

The Housing Choice Voucher Program (Section 8) waiting list is open for applicants who qualify for the following preference(s)

1. Families with an adult member who is employed full-time for the past **12** months (at least 30 hours per week), or has graduated from or enrolled full-time in an institution of higher learning or job training. Full-time students must have completed at least the first year of their academic requirements and be continuing. A graduate must be employed. Applicants will be given the benefit of the working preference if the head, spouse or sole member is 62 years of age or older or is a person with disabilities.
2. Displaced person(s): Individuals or families displaced by public or private action, such as written condemnation from the City. Renters who are responsible for the condemnation are not eligible for this preference.
3. Applicants who qualify for any of the above preferences but reside outside of GHA's jurisdiction.

The following information is required with the application if it is applicable to you:

- **Social Security/Supplemental Security Income (SSI) award letter**
- **Current check stubs (4 - 6 consecutive stubs)**
- **Current transcripts for full-time students**
- **Picture identification for head of household**

**Applications will be accepted
on Tuesdays and Thursdays from 9:00 a.m. to 4:00 p.m.
until further notice**

at Greensboro Housing Authority's Assisted Housing Division
1300 Ogden Street, Suite B
Greensboro, NC 27406

(Applications received by mail will be date-stamped on the Tuesday or Thursday closest to the actual day received. No faxed or emailed applications will be accepted.)

**APPLICANTS WHO DO NOT MEET THE SPECIFIC ELIGIBILITY
REQUIREMENTS LISTED ABOVE WILL NOT BE PLACED ON
THE WAITING LIST**



Do you receive support or contributions? (Write down the amount and how the money is paid.)

_____ Direct Support _____ Domestic Rel. Court
_____ Child Enforcement _____ Other

D. Assets

1. Do you own or have an interest in any property? (If yes, what type) Yes No

2. Do you have any bank accounts? (If yes, what type) Yes No

3. Do you own a car? Yes No

If yes, Make: _____ Year: _____ Tag Number: _____

E. Housing References

Address (List current address first)	Landlord's Name and Address	Landlord's Telephone #	Length of Stay

F. Please list any special housing needs your household may have (for example: elderly, handicapped, disabled):

These questions are asked only for the purpose of calculating total tenant payment and determining the family's need for an accessible unit.

G. Criminal Background History

Have you or any member of your household ever been charged or convicted of any crime(s)?

Yes No

If yes, explain:

H. Emergency Contact Information

List primary contacts in case of an emergency (a relative living in the Greensboro area, if possible).

Name	Address	Telephone Number

I. Local Preference

Consistent with the Greensboro Housing Authority Agency Plan, the Greensboro Housing Authority (GHA) will select families based on the following preferences. Check any block that applies to you, the head of household or spouse:

- Families with an adult member employed full-time for the past 12 months (full-time is at least 30 hours per week); graduated from or enrolled full-time in an accredited non-profit institution of higher education (university, college or community college); or enrolled in a job-training program or a program that prepares one for for a job. Families meeting this requirement who are referred by homeless providers are included in this preference. Full-time students must have completed at least the first year of their academic requirements and continuing. Persons on job training or job readiness programs must complete at least 50% of their course work and college graduates or graduates of job training or job readiness programs must be gainfully employed to receive this preference. Applicants will be given the benefit of the working family preference if the head, spouse or sole member is age 62 or older, or is a person with disabilities.

- Displaced person(s): Individuals or families displaced by public or private action. This preference includes individuals or families who have received a written condemnation notice from the City of Greensboro indicating condemnation of their rental unit is imminent. Renters who damage the rental home or are otherwise responsible for causing the condemnation are not eligible for this preference.

- All other applicants

- Families with a preference residing outside of GHA jurisdiction at the time of the application.

You must be able to verify the preferences you have checked.

I/We verify that the information given to the Greensboro Housing Authority on household composition, income net, family assets and 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 understand that false statements or information are grounds for termination of housing assistance and/or termination of tenancy.

Head of Household

Date

Spouse

Date

Email _____

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National toll-free hotline at 1-800-424-8590.

***After verification by the Greensboro Housing Authority, the information will be submitted to Housing and Urban Development (HUD) on form HUD50058 (Tenant Data Summary), a computer generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.**

Work History of Adult Members:

Household Member	FROM (Month/Year)	TO (Month/Year)	Hourly Rate	# of Hours per Week	Employer

Signature of Head of Household: _____ Date _____

Signature of Spouse or Other Adult: _____ Date _____

Signature of Other Adult: _____ Date _____

GREENSBORO HOUSING AUTHORITY • ASSISTED HOUSING DIVISION
1300 Ogden Street, Suite B • Greensboro, NC 27406
Tel: 336-271-3368 • Fax: 336-271-5905

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Greensboro Housing Authority any information or material needed to complete and verify my application for participation, and or to maintain my continued assistance under the Section 8, Low-Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or 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.

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 inquiries that may be requested include but are not limited to:

Identity and Martial Status	Employment, Income and Assets
Medical or Child Care Allowances	Credit and Criminal Activity
Residences and Rental Activity	

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 TO PROVIDE INFORMATION

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

Previous Landlords (including Public Housing Agencies)	Court and Post Offices
Schools and Colleges	Law Enforcement Agencies
Past and Present Employers	Support and Alimony Providers
State Unemployment Agencies	Welfare Agencies
Medical and Child Care Providers	Social Security Administration
Retirement Services	Veterans Administration
Credit Providers & Credit Bureaus	Banks and Other Financial Institutions
	Utility Companies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Agency may conduct computer-matching programs to verify the information supplied for my application or re-certification. If a computer match is done, I understand that I have a right to notification of any adverse information found, and a chance to disapprove that information. HUD 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 Agency and the State Welfare and Food Stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purpose stated above.

This authorization will stay in effect for a year and one month from the date signed.

Head of Household (Signature)

Print Name

_____-_____-_____
Social Security Number

Spouse/Other Adult (Signature)

Print Name

_____-_____-_____
Social Security Number

Address

City

State

Zip Code

Date