

Elizabethton Housing and Development Agency, Inc.
 910 Pine Ridge Circle
 P.O. Box 637
 Elizabethton, TN 37643
 Phone (423)543-3571 Fax (423)547-1907

Public Housing and Section 8 Housing Application

Please Mark the Housing Assistance Program(s) you are applying for: Public Housing and Section 8 Programs _____

Public Housing Program only _____ Section 8 Voucher only _____ Voucher & Mod-Rehabilitation Programs _____

Household Members (Print clearly)

Race: White _____, Black/African-American _____, Hispanic _____, Native American/Alaskan Native _____, Asian _____

Ethnicity: Hispanic _____, Non-Hispanic _____

<u>Head of Household and Co-Head</u>			<u>Place of Birth</u>	<u>Sex (M/F)</u>	<u>Social Security Number</u>	<u>Date of Birth</u>	<u>Age</u>
_____	_____	_____	_____	_____	____-____-____	____/____/____	____
Last	First	Middle					
_____	_____	_____	_____	_____	____-____-____	____/____/____	____
Last	First	Middle					

Other Members: Oldest to Youngest (HOH must have 50% custody, power of attorney for individuals under 18 and cannot be receiving government housing assistance with another parent/guardian.)

<u>Full Name:</u>			<u>Place of Birth</u>	<u>Relationship</u>	<u>Social Security Number</u>	<u>SEX (M/F)</u>	<u>Date of Birth</u>	<u>Age</u>
_____	_____	_____	_____	_____	____-____-____	____	____/____/____	____
Last	First	Middle						
_____	_____	_____	_____	_____	____-____-____	____	____/____/____	____
Last	First	Middle						
_____	_____	_____	_____	_____	____-____-____	____	____/____/____	____
Last	First	Middle						
_____	_____	_____	_____	_____	____-____-____	____	____/____/____	____
Last	First	Middle						
_____	_____	_____	_____	_____	____-____-____	____	____/____/____	____
Last	First	Middle						

Present Mailing Address:

Street/P.O. Box: _____

City: _____ State: _____ Zip Code: _____

Present Living Address (if different than the mailing address):

Street: _____

City: _____ State: _____ Zip code: _____

Telephone Number: (____) _____ Email Address: _____

Bedroom Size: Please circle: 0 1 2 3 4 5 (Section 8 Housing Voucher Program is 2 people per 1 bedroom)

Income:

Please list all amounts of money earned or unearned income by everyone on the application. This includes, but is not limited to money from wages, self-employment, child support, contributions, social security, disability, worker's compensation, retirement, families first (AFDC), Food Stamps, Veteran benefits, rental property income, stock dividends, interest from bank accounts and life insurance policies, alimony and other sources.

<u>Household Member(s)</u>	<u>Source of Income</u>	<u>Gross amount (before taxes or deductions) a month</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does anyone on the application have a bank account? Yes ___ No ___ if yes list Bank(s):

Is everyone on the application a United States Citizen? Yes / No, if no, please provide eligible immigration status.

Does anyone require a specific accommodation to fully utilize our program and services? Yes ___ No ___, If yes, please explain (mobility, hearing, vision, service animal):

Has anyone on the application ever lived in government assisted housing? Yes ___ No ___, if yes, name of housing agency

Is anyone on the application currently living in government assisted housing? Yes ___ No ___, if yes, name of housing agency. Is anyone under eviction? Yes ___ No ___.

Has anyone on the application ever been terminated or evicted from government assisted housing? Yes ___ No ___, if yes name of housing agency?

Does anyone owe any money to a government assisted housing program? Yes ___ No ___ No, if yes give name(s) of the housing agency

Has anyone on the application been charged or convicted of any crime or offense? Yes ___ No ___ or any of the following:

Felony: Yes ___ No ___ if yes, are you still actively on probation or parole? Yes ___ No ___

Drug Activity of any kind: Yes ___ No ___ Address where charge occurred

Meth: Yes ___ No ___ Address where the charge occurred

Violent Criminal Activity: Yes ___ No ___

If yes to any of the charges, can you provide documentation that you are currently in rehabilitation program or you have completed probation? Yes ___ No ___

Is anyone on the application currently on Probation/Parole? Yes ___ No ___

Is anyone on the application on the Sex Offender Registry? Yes ___ No ___

Emergency Contact: Phone #

Landlord's Name: Phone #

I/We do hereby swear/and or attest that all of the information above about me/us is true and correct. I/We also understand that all changes in income, assets and deductions of any member of the household and any changes of the household members must be reported to the Housing Agency in writing.

WARNING! Title 18, Section 1001 of the United States Codes states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Signature of Head of Household Date Signature of Co-Head Date

If applying for Public Housing compete the following:

Please provide two references, **cannot be related**:

Name Address: Phone#

Name Address: Phone#

Rental References (include any present or previous government assisted housing agencies):

Address: Phone#

Landlord Name

Address: Phone#

Landlord Name