

FOR OFFICE USE ONLY
NON ELDERLY DISABLED (MAINSTREAM)

**GREENSBORO HOUSING AUTHORITY
APPLICATION FOR ASSISTED HOUSING
(PLEASE PRINT)**

Application No.	Date/Time	Telephone No.
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Name	Race
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Street Address	How long?
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City	State	Zip Code
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Have you ever been a resident in public housing? <input type="checkbox"/> Yes <input type="checkbox"/> No	Section 8? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what date(s)/Under what name: Has any adult received an Earned Income Disallowance? Name and State of Housing Authority:
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A. Family Composition (List each person who will live with you.)

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

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 Name	Name/Address of Employer for Wages and/or Other Income	Estimated Annual Salary

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:

- A family whose head, spouse or sole member is a person with disabilities and is non-elderly (61 years of age or younger).
- A family whose head, spouse or sole member is a person with disabilities and is non-elderly (61 years of age or younger), and resides outside of Greensboro Housing Authority's jurisdiction.

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.

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