

WESTERN CAROLINA COMMUNITY ACTION, INC. APPLICATION FOR RENTAL ASSISTANCE

1. APPLICANT NAME: _____
2. CURRENT PHYSICAL ADDRESS: _____
3. MAILING ADDRESS: _____
4. CITY, STATE, ZIP CODE: _____
5. HOME PHONE # _____ WORK# _____ SPOUSE WORK# _____
6. PREVIOUS ADDRESS: _____

CITY

STATE

ZIP

7. PREVIOUS LANDLORD(S):

Name: _____
 Address: _____
 Phone: _____

Name: _____
 Address: _____
 Phone: _____

8. HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List the Head of household and all other members who will be living in the assisted unit. Give the relationship of each family member to the head.

<u>Member(s) Full Name</u>	<u>Relationship</u>	<u>DOB</u>	<u>Birth Place</u>	<u>Race</u>	<u>Age</u>	<u>Sex</u>	<u>S.S.#.</u>
➤ _____							
➤ _____							
➤ _____							
➤ _____							
➤ _____							
➤ _____							
➤ _____							
➤ _____							
➤ _____							

9. Race of Head of Household: _____
10. Ethnicity of Head of Household: _____ Hispanic _____ Non-Hispanic
11. Do you believe the head or spouse qualifies for a "person with disability deduction" _____ Yes _____ No

12. If you have a family member who is a person with disabilities, what, if any, specific accommodation is required to allow this person to fully utilize this program?

13. Do you have a voucher from another area and wish to locate in this county? _____

14. Have you ever lived in public housing: _____ Yes _____ No, If yes, Where? _____

15. Have you ever participated in the Section 8 Existing Program? _____ Yes _____ No, If yes, Where? _____

16. Have you or any members of your household been charged for any drug-related criminal activity or violent criminal activity? _____ Yes _____ No. If yes, explain _____

17. INCOME INFORMATION:

For each type of income that your household receives give the source of the income that can be expected during the next 12 months (Include SSA, SSI, TANF, VA, Alimony, Child Support, Salary, Self-employment, Unemployment)

<u>Family Member</u>	<u>Source and Type of Income</u>	<u>Annual Income</u>

18. ASSETS INFORMATION:

List all checking and savings accounts (including IRAs, Keogh Accounts, and Certificates of Deposit) of all household members including amounts disposed of during the past two years (furniture/automobiles excluded).

<u>Family Member</u>	<u>Bank Name</u>	<u>Account #</u>	<u>Current Balance</u>

List value of all insurance policies, stocks, bonds, trusts, pension contributions, or other assets.

19. Do you own a home or other real estate? _____ Yes _____ No.

20. Have you sold or given away real property or other assets in the past two years? _____ Yes _____ No. If yes, what is the current market value of the asset? _____

21. EXPENSES:

Do you pay for child-care which enables you or another family member to work or go to school? _____ Yes _____ No.
If yes, give the name and address of childcare provided, weekly cost, and name of family member enabled to work.

22. Does any member of the family need a handicapped accessible unit? _____ Yes _____ No.

23. Do you pay for a care attendant or for any equipment for a handicapped member(s) of the family necessary to permit that person or someone else in the family to work? _____ Yes _____ No. If yes, describe expenses:

APPLICANT CERTIFICATION: I/We certify that the information given to Western Carolina Community Action, Inc. on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my knowledge and belief. I/We understand that false statements or information are punishable under Federal Law.

***I/We also understand that false statements or information are grounds for denial/or termination of rental assistance.**

Signature of Head: _____ Date: _____

Signature of Spouse: _____ Date: _____

Application taken by: _____ Date: _____ Time: _____

***WARNING:** Section 1001 of 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.

NOTE TO APPLICANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1 (800) 424-8590. (Within the Washington, D.C. Metropolitan Area, call 426-3500).

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	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<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.

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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.

AUTHORIZATION FOR RELEASE OF INFORMATION

Consent: I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to **WESTERN CAROLINA COMMUNITY ACTION, INC. (PHA)** any information or materials needed to complete and verify my eligibility for and continued participation in a Federal housing assistance program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violation of my lease or PHA policies.

Information Covered: I understand that, depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquires that may be requested include but are not limited to:

Identity and marital status	Employment, income, and assets	Residences and rental activity
Credit and criminal activity	Medical or childcare allowances	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

Groups or Individuals that May be Asked: The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Past and present employers	Veterans Administration	Social Security Administration
Welfare agencies	Courts and post offices	State unemployment agencies
Law enforcement agencies	Retirement systems	Medical and child care providers
Schools and colleges	Utility companies	Support and alimony providers
Banks and other financial institutions	Previous landlords (including public housing agencies)	

Computer Matching Notice and Consent: I understand and agree that HUD or the PHA may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service, the social Security Administration; and State welfare and food stamp agencies.

Conditions: I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

Signature Head of Household (Print Name) Date

Signature Spouse or other adult member (Print Name) Date

NOTE; This general consent may not be used to request a copy of a tax return. If a tax return is needed, IRS form 4506, "Request for copy of Tax Form" must be prepared and signed separately