



Fayette County Housing Authority
Application for Housing



Date of Application _____ Time _____ Application # _____

Head of Household's Name _____ Maiden Name _____

Previous Spouses _____

Bedroom Size Required _____ Current Rent \$ _____

Phone # (1) _____ Phone # (2) _____

Family Composition

Name (First, Last)	Social Security #	Date of Birth & Place of Birth	Age	Sex	Relation to Head	Race
1.Head						
2.Spouse						
3.Member						
4.Member						
5.Member						
6.Member						
7.Member						
8.Member						
9.Member						
10.Member						

Is English your primary language? (Circle Yes or No) Yes No If no, specify _____

Anticipated changes in family composition: _____

Current place of residence & mailing address: _____

Current landlord's name & address: _____

Reason you want to move from this address: _____

Second most recent address: _____

Prior landlord's name & address: _____

Reason for leaving this address: _____

Please Circle Yes or No

Are you a resident of Fayette County?	<i>Yes</i>	<i>No</i>
Have you ever participated in any Section 8 Program?	<i>Yes</i>	<i>No</i>
Have you ever lived in <u>ANY</u> low income/subsidized housing?	<i>Yes</i>	<i>No</i>
If yes, where:		
When:		

Have you or any member of your household (including those minors under the age of 18) ever been convicted of a crime in this state or any other state?	<i>Yes</i>	<i>No</i>
If yes, date of conviction		
Details of conviction(s):		

Are there any criminal charges currently pending against you?	<i>Yes</i>	<i>No</i>
If yes, please explain:		

Do you have any special needs?	<i>Yes</i>	<i>No</i>
If yes, list:		

Income		
Family Member	Income Sources	Amount

Total Family Income

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Annual Income Checklist*Please Circle Yes or No*

1. Do any household members, 18 or older, receive employment income? If yes, list first names of the family members:	<i>Yes</i>	<i>No</i>
2. Do any household members, 18 or older, receive income from a family operated business (self-employment)? If yes, list first names:	<i>Yes</i>	<i>No</i>
3. Does the family receive an Earned Income Tax Credit?	<i>Yes</i>	<i>No</i>
4. Does anyone in the household receive Social Security Benefits? If yes, list first names:	<i>Yes</i>	<i>No</i>
5. Does anyone in the household receive periodic payment from annuities, insurance policies, retirement funds, pensions, disability or death benefits, maternity or military leave, Military Reserves, or National Guard pay or other similar amounts?	<i>Yes</i>	<i>No</i>
6. Does anyone in the household receive unemployment or disability compensation, workers compensation or severance pay?	<i>Yes</i>	<i>No</i>
7. Does anyone in the household receive welfare benefits?	<i>Yes</i>	<i>No</i>
8. Does anyone in the household receive alimony or child support payments?	<i>Yes</i>	<i>No</i>
9. Does anyone in the household receive income from assets?	<i>Yes</i>	<i>No</i>
10. Are there any full time students, 18 or older, residing in the household, who will be receiving education grants, scholarships or VA Education benefits?	<i>Yes</i>	<i>No</i>
11. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	<i>Yes</i>	<i>No</i>
12. Have you ever participated in the Earned Income Disallowance (EID) Program in this county or any other county?	<i>Yes</i>	<i>No</i>

Asset Checklist*Please Circle Yes or No*

1. Do you have a savings account?	<i>Yes</i>	<i>No</i>
a checking account?	<i>Yes</i>	<i>No</i>
a safety deposit box?	<i>Yes</i>	<i>No</i>
2. Do you have any trust funds available to your household?	<i>Yes</i>	<i>No</i>
3. Do you have any equity in rental property or other capital investment?	<i>Yes</i>	<i>No</i>
4. Do you have any stocks, bonds, treasury bills, certificates of deposit, or market funds?	<i>Yes</i>	<i>No</i>
5. Do you have any retirement or pension funds?	<i>Yes</i>	<i>No</i>
6. Will you receive any lump sum payments?	<i>Yes</i>	<i>No</i>
7. Do you have a life insurance policy with a cash value?	<i>Yes</i>	<i>No</i>
8. Have you sold any assets (home, property, etc.) within the past two years?	<i>Yes</i>	<i>No</i>
If yes, what was sold and when:		

Allowances

Please Circle Yes or No

Child Care Allowance

Do you pay for Child Care for children under age 13 which enables you or another family member to work or go to school?	Yes	No
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Does this amount change in the summer?	Yes	No
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Handicapped Allowance

Do you pay for a care attendant or for other equipment used by handicapped members of the family which are necessary to permit that person or someone else in the family to work?	Yes	No
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Elderly / Disabled Allowance

Is the head, spouse or sole member of the household 62 or older, handicapped or disabled?	Yes	No
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If yes, continue with these questions:

Do you have outstanding medical bills you are paying?	Yes	No
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Do you expect to have any medical expenses during the next 12 months?	Yes	No
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Preferences

Federal Preferences

1. Violence Against Women Act (VAWA) – Any woman, man, or child who is a victim of domestic violence, dating violence, sexual assault, and stalking <i>within the last six (6) months</i> .	Yes	No
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2. Applicants for whom a law enforcement agency is seeking housing as an accommodation for its Witness Protection Program – Applicants who need to be relocated while they await a criminal trial where they will testify against the person on trial. <i>Requires verification.</i>	Yes	No
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3. Families of Federal Declared Disasters – Any Family who has been displaced by a Federally Declared Disaster, such as a hurricane, tornado, flood, etc., <i>within the last six (6) months</i> . <i>Requires verification.</i>	Yes	No
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Local Preferences

1. Veterans/Spouse of Veterans – Veteran must have served with the Armed Forces and received either an Honorable or General Discharge and provide evidence of such Discharge.	Yes	No
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2. Applicants Displaced by Public Action – Any applicant who has been displaced by a Public Entity for building or construction on their property, such as a highway. <i>Requires verification.</i>	Yes	No
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3. Applicants Displaced by Civil Action, Order of Court – Any applicant who has been displaced because their home was lost through divorce decrees or house foreclosures or landlords selling properties and asking the current tenants to move. <i>(this action must have taken place within the last six (6) months)</i> . <i>Requires verification.</i>	Yes	No
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Applicant's Certification

- I do hereby certify that all statements contained in this application are true and complete, to the best of my knowledge.
- I understand that deliberate misrepresentation of any facts will result in being rejected for admission into Public Housing/Section 8, and are punishable under Federal Law.
- In addition, after I have been placed in housing, if any deliberate misrepresentation is determined, I will be subject to eviction. *(Refer to HUD form 52675 Debts owed to Public Housing Agencies and Terminations).*

Applicant's Signature:	Date:
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PHA Representative's Signature:
