



NORTHEAST GEORGIA HOUSING AUTHORITY APPLICATION

437 SOUTH POND STREET, P.O. DRAWER J, TOCCOA, GA 30577
706-886-9455 1-800-596-1380

SERVING: CLARKESVILLE, CLEVELAND, CORNELIA, DEMOREST, HELEN, HOMER, TOCCOA

Time: _____

Date: _____

Initials: _____
(Office Use Only)

IMPORTANT INFORMATION

Read this page carefully before completing the application.

Please print in blue or black ink.

- The application must be completed in the handwriting of the head of household.
- Persons with disabilities or persons who are limited in their ability to read, write, speak or understand English can seek assistance with the completion of the application at the housing authority office.
- Use the **full legal name** of each person as it appears on their social security card.
- Answer all questions on the application. Do not leave any questions blank. If a question does not apply to you –write N/A.
- All yes/no questions **MUST** be checked to indicate whether your response is a “yes” or “no.”
- If there is not enough space to answer a particular question attach additional pages if necessary.
- Be advised the Housing Authority will conduct criminal background and sex-offender registration checks and prior rental history on all adult household members, including live-in aides.

At your application interview, YOU MUST HAVE the following documentation to complete Part 2:

- ❖ Official Birth Certificate for all household members.
- ❖ Social Security Card for all household members.
- ❖ Proof of Income & Food Stamps for each household –(Wages, TANF, Child Support, Alimony, Social Security, Disability, Retirement, Interest, Pension & etc.)
- ❖ All household members 18 and older MUST accompany you to sign other forms.

Notice of Applicant Preferences

As part of our application process, we require that you inform us if you are declaring a preference for admission into our program. You will be required to provide proof of your eligibility for the category you choose. This authority has adopted the following ranking preferences:

- _____ Elderly and/or Disabled.
- _____ Involuntarily Displaced (Homeless) due to a natural disaster, fire or governmental action.
- _____ Voluntarily Displaced (Homeless)
- _____ Working Family-(Head/Spouse/Co-head is working minimum of 20 hours per week.)
- _____ Victim of Domestic Violence
- _____ Military Veteran
- _____ I do not qualify for a preference.

Print Name of Head of Household

Signature of Head of Household

Date



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How did you hear about the Northeast GA Housing Authority? _____

PART A: HOUSEHOLD FAMILY SUMMARY

List all **persons age 18 or older** (head/spouse/co head regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME: Adults Only (age 18 and older)	Relation to Head	Sex M/F (optional)	Social Security # or Regis. #	Date of Birth	Disabled Y/N	US Citizen Y/N	Race	Ethnicity Hispanic or Non-Hispanic Yes / No
1.	<i>HEAD</i>							
2.								
3.								
4.								
5.								

CHILDREN 17 AND YOUNGER

List all children who will be living in the home, oldest to youngest.

NAME: Children (age 17 and under)	Relation to Head	Sex M/F (optional)	Social Security # or Regis. #	Date of Birth	Disabled Y/N	US Citizen Y/N	Race	Ethnicity Hispanic or Non-Hispanic Yes / No
6.								
7.								
8.								
9.								
10.								

Answer the following questions about all household members listed above:

1. Are you expecting any additions to the household in the next 12 months?
 Yes No...If yes, Who/when? _____
2. Does another adult **NOT** living in the home share legal custody of any of the children listed?
 Yes No If yes, who/when? _____
3. Is there anyone not listed on the application who is temporarily absent from the home?
 Yes No If yes, who/Where _____
1. Has any adult household member previously lived in a state other than Georgia? Yes No
 If yes, who? _____ State(s) lived? _____
2. Does any household member have a divorce decree or court order resulting from a divorce or legal separation?
 (Optional) Yes No If yes, who _____
3. Has any household member ever used a social security number other than the one listed on this application?
 Yes No If yes, who? _____
4. Are any household members a full or part-time student at an institution of higher learning? Yes No
 If "yes" please complete the attached "Student Questionnaire."
5. Is any household member currently a victim of domestic violence? Yes No



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CONTACT INFORMATION: *List the names, addresses and telephone numbers of two relatives or friends who generally know how to contact you.*

1. Contact Name _____ Phone# _____
Address _____ City/State/Zip _____

2. Contact Name _____ Phone# _____
Address: _____ City/State/Zip _____

PART B: PRESENT AND PREVIOUS HOUSING INFORMATION

*****You MUST supply the required information for the last five (5) years*****

Current	Street Address _____	Landlord Name _____	Relationship to Landlord _____	Landlord Phone No. _____
	City / State / Zip _____	Landlord Street Address _____	City _____	State / Zip _____
Is the rent in your name? () Yes () No /List Name & Relationship _____				When did you live there? _____

Previous	Street Address _____	Landlord Name _____	Relationship to Landlord _____	Landlord Phone No. _____
	City / State / Zip _____	Landlord Street Address _____	City _____	State / Zip _____
Was the rent in someone's name other than you? () Yes () No _____ If you answered "Yes", please explain who and your relationship _____				When did you live there? _____

Previous	Street Address _____	Landlord's Name _____	Relationship to Landlord _____	Landlord Phone No. _____
	City / State / Zip _____	Landlord's Street Address _____	City _____	State / Zip _____
Was the rent in someone's name other than you? () Yes () No _____ If you answered "Yes", please explain who and your relationship _____				When did you live there? _____

Previous	Street Address _____	Landlord's Name _____	Relationship to Landlord _____	Landlord Phone No. _____
	City / State / Zip _____	Landlord Street Address _____	City _____	State / Zip _____
Was the rent in someone's name other than you? () Yes () No _____ If you answered "Yes", please explain who and your relationship _____				When did you live there? _____

PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION

These questions apply to you and all of the members of your household.

1. Has any household member **EVER** been convicted of any crime? Yes _____ No _____
If yes, who _____ & how many times? _____ What/When? _____
2. Is any household member currently on probation or parole? ... Yes No If yes, list name & phone number of probation/parole officer: Name _____ Phone# _____
3. Is any household member subject to a lifetime sex offender registration?..... Yes No
If yes, who? _____ In what State(s)? _____
4. Is any household member currently using illegal drugs or abusing alcohol? Yes No
If yes, who? _____
5. Has any household member ever been known by another name? Yes No Who/What _____



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6. Has any household member **EVER been evicted** from any type rental housing?..... Yes No
 If yes, explain when, where and for what reason. _____

7. Has any household member ever lived in assisted housing or Section 8? Yes No
 If yes, complete the following: Under what name _____

When? Year(s) _____ Housing Agency Name _____
 Address _____ Phone Number _____

PART D: INCOME INFORMATION OF HOUSEHOLD MEMBERS

(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)

1. Did you or any family member file a federal income tax return for the past year? Yes No
 If yes, who? _____

2. Does any member of the household receive any of the following.....
- Wages, salaries, tips, fees or commissions from an employer? (Full or part time) Yes No
 - Income from self-employment? Yes No
 - Payments from Social Security? Yes No
 - Payments from annuities? Yes No
 - Payments from insurance policies? Yes No
 - Payments from retirement funds? Yes No
 - Payments from pensions? Yes No
 - Payments from disability benefits? Yes No
 - Payments from death benefits? Yes No
 - Unemployment compensation? Yes No
 - Worker's compensation..... Yes No
 - TANF payments? Yes No
 - Alimony payments? Yes No
 - Child support payments? Yes No
 - Regular contributions or gifts from anyone? Yes No
 - Regular or special military pay? Yes No
 - Financial aid to attend school Yes No

If you have applied for any of the above, please list _____

3. List all sources and income amounts (from above) on all household members expected to receive the next 12 months.

Family Member Name	Income Source	Amount \$	Pay Frequency – (Circle one)
			Wk Bi Mo Yr
			Wk Bi Mo Yr
			Wk Bi Mo Yr

PART E: ASSET INFORMATION OF ALL HOUSEHOLD MEMBERS

(An asset is something of value that can be converted to cash)

1. Does any household member own or have access to any of the following? If yes, list below.
- Savings account? Yes No Checking account? Yes No
 - Certificate of deposit? Yes No Money market account? Yes No
 - Direct Express card account?..... Yes No

Family Member Name	Bank Name	Account Number	Balance



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2. Does any household member own or have access to any of the following? If yes, list below.

- * Individual Retirement Account? .. Yes No * Home or Land?..... Yes No
 * Life Insurance Policy? Yes No * Other investments?..... Yes No
 * Stocks/Bonds/Annuities..... Yes No

Family Member Name	Type of Asset	Account Number	Value
	*		
	*		

3. Have you disposed of any assets within the past 2 years for less than Fair Market Value? Yes No
 If "yes" explain _____.

PART F: INFORMATION ABOUT HOUSEHOLD EXPENSES

1. Does any household member have child care expenses for a child age 12 or younger? Yes No

Minor's Name	Child Care Provider			Amount Monthly
	Name	Address	Phone Number	
Verification must be attached				

2. Is any portion of these child care expenses reimbursed from an outside agency or person? Yes No
 If yes, how much is reimbursed per month? \$ _____

Medical Expenses-***Verification must be attached***

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work?
 (Could be the person with disabilities) Yes No Please list below.

Care Attendant			Amount Monthly
Name	Address	Phone Number	

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work? (Could be the person with disabilities). Yes No
 If yes, what is the anticipated monthly cost? \$ _____

These questions only apply if the head, spouse or co-head is 62 years or older or disabled.

Do you or any member of the family pay for any of the following items?

- Medical or Long Term Care Ins premiums? ... Yes No Out of pocket prescription expenses? Yes No
 Past due medical bills? Yes No Other anticipated medical expenses? Yes No

Family Member Name	Type of Expense	Monthly Amount



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Current Living Expenses

Item	Monthly Amount	Last Date Paid	Paid By Whom
Rent			
Electric			
Gas			
Water			
Telephone			
Cell Phone			
TV Cable			
Satellite Dish			
Car payment(s)			
Car Insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan(s)			
Rentals			
Furniture			
Food			
Credit Cards			
Other (List)			

Certification of the Applicant

FEDERAL WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE 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 AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

STATE WARNING: GEORGIA CODE SECTION 16-9-55 MAKES IT A CRIMINAL OFFENSE TO ATTEMPT TO OBTAIN HOUSING RENT SUBSIDY OR RENT REDUCTION BY GIVING FALSE INFORMATION, MISREPRESENTATION, FAILURE TO DISCLOSE OR OTHER FRAUD.

I hereby certify that I have read the above warnings and certify all of the information I provided on this application is true and complete. I also understand that the information on this application must remain current. It is my responsibility to report any changes to the Housing Authority in writing as soon as they occur.

Signature of Head of Household

Date

Spouse or Co Head

Date

Other Adult Member

Date

Other Adult Member

Date

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Please supply the following contact information:

Name

Phone #

Physical Address

Other #

City State Zip

Email

Mailing Address (if different)

City State Zip

Does any household member require any specific accommodation or supportive service to fully utilize our programs and services?

Yes/Name _____ No _____

List Special Needs: _____

The Northeast GA Housing Authority has established a site-based waiting list procedure for accepting and processing applications. Check one or more of the following waiting lists:

<u>Area</u>	<u>Apt. Sizes Per Area</u>
____ Clarkesville/Demorest Properties	Efficiency - 4 Bedrooms
____ Cleveland Properties	1 – 4 Bedrooms
____ Cornelia Properties	1 – 4 Bedrooms
____ Helen Properties	1 – 3 Bedrooms
____ Homer Properties	Efficiency - 4 Bedrooms
____ Queen St. Properties	All 1 Bedrooms
____ Toccoa Area I (Audubon/ Robin/ Davis/ Argo/ Mill St.)	Efficiency – 2 Bedrooms
____ Toccoa Area II (Camden/ Morgan /Ruby/ Skyview/ Wood/ Grove Whitman/ Diagonal/ Tallulah/ Oak St.)	1 – 4 Bedrooms
____ Toccoa Area III (Braswell/ Circleview/ Green/ Ridgecrest/ W. Doyle St.)	1 – 4 Bedrooms
____ All of the above- No Preference	

**Certification of Housing Representative
(Office Use Only)**

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

Signature of Housing Representative

Date

