



NORTHEAST GEORGIA HOUSING AUTHORITY APPLICATION

437 SOUTH POND STREET, P. O. DRAWER J, TOCCOA, GA 30577

706-886-9455 1-800-596-1380

NEGAHA RENTALS

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.

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.
- ❖ All household members 18 and older **MUST** accompany you to sign other forms.

Incomplete applications or applications without this information WILL NOT BE PROCESSED!

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

CHILDREN 17 AND YOUNGER

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

NAME: <u>Children</u> (age 17 and under)	Relation to Head	Sex M/F	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.								





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Answer the following questions about all household members listed above:

- Is there anyone not listed on the application who is temporarily absent from the home?
 Yes No If yes, who/Where _____
- Has any adult household member previously lived in a state other than Georgia? Yes No
If yes, who? _____ State(s) lived? _____
- Has any household member ever used a social security number other than the one listed on this application?
Yes No If yes, who? _____
- Is any household member currently a victim of domestic violence? Yes No

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.

- Has any household member **EVER** been convicted of any crime? Yes _____ No _____
If yes, who _____ & how many times? _____ What/When? _____





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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 _____

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.)

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

Certification of the Applicant

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:

Area

Apt. Sizes Per Area

____ Toccoa Area II (Camden/ Morgan / Diagonal)

1 – 4 Bedrooms

____ Toccoa Area III (/ Green St)

4 – 5 Bedrooms

____ **All of the above- No Preference**

