



**Housing Authority of the Town of Beaufort
716 Mulberry Street
Beaufort, NC 28516
(252)-728-3226**

Application for Housing Assistance

INFORMATION NEEDED FOR ALL FAMILY MEMBERS ON APPLICATION

1. Social Security Cards-No Copies Please
2. Birth Certificates-No Copies Please

**INFORMATION NEEDED FOR ALL ADULT FAMILY MEMBERS
(18 YEARS AND OLDER)**

1. Picture ID-No Copies Please
2. Marriage/ Divorce/ Legal Separation Documents – if you are married and have separated from your spouse, you **MUST** have legal separation documents or your spouse will have to be present at interview and income considered on application.
3. ALL verifiable sources of income, with names and contact numbers for employers or social workers.
 - a. Social Security (SSA) or SSI benefits
 - b. Wages, Salaries, overtime pay, commissions, fees, tips, bonuses or other compensation for personal services.
 - c. VA benefits
 - d. Food Stamps
 - e. TANF
 - f. Child Support (What the court has ordered parent to pay)
 - g. Unemployment Benefits
 - h. Disability Compensation other than SSA or SSI
4. All Names and addresses of current and previous landlords for the past 5 years.
5. Phone and fax numbers for employers, case workers, care givers, etc.

NOTE

Applicants **MUST have ALL information at interview or the application will be given back to the applicant and the interview will be rescheduled.**

Your Appointment is Scheduled for:

Please be sure that you are on time for your interview, that your application is complete with all required documentation and that you are prepared to have criminal and credit histories completed in our office for all household members over 18. If you need to reschedule your appointment you will need to do so prior to the appointed meeting time.

Thank you



Application # _____

Application Date _____

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Application for Housing Assistance

** Please completely fill out application. Incomplete applications will NOT be accepted.*

	Last Name, First Name, Middle Initial	Street Address	City, State, Zip	Telephone
Head of Household				
Spouse (Even if you are Separated or Divorced)				
Emergency Contact Person Relationship to you				

Official Use

Preferred Site _____ In County _____ In City _____

Offered Date _____ Unit # _____ Accepted _____ Date Last in _____

- Are you involuntarily displaced (Residence being sold by owner, homeless, domestic violence victim) _____
Reason: _____
- Living in Substandard Housing? _____ is dwelling run down? _____
Operable Indoor Plumbing? _____ Usable Flush Toilet? _____
Usable Bathtub or Shower? _____ has adequate electrical service? _____
Has safe & adequate source of heat? _____? Has a kitchen? _____
Has housing been declared unfit for living in by an Agency or unit of the government? _____
- Paying more than 50% of income for rent? _____ Gross Monthly Income _____
Amount of monthly rent? _____ Amount of monthly utilities (electricity, gas, water) _____
- Race (Check all that apply): _____ Caucasian _____ African American _____ American Indian _____ Asian _____
Pacific Islander _____ Ethnicity (Check One): _____ Hispanic/ Latino _____ Non Hispanic/ Non Latino

Is any member of the family disabled? _____ Yes _____ No

If any member will need a unit with special accommodations, provide their name and state their need.

Are you currently receiving Federal Housing Assistance? _____ Yes _____ No (if yes, where? _____)

Have you ever received Federal Housing Assistance from this or another Housing Authority? _____ Yes _____ No

(if yes, explain) _____

Do you owe any amount to any Housing Authority at this time? _____ Yes _____ No (if yes, how much? _____)

Have you defaulted in a Lease? Where _____ When _____

Do you own a Pet? _____ Describe _____

Have you been denied credit? _____

Have you ever been evicted? _____ Please Explain _____

Are you renting at this time? _____ Yes _____ No (if yes, complete the below table

Who do you rent from? Name and Address	How long have you rented here?	You landlord's phone number	Amount you pay for rent each month	Amount you pay for utilities each month

If you are not renting at this time, describe your present housing arrangements: _____

PLEASE LIST BELOW PREVIOUS ADDRESSES FOR THE LAST FIVE YEARS

Street Address	City, State	Zip	How long did you live here?	Landlord Information

Have you or any family member been charged with or convicted of a criminal offence including any substance abuse or alcohol related activities (other than a minor traffic violation)? _____ Yes _____ No (if yes, provide the member(s) name and explanation). _____

Total Number of people that will be living in the apartment with you: _____ How many are under age 18? _____

Family Income

Instructions: Enter information shown below for EACH person that will be living in the apartment with you.

Name	Relation To HO	Sex	Date Birth	Birthplace	Social Security #	Education	Employment	Income Amount	Frequency

Are you expecting an increase or decrease to your family size? ____ Yes ____ No (if yes, explain _____)
 _____.)

Has any family member disposed of any assets for less than fair market value during the past two years preceding?
 admission to assisted housing? ____ Yes ____ No

If any member has an asset, including a checking or savings account or has any investments or owns any interest in real property now or in the past two years, complete the table below.

Family Member's Name	Type of Asset	Name of bank or savings institution or the property address	Value of the Asset	Income from Asset	Income frequency	Do you own this now?

What is the total Family Income? _____

Are there any Family Medical Bills that you are paying for now? _____

Who? _____ How Much? _____

If you pay child care, complete the below table.

Child's Name	Age	Name of Child Care Provider	Address	Amount	Frequency

Does anyone not living with you regularly pay your bills or give you money? _____ Yes _____ No (if yes, explain _____)

Has any member of your household used any name or social security number other than that shown on this application form? _____ Yes _____ No
 If yes, explain _____)

 Signature of Head of Household Signature of Spouse or Co-Head Date Signed

**WILLFUL WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKE IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OF AGENCY OF THE UNITED STATES AS TO MATTERS WITHIN ITS JURISDICTION.*



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Consent Form – Disclosure of Information

Name: _____ Maiden Name: _____
(First, Middle, Last)

Social Security Number: _____ - _____ - _____ Home Phone: _____

Driver's License Number: _____ State issued: _____

Name as it appears on license: _____ Date of Birth: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

I hereby give consent for a criminal / credit report to be done on me for housing purposes. I hereby authorize, without reservation, any law enforcement agency, city, state, or federal court contacted by **The Beaufort Housing Authority**, to furnish any and all information. I do understand the investigation will include information from law enforcement agencies, state agencies and public records information. This releases the aforesaid parties from and liability and responsibility for collecting the above information at any time.

Signed: _____ Date: _____

ACKNOWLEDGEMENT AND CERTIFICATION

I acknowledge that I have received and read, or have had read or explained to me, _____, the rules regarding my participation in the HUD program administered by the Beaufort Housing Authority.

I understand that obtaining housing assistance, subsidies, or payments by making false statements or misrepresentations to the Housing Authority is illegal, is grounds for termination from housing assistance programs, and is punishable as a criminal offense under both Federal law (Section 1001 of title 18 of the US Code.) and state law (Section 14-100 of the North Carolina General Statutes).

I certify that the information given to the Housing Authority on this day concerning my household composition, income, assets, and allowances and deductions is true, accurate, and complete to the best of my knowledge and belief.

I have read or have had read to me the above statements.

Applicant Signature: _____ Date: _____

Print Name: _____

Housing Authority Signature: _____

Title: _____

Print Name: _____

November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

Purpose This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties For Committing Fraud The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from you apartment or house
- Required to repay all overpaid rental assistance
- Fined up to \$ 10,000.00
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and Local governments may have other laws and penalties as well.

Asking Questions When you meet with the person who is to input your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer you question or find out what the answer is.

Completing The Application When you answer application questions, you must include:

- Income**
- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.);
 - Any money you receive on behalf of your children (child support, social security for children, etc.);
 - Income from assets (interest from savings accounts, credit union or certificate of deposit: dividends from stock, etc.);
 - Earnings from second job or part-time job;
 - Any anticipated income (such as bonus or pay raise you expect to receive)

Assets

- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc. that are owned by you or any adult member of your family's household who will be living with you.
 - Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
 - The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.
-

Signing the Application

- Do not sign any form unless you have read it, understand it, are sure everything is complete and accurate.
- When you sign the application and certification form, you are claiming that they are complete to the best of your knowledge or your belief.
- You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

Recertification

You must provide updated information at least once a year.

- programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report Recrtification forms:
 - All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc. for all household members.
 - Any move in or out of a household member; and
 - All assets that you or your household members own and any assets that were sold in the last 2 years for less than full value.

Beware of Fraud

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

Reporting Abuse

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or you Public Housing Authority. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at: (800) 347-3735. You can also write to:
HUD-OIG HOTLINE, (GFI)
451 Seventh Street, S.W.
Washington, DC 20410

Housing Authority of the Town of Beaufort

I consent to have a consumer report made as to my credit history, employment history, motor vehicle driving record, social security information, criminal record, and other pertinent information for rental purposes, including waiting list application, interim and yearly lease renewal, and incident and complaint investigations. I hereby authorize **Beaufort Housing Authority** to obtain a background report containing the foregoing information.

I am aware that the background report I consent to have prepared may include information obtained from a variety of sources, including but not limited to government agencies, national credit reporting agencies, and others. I am aware that if I choose, I may obtain a complete disclosure of the nature and scope of any report prepared about me if I make a written request to **Beaufort Housing Authority** within a reasonable amount of time after I execute this authorization.

I also authorize and request every person, firm, company, corporation, governmental agency, court, law enforcement office, and any other entity having control or possession of any information pertaining to me or my background to furnish same to any requesting party.

By this Authorization for Release of Information and for the procurement of a background report, I hereby forever release, discharged, exonerate, hold harmless and indemnify **Beaufort Housing Authority**, it's affiliates, employees, representatives, agents, and subcontractors, and any other person, entity, organization, or institution furnishing information to them for any and all liabilities of every nature and kind, including but not limited to claims for libel, slander, invasion of privacy, related tort claims, misuse of information obtained from reporting agencies, and any other claim or cause of action arising out of the furnishing, inspection, or copying of any documents, files, records, and other information, or the investigation made by or on behalf of **Beaufort Housing Authority**, unless such release is determined to violate the public policy of the state or federal district in which this contract is executed, and in that event this release will be permitted to the maximum extent allowed by the governing law.

I understand that a photocopy or facsimile of this signed document shall be considered as valid as an original.

Valid 15 months from date signed.

Date

Resident Signature

Printed Name: _____ SSN: _____

Address: _____ Date of Birth: _____

City/State/Zip: _____