

INSTRUCTIONS FOR COMPLETING APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

NOTE: YOU MUST BE AT LEAST 18 YEARS OF AGE TO APPLY

1- PLEASE PRINT CLEARLY

2- PLEASE PROVIDE YOUR COMPLETE AND CORRECT ADDRESS AS WE CONTACT BY LETTER ONLY

3- ONLY INCLUDE FAMILY MEMBERS THAT WILL RESIDE IN HOUSEHOLD

4- PROVIDE ALL INCOME RECEIVED/EARNED BY FAMILY MEMBERS THAT WILL RESIDE IN HOUSEHOLD

5- WORKING FAMILIES MUST WORK AT LEAST 6 MONTHS FOR 16 HOURS PER WEEK AND PAY INCOME TAXES TO BE CONSIDERED EMPLOYED

6- BE SURE TO COMPLETE THE ENTIRE APPLICATION

7- BE SURE ALL ADULTS SIGN THE APPLICATION

8- YOU MUST CALL TO UPDATE ANY CHANGES ON YOUR APPLICATION

9- A CITIZENSHIP FORM **MUST** BE FILLED OUT FOR EACH FAMILY MEMBER

10- DATE AND TIME WILL BE ASSIGNED WHEN THE APPLICATION IS RECEIVED BY THE GHA

11- PLEASE CALL OUR OFFICES IF YOU HAVE QUESTIONS

PUBLIC HOUSING (864) 227-3670

SECTION 8 (864) 227-3673

Applications can be returned to:

Greenwood Housing Authority

P.O. Box 973

Greenwood, SC 29648

DEDUCTIONS & EXEMPTIONS

MEDICAL: DOCTORS \$ _____ HOSPITAL \$ _____
 PRESCRIPTION DRUGS \$ _____
 HOSPITALIZATION INSURANCE \$ _____
 OTHER: CHILDCARE \$ _____

ASSETS

SAVINGS \$ _____
 STOCK, BONDS \$ _____
 REAL ESTATE \$ _____
 OTHER \$ _____

EMPLOYMENT HISTORY

FAMILY MEMBER: **SELF**

PRESENT EMPLOYER: _____
 LENGTH OF EMPLOYMENT: _____
 PREVIOUS EMPLOYER: _____
 LENGTH OF EMPLOYMENT: _____

OTHER ADULT

PRESENT EMPLOYER: _____
 LENGTH OF EMPLOYMENT: _____
 PREVIOUS EMPLOYER: _____
 LENGTH OF EMPLOYMENT: _____

RENTAL HISTORY

HAVE YOU EVER RENTED FROM THE GREENWOOD HOUSING AUTHORITY OR ANY OTHER HOUSING AUTHORITY (INCLUDING SECTION 8 RENTAL ASSISTANCE)? IF YES, WHEN & WHERE: _____

HAVE YOU BEEN A MEMBER OF A FAMILY THAT HAS RENTED FROM THE GREENWOOD HOUSING AUTHORITY OR ANY OTHER HOUSING AUTHORITY? IF YES, WHEN & WHERE: _____

CURRENT ADDRESS: _____ PHONE NUMBER: _____

LANDLORD'S NAME: _____

DATE FAMILY MOVED TO THIS LOCATION: _____ AMOUNT OF RENT: _____

REASON FOR WANTING TO MOVE: _____

MOST RECENT ADDRESS: _____ PHONE NUMBER: _____

LANDLORD'S NAME: _____

DATE FAMILY MOVED TO THIS LOCATION: _____ AMOUNT OF RENT: _____

REASON FOR MOVING: _____

MOST PRIOR ADDRESS: _____ PHONE NUMBER: _____

LANDLORD'S NAME: _____

DATE FAMILY MOVED TO THIS LOCATION: _____ AMOUNT OF RENT: _____

REASON FOR MOVING: _____

WOULD YOU HAVE ANY OBJECTIONS TO AN INSPECTION OF YOUR PRESENT LIVING QUARTERS? _____

CREDIT HISTORY

OBLIGATED MONTHLY PAYMENTS (RENTAL CENTER, ETC.)

1. _____ \$ _____
 2. _____ \$ _____
 3. _____ \$ _____
 4. _____ \$ _____

CREDIT REFERENCES

1. _____
 2. _____
 3. _____
 4. _____

PERSONAL REFERENCES

	NAME	ADDRESS	PHONE #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

VEHICLES (Including Cars, Trucks, Motorcycles, Boats, RV's and Campers)

	MAKE	MODEL	YEAR	COLOR	TAG #	STATE
1.						
2.						

IN CASE OF AN EMERGENCY, PLEASE NOTIFY: (INCLUDE NAME, ADDRESS, PHONE #, and RELATIONSHIP TO FAMILY MEMBER #1) _____

I/WE UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY.

I/WE CERTIFY THAT THE STATEMENTS AND INFORMATION ON THIS APPLICATION ARE TRUE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF AND UNDERSTAND THAT THEY MAY BE VERIFIED.

I/WE AUTHORIZE THE RELEASE OF INFORMATION TO THE GREENWOOD HOUSING AUTHORITY BY MY/OUR EMPLOYER(S), THE DEPARTMENT OF SOCIAL SERVICES, THE SOCIAL SECURITY ADMINISTRATION AND/OR OTHER BUSINESSES OR GOVERNMENT AGENCIES.

I/WE UNDERSTAND THAT ANY FALSE STATEMENT MADE ON THIS APPLICATION MAY CAUSE ME/US TO BE DISQUALIFIED FOR ADMISSION.

I/WE CERTIFY THAT ONLY THOSE LISTED IN THIS APPLICATION WILL OCCUPY THE PREMISES.

Applicant Signature

Date

Co-Applicant Signature

Date

WARNING

Section 1001 of Title 18 of the U.S. Code provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing a false, fictitious or fraudulent statement or entry in any matter within jurisdiction of any Department or Agency of the United State shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> emergency Assist with Recertification Process	<input type="checkbox"/>
<input type="checkbox"/> unable to contact you Change in lease terms	<input type="checkbox"/>
<input type="checkbox"/> termination of rental assistance Change in house	<input type="checkbox"/> rules
<input type="checkbox"/> eviction from unit Other:	<input type="checkbox"/> _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant

and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form **HUD- 92006** (05/09)