First Name & M.I							
_____		_____							
Mailing Address		Apt #	City	State	Zip				
_____		_____	_____	_____	_____				
Social Security #		Birth Date	Place of Birth			Sex		Marital Status	
_____		_____	_____			<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Home Phone #		Cell Phone #	E-mail Address						
_____		_____	_____						

2. Other Members of the Household										
		Relationship to Head of Household	Last Name	First Name	Middle Initial	Sex M/F	Social Security Number	Date of Birth	Race	Ethnicity Hispani/Non-Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No
1	Spouse/Co-head									
2	Member									
3	Member									
4	Member									
5	Member									
6	Member									

3. Income- List monthly income for all family members listed from each income source (TANF, SSI, SS, Child Support, Wages, etc.)

Family Member	Wages/Salary	SSI	Social Security	Public Assistance	Child Support	Unemployment	Other

4. Resident History- List your resident history for the past 5 years. (Complete information required)

Name of Landlord	Phone #	Address	Reason for Leaving

Sources of Income –

You **must** report income from ALL sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. *If anyone outside your household gives you money or pays your bills, you must report it as a source of income. (If additional space is required, use the back of this page.)*

Agency or Person providing income:			Name of Supervisor or Agency Contact:			Average Annual Income from this Source: \$ _____		
Address:			Phone Number			Occupation: _____		
City:	State:	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)			Is your income placed in a Direct Deposit account? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Employer, Agency or Person providing income:			Name of Supervisor or Agency Contact:			Average Annual Income from this Source: \$ _____		
Address:			Phone Number			Occupation: _____		
City:	State:	Zip:	Income: \$ _____ per _____ (hr/wk/mo/yr/etc)			Is your income placed in a Direct Deposit account? <input type="checkbox"/> YES <input type="checkbox"/> NO		

*Do you receive SS or SSI from other social security number? YES NO If so, please list the SS Claim # _____ *Does any member of your household receive **regular cash contributions** from agencies or individuals not living with you? YES NO

Asset Information

You **must** report ALL assets below. (If additional space is required, use the back of this page.)

CHECKING	Name of Bank:			Avg. 6 Month Balance:	Current Interest Rate:
	Address:				
	City:	State:	Zip:	Bank Phone Number:	
SAVINGS	Name of Bank:			Current Balance:	Current Interest Rate:
	Address:				
	City:	State:	Zip:	Bank Phone Number:	

Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:			Current Value:	Annual Income:
Type of Asset:	Address:				
Account No:	City:	State:	Zip:	Institution Phone Number:	
Stocks, Bonds, C.D.'s, Life Insurance Policies, Etc.	Name of Institution:			Current Value:	Annual Income:
Type of Asset:	Address:				
Account No:	City:	State:	Zip:	Institution Phone Number:	

- Has any household member disposed of any asset for *less than Fair Market Value* during the past two (2) years?

Date Disposed of: _____
Description of Asset: _____
Cash Value: \$ _____

- Has any household member sold any Real Estate in the last two (2) years?

Date Disposed of: _____
Description of Asset: _____
Sales Price: \$ _____

- Does any household member have an interest in any Real Estate, or Mobile Home?

Description of Asset: _____
Value: \$ _____
Annual Income from Asset: \$ _____

Automobiles and Other Vehicles

List all motor vehicles, including motorcycles owned by or registered to household members. (If additional space is required, use the back of this page.)

Make and Model Number:		License Plate Number:		State:	
Color:		Year:		License Expiration Date:	
Name on Registration:			VIN #		
Phone:		City:		State:	Zip:

Are you or any member of your household a military veteran? Yes No If yes who? Please provide name:

Elderly / Handicapped / Disabled Status

We are required by HUD to request the following information if you are applying for residency, or currently live, on our HUD-assisted property. In addition to giving special considerations with regards to allowances in determining rent, we also will make reasonable accommodations or modifications based on disability. Please check any box that applies to you:

Head of Household and/or Spouse is: 62 years of age or older Handicapped Disabled

What Physician and/or Medical Professional should be contacted to verify your need for the features you have identified?

Name: _____ Telephone: _____

Address: _____

If you checked one of the boxes above, complete this section. List payments made on outstanding medical bills; medical insurance premiums; Medicare prescription card, medical and dental costs that are NOT covered by insurance. (Use additional sheets if necessary)

Name of Provider:		Street Address:			Description of Expense: _____ _____
Phone:	Policy No:	City:	State:	Zip:	
Amount you pay: \$ _____ per _____					
Name of Provider:		Street Address:			Description of Expense: _____ _____
Phone:	Policy No:	City:	State:	Zip:	
Amount you pay: \$ _____ per _____					
Name of Provider:		Street Address:			Description of Expense: _____ _____
Phone:	Policy No:	City:	State:	Zip:	
Amount you pay: \$ _____ per _____					

Additional Information

1. Have you or another member of your household ever been arrested for any drug related criminal activity? If yes, give dates, charges, city, and state.

2. Have you or any member of you household ever been arrested for a violent crime? If yes, give dates, charges, city, and state.

3. Have you or another member of your household ever lived in public housing or other rental assisted housing? If yes, please complete...

City/State	Address	Dates

4. Does anyone on this application owe rent or charges to any public housing or rental assistance housing program? If yes, please explain

5. Has anyone listed on this application ever been evicted from a rental unit within the past 5 years? If yes, please explain

6. Are any applicant members in the household required to register as a lifetime sex offender? If yes, please explain

7. Please list all your monthly financial obligations

8. Are you and your family being relocated due to displacement as a result of the City of Gainesville's Code Enforcement Efforts and/or local redevelopment efforts? If yes, please explain

Warning- Section 1001 of the Title 18 of the U.S. 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.

All Application Information Is True To The Best Of My Knowledge- I have no objections to inquiries for the purpose of verifying the facts herein stated. This includes all financial information, employment, references, former landlord, criminal activities, social security, and labor department information regarding this family's status for placement within Low Income Housing.

Head of Household

Date

Spouse/ Other Adult Member

Date