			FOR OFFICE USE ONLY  HCVP (Section 8)					
GREENSBORO HOUSING AUTHORITY								
APPLICATION FOR ASSISTED HOUSING (PLEASE PRINT)								
Application No.		Date/Time			Telephone No.			
Name					Race			
Street Address					How Ion	g?		
City				State	Zip Code	)		
Have you ever		☐ Yes	If yes, what date	(s)/Under what name:				
been a resident in public housing?			Has any adult received an Earned Income Disallowance?					
Public flousing?		☐ No	Name and State	of Housing Authority:				
A. Family Composition (List eac	h person who	will live with y	ou.)			•		
Name	Relationship	Social Security #	Date of Birth	Place of Birth	Sex	Highest Grade Completed		
1	Head							
2								
3								
4								
5								
6								
7								
8								
B. Marital Status								
Single  Married	Separated	☐ Widowed		Divorced $\Box$				
C. Income List all money earned, received, or applied for by everyone who will be in your household. Include income from: employment, child support, alimony, contributions, social security/SSI, veteran's benefits, unemployment compensation, disability, retirement, rental property and all other sources.								
Family Member's Nam	Name/Address of Employer for Wages and/or Other Income			Estimated Annual Salary				

Direct Support Child Enforcement		Domestic Rel. Court  Other			
D. Assets 1. Do you own or have an intere	est in any property?	? (If yes, what type)	☐ Yes ☐	] No	
2. Do you have any bank accour	Yes	] No			
3. Do you own a car?  If yes, Make:		No Year:	Tag Number:		
E. Housing References					
Address (List current add	dress first)	Landlord's Name and Address	Landlord's Telephone #	Length of Stay	
		d may have (for example: elderly, hand			
These questions are asked only for an accessible unit.  G. Criminal Background Histo	the purpose of calcu	d may have (for example: elderly, hand	mining the family's need	d for	
These questions are asked only for an accessible unit.  G. Criminal Background Historian Have you or any member of your Yes No If yes, explain:  H. Emergency Contact Information	the purpose of calcu ory r household ever b	ulating total tenant payment and deteri	mining the family's need	d for	
These questions are asked only for an accessible unit.  G. Criminal Background Historian Have you or any member of your Yes No If yes, explain:  H. Emergency Contact Information	the purpose of calcu ory r household ever b	ulating total tenant payment and determent charged or convicted of any c	mining the family's need		
These questions are asked only for an accessible unit.  G. Criminal Background Historian Have you or any member of your Yes No If yes, explain:  H. Emergency Contact Information List primary contacts in case of an	the purpose of calcu ory r household ever b	ulating total tenant payment and determeen charged or convicted of any con	nining the family's need		

	e Greensboro Housing Authority (GHA) will select applies to you, the head of household or spouse:
ances Check any block that	applies to you, the head of household or spouse:
endes. Oneth any block that	applies to you, the nead of household of spouse.
adult member employed ful	-time for the past 12 months (full-time is
per week); graduated from	or enrolled full-time in an accredited non-
	sity, college or community college); or
training program or a progra	am that prepares one for for a job. Families
	homeless providers are included in
	re completed at least the first year of
complete at least 50% of thei training or job readiness pre erence. Applicants will be g	Persons on job training or job readiness r course work and college graduates or ograms must be gainfully employed to iven the benefit of the working family er is age 62 or older, or is a person with
des individuals or families we city of Greensboro indicating rs who damage the rental he	displaced by public or private action. This who have received a written condemnation g condemnation of their rental unit is come or are otherwise re not eligible for this preference.
nts	
reference residing outside o	of GHA jurisdiction at the time of the
erences you have checked.	
and deductions is accurate a statements or information ar	ng Authority on household composition, income and complete to the best of my knowledge and re punishable under Federal Law. Indeed to the management of the second
	<u></u>
old	Date
	Date
ated against, you may call the	Fair Housing and Equal Opportunity National toll-free
H	nated against, you may call the l Housing Authority, the informat ta Summary), a computer genera

Rev. September 2012