



GHA

GEORGETOWN HOUSING AUTHORITY

WHAT YOU NEED TO APPLY FOR HOUSING ASSISTANCE

In order for your application to be processed you must submit the following information to GHA:

- Completed Application for Admission-** Answer all questions completely and honestly.
- Completed additional contact form-** Supplement to Application for Federally Assisted Housing form (HUD-92006). (Page 9)
- Completed background check form completed for each person 18 years of age or older-** Authorization to Conduct Criminal History Review form. (Page 10)
- State issued birth certificates for each person** on the application.
- Social security cards for each person** on the application.
- A picture ID for each person 17 years of age and older** on the application.

If you owe money to any federally assisted housing program, you must pay what you owe, and provide proof to GHA before we can accept your application. If you or any member of your household is a registered sex offender, we can not assist you with housing.

APPLICATIONS ARE TAKEN TUESDAYS BETWEEN 9 AM AND 12 PM ONLY.

Your application is not complete and will not be accepted without the required documents.

NO EXCEPTIONS!

Georgetown Housing Authority
1 Lincoln St., PO Box 209
Georgetown, SC 29442

Phone: 843-546-9621
Fax: 843-527-7536
GeorgetownHousing.org



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.
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Penalties for Committing Fraud	<p>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:</p> <ul style="list-style-type: none">▫ Evicted from your apartment or house:▫ Required to repay all overpaid rental assistance you received:▫ Fined up to \$ 10,000:▫ Imprisoned for up to 5 years; and/or▫ Prohibited from receiving future assistance.
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Your State and local governments may have other laws and penalties as well.

Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.
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Completing The Application	When you answer application questions, you must include the following information:
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Income	<ul style="list-style-type: none">▫ 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 a savings account, credit union, or certificate of deposit; dividends from stock, etc.);▫ Earnings from second job or part time job;▫ Any anticipated income (such as a bonus or pay raise you expect to receive)
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Assets	<ul style="list-style-type: none">▫ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.
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- 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, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and 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.

Recertifications

You must provide updated information at least once a year. Some 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 on recertification 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 was sold in the last 2 years for less than its 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 your PHA. 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.



Application for Admission



Georgetown Housing Authority
1 Lincoln St., PO Box 209
Georgetown, SC 29442
843-546-9621

Public Housing Program

Housing Choice Voucher

I. Applicant Information

Applicant SSN _____ - ____ - ____

Applicant Name First _____ Last _____

Address _____

City _____ State ____ Zip _____

Mailing address same as current address? Yes No

Mailing Address _____

City _____ State ____ Zip _____

Current Information

Lived there from ____ / ____ / ____ to ____ / ____ / ____

of bedrooms _____ Rent \$ _____

Reason for moving

About to be or without housing Sub-standard housing

Other (please specify) _____

Current Utility Information

Gas Company _____ Deposit \$ _____

Electric Company _____ Deposit \$ _____

Water Company _____ Deposit \$ _____

Home Telephone _____

Work Telephone _____

Message Telephone _____

Household Size _____

Emancipated Minor Yes No

Accessibility Features Requested

Vision Hearing Wheelchair Physical

More Info _____

Current Landlord

Name First _____ Last _____

Address _____

City _____ State ____ Zip _____

Telephone _____

Pet Information

Cats _____ Comments: _____

Dogs _____

Other _____

II. Previous Information

Previous Address

Mailing Address _____

City _____ State ____ Zip _____

Previous Information

Lived there from ____ / ____ / ____ to ____ / ____ / ____

of bedrooms _____ Rent \$ _____

Previous Landlord

Name First _____ Last _____

Address _____

Telephone _____

City _____ State ____ Zip _____

Have you ever received any type of housing assistance? Yes No

What city? _____ What state? ____ What year(s)? _____

III. Program Integrity

- 1.** Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)?

YES **NO**

If **YES**, Who? When? For What?

- 2.** Does anyone in your household currently use a controlled or illegal drug?

YES **NO**

If **YES**, please explain

- 3.** Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity?

YES **NO**

If **YES**, Who? When? For What?

- 4.** Does anyone give you any money?

YES **NO**

If **YES**, Who? How Often? For What?

IV. Family Composition Information

	Name		SSN	Student	Relation to Head	Date of Birth
Head	First	Last	- -			/ /
2.	First	Last	- -			/ /
3.	First	Last	- -			/ /
4.	First	Last	- -			/ /
5.	First	Last	- -			/ /
6.	First	Last	- -			/ /

	Birthplace	Gender (M/F)	Race					Hispanic Ethnicity	Eligibility				Alien Registration		Handicap	Disabled	
			1	2	3	4	5	EC	EN	IN	PV						
Head														-	-		
2.														-	-		
3.														-	-		
4.														-	-		
5.														-	-		
6.														-	-		

Race Codes:

- 1 = White
- 2 = Black / African American
- 3 = American Indian / Alaska Native
- 4 = Asian
- 5 = Native Hawaiian / Other Pacific Islander

Eligibility Codes:

- EC = Eligible Citizen
- EN = Eligible Noncitizen
- IN = Ineligible Noncitizen
- PV = Eligibility Pending

V. Income Information

Enter each type of income that any household member will have in the next year. Please use the codes listed below for Income Type.

Family Member First Last Source/Company _____

Income Type Type Code Income Amount \$ _____ Position _____
(see codes below)

Start Date _____ How Long _____ Address _____

Income Per Hour Week Weeks per Year _____ City _____ State ____ Zip _____
 Month Year Hours per Week _____ Telephone _____

Family Member First Last Source/Company _____

Income Type Type Code Income Amount \$ _____ Position _____

Start Date _____ How Long _____ Address _____

Income Per Hour Week Weeks per Year _____ City _____ State ____ Zip _____
 Month Year Hours per Week _____ Telephone _____

Family Member First Last Source/Company _____

Income Type Type Code Income Amount \$ _____ Position _____

Start Date _____ How Long _____ Address _____

Income Per Hour Week Weeks per Year _____ City _____ State ____ Zip _____
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Income Type Type Code Income Amount \$ _____ Position _____

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 Month Year Hours per Week _____ Telephone _____

Family Member First Last Source/Company _____

Income Type Type Code Income Amount \$ _____ Position _____

Start Date _____ How Long _____ Address _____

Income Per Hour Week Weeks per Year _____ City _____ State ____ Zip _____
 Month Year Hours per Week _____ Telephone _____

Income Type Codes:

P = Pension
 B = Own Business
 SS = Social Security

M = Military Pay
 S = SSI
 F = Federal Wages

T = TANF
 HA = PHA Wages
 G = General Assistance
 W = Other Wages
 C = Child Support

U = Unemployment Benefits
 I = Indian Trust / per capita
 N = Other Non-wage Source
 E = Medical Reimbursement
 IW = Annual Imputed Welfare Income

VI. Asset Information

Enter the assets that your household currently possesses, or has disposed of within the last two years for less than fair market value. Enter the anticipated or actual income from each asset next to Annual Income.

Family Member First _____ Last _____ Source _____
Description of Asset _____ Contact _____
_____ Address _____
Cash Value \$ _____ City _____ State ____ Zip _____
Annual Income \$ _____ Telephone _____

Family Member First _____ Last _____ Source _____
Description of Asset _____ Contact _____
_____ Address _____
Cash Value \$ _____ City _____ State ____ Zip _____
Annual Income \$ _____ Telephone _____

Family Member First _____ Last _____ Source _____
Description of Asset _____ Contact _____
_____ Address _____
Cash Value \$ _____ City _____ State ____ Zip _____
Annual Income \$ _____ Telephone _____

VII. Expenses

Enter any medical, child care or handicapped expenses.

Family Member First _____ Last _____ Payee _____
Type of Expense _____ Contact _____
_____ Address _____
Expense per Week Month Year City _____ State ____ Zip _____
Expense Cost \$ _____ Telephone _____

Family Member First _____ Last _____ Payee _____
Type of Expense _____ Contact _____
_____ Address _____
Expense per Week Month Year City _____ State ____ Zip _____
Expense Cost \$ _____ Telephone _____

Family Member First _____ Last _____ Payee _____
Type of Expense _____ Contact _____
_____ Address _____
Expense per Week Month Year City _____ State ____ Zip _____
Expense Cost \$ _____ Telephone _____

VIII. References

References that can be contacted to determine housing suitability.

Bank References

Bank Name _____
Address _____
City _____ State ____ Zip _____
Telephone _____
Checking Acct. # _____
Savings Acct. # _____

Credit References

Name _____
Address _____
City _____ State ____ Zip _____
Telephone _____
Account Number _____

Personal References

Emergency Contact _____
Address _____
City _____ State ____ Zip _____
Telephone _____

Name _____
Address _____
City _____ State ____ Zip _____
Telephone _____

Landlord References

Name _____
Address _____
City _____ State ____ Zip _____
Telephone _____

Name _____
Address _____
City _____ State ____ Zip _____
Telephone _____

IX. Certification of Information

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the U.S. government is guilty of a felony.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant _____

Date ____ / ____ / ____

Co-applicant _____

Date ____ / ____ / ____

Other member over 18 _____

Date ____ / ____ / ____

Other member over 18 _____

Date ____ / ____ / ____

Other member over 18 _____

Date ____ / ____ / ____

Other member over 18 _____

Date ____ / ____ / ____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name: First _____ Last _____	
Mailing Address: Address _____ City _____ State _____ Zip _____	
Telephone No: _____	Cell Phone No: _____
Name of Additional Contact Person or Organization: First _____ Last _____	
Address: Address _____ City _____ State _____ Zip _____	
Telephone No: _____	Cell Phone No: _____
E-Mail Address (if applicable): _____	
Relationship to Applicant: _____	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



AUTHORIZATION TO CONDUCT CRIMINAL HISTORY REVIEW

P.O. Box 209
Georgetown, SC 29442
Phone: (843)-546-9621
Fax: (843)-527-7536

The following records check is requested as an application requirement for housing with the Georgetown Housing Authority. I have attached a copy of my picture identification and my Social Security Card bearing the name and information written below:

Name: First Last

Address: Address City State Zip

Date of Birth: **Race:** **Sex:**

Social Security #: - -

I certify that the above information is true and correct and understand that the information provided will be used by the Georgetown Police Department and The Georgetown Housing Authority to conduct Criminal History Checks on the person signing below.

I give permission to the Georgetown Police Department to release any information from the Criminal History Check to the Georgetown Housing Authority. I understand that the Georgetown Housing Authority will conduct background checks ***prior*** to providing assistance as a part of the applicant process. I further understand that if I am housed by the Georgetown Housing Authority and circumstances occur that warrant an additional background check, my permission is also granted.

Signature Date Phone #