

HOUSING AUTHORITY OF THE CITY OF CHESTER APPLICATION FOR ADMISSION

Mark program(s) applying for: PUBLIC HOUSING <input type="checkbox"/> SECTION 8 HOUSING VOUCHER <input type="checkbox"/>	DATE _____ TIME _____	Racial Group <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other _____
Note: You may choose to have your name placed on the waiting list for both Public or Section 8 if the waiting lists are open.		Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino

TO BE FILLED OUT BY APPLICANT (IN INK). FOR QUESTIONS THAT DO NOT APPLY TO YOU, ANSWER NO OR NONE. DO NOT LEAVE BLANKS.

APPLICANT NAME	Last	First	M.I.
CURRENT ADDRESS	Street	City	State Zip Apt. #
MAILING ADDRESS	P.O. Box	City	State Zip
Home Phone # _____	Work Phone # _____	Other # _____	

Name of Current Landlord _____	Mailing Address of Landlord _____	Street/P.O. Box _____	City _____	State _____	Zip _____	Apt. # _____
Present Monthly Rent \$ _____	Number of Bedrooms _____	Number of Persons presently in Household _____				
If you pay for your utilities, indicate the utilities paid by you, and the amount. If you do not pay for any of the utilities listed, check N/A.						
Electricity \$ _____ Monthly	Gas \$ _____ Monthly	Water \$ _____ Monthly	Phone \$ _____ Monthly	Cable TV \$ _____ Monthly	N/A <input type="checkbox"/>	
How long have you lived at the address listed above? Years _____ Months _____						
Do you owe any money to the landlord listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Amount Owed \$ _____						
List City, State and Year of locations where you have lived for the past five years. _____						

HOUSEHOLD COMPOSITION: List all persons who will live in the rental unit while you are on this program:

Print Full Name(s)	Relation To Head of Family	Birth Date	Age	Sex	Social Security Number	Occupation/Name of School Attending	U. S. Citizen Yes/No
1)	Head						
2)							
3)							
4)							
5)							

6)					
7)					
8)					
9)					
10)					

Do you anticipate any changes in your family composition? Yes No If yes, explain: _____

Military Service: Is there any member of your household (listed above) now serving in military service (Army, Air Force, Marines, Navy, etc.)

If yes, give the following information on each military service person:

Name _____ Rank: _____ Address _____ Service _____

INCOME: List all employment income (including self-employment) for each household member.

Household Member	Name & Address of Employer	Annual Income

OTHER SOURCES OF INCOME: (Examples: welfare, Social Security, SSI, pensions, disability compensation, unemployment compensation, baby-sitting, alimony, child support, annuities, interest, dividends, income from rental property, Armed Forces, Military Reserves, cash contributions from individuals, scholarships, grants) Include alimony and/or child support entitled to but not received.

Household Member	Source	Amount

BANK INFORMATION: List any checking, savings, credit union and/or certificate of deposit accounts.

Type of Account	Bank	Account Number	Amount

Stocks & Bonds Yes No If yes, current value \$ _____ Savings Bonds Yes No If yes, current amount \$ _____
 Do you own real estate? Yes No If yes, current value \$ _____ Have you EVER owned real estate? Yes No If yes, when? _____
 Do you have life insurance or a retirement account? Yes No If yes, current amount(s) \$ _____

CHILDCARE EXPENSES

Do you pay for baby-sitting while a family member is employed? Yes No
 If yes, list child care provider's name, address and telephone number: _____

Baby-sitting cost: Weekly \$ _____ or Monthly \$ _____

MEDICAL EXPENSES

Are you receiving Medicare benefits? Yes No If yes, monthly amount of benefits \$ _____
 Are you receiving Medicaid benefits through the State of SC Dept. of HHS? Yes No If yes, monthly amount \$ _____
 Do you pay for any medical insurance/hospitalization (such as BlueCross)? Yes No
 If yes, indicate amount of premium paid and how often paid. Weekly \$ _____ or Bi-weekly \$ _____ or Monthly \$ _____
 Are you making payments on outstanding medical bills? Yes No If yes, amount paid per month \$ _____
 Do you take prescription drugs on a regular basis? Yes No If yes, your cost per month \$ _____

SPECIAL NEEDS

For the purpose of determining allowable income deductions, does any member of your household have a disability? Yes No
 Does any member require any special accommodations? Yes No
 If yes, what? _____
 Do you pay for a care attendant or for any equipment for any member with a disability in order to permit that person or someone else in the family to work? Yes No If yes, describe expense: _____

PROGRAM INFORMATION

Have you or any family member listed on the front of the application ever been arrested for any offense against the law? Yes No
 Have you or any family member listed on the front of the application ever had a warrant issued for an arrest? Yes No
 Have you or any family member listed on the front of the application ever been in trouble with the law? For example, traffic citation or any other situation? Yes No If you answered yes to any of the questions in this section, explain: _____

Notice!!!! You are reminded that all your answers will be verified. Giving false information is considered fraud.

ADDITIONAL

Have you ever applied for Public Housing or Section 8 Housing? Yes No
 Have you ever lived in Public Housing or Section 8 Housing? Yes No

If you have lived or currently live in Public Housing and/or Section 8 Assisted Housing or housing where the amount of rent you paid was based on your income, complete the following:
 Where (Address) _____ When (Dates) _____

Do you owe any money to Public Housing and/or Section 8 Housing? Yes No If yes, Amount \$ _____

Relative or Friend that knows how to contact you:

1. Name _____ Relation _____ Address _____ Phone _____
 2. Name _____ Relation _____ Address _____ Phone _____

HOUSING NEEDS/PREFERENCES

No Preference Working Family Elderly (62 +) Disabled Fire Flood
 Domestic Violence Involuntarily Displaced

WARNING: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

I/We certify that all information given to the Housing Authority of the City of Chester in this application is correct. I/We understand that if these facts are not true, housing assistance or housing will not be provided, and I/We will be declared ineligible. I understand that after the information in this application is verified that the information will be submitted to the U. S. Department of Housing and Urban Development (HUD) on Form HUD-50058 (The Federal Privacy Act Statement contains additional information concerning the authorized use of this information.) I also understand that the Chester HA will verify this information, and I authorize the Chester HA to submit inquiries necessary for the purpose of verifying the facts herein stated.

Signature: _____ Date: _____
 Head of Household

Signature: _____ Date: _____
 Spouse or Other Adult

Signature: _____ Date: _____
 Chester Housing Authority Representative

Note: If you believe you have been discriminated against, you may report the incident by calling the Fair Housing and Equal Opportunity toll-free hotline at 1-800-669-9777, or by asking the Housing Authority of the City of Chester to provide you with a HUD Housing Discrimination Complaint form, HUD-903.

Applicant: _____ Do Not Write in this Section
Authority Use Only

Family Status	_____
Head/Spouse 62 or over	_____
Head/Spouse Disabled	_____
Number in Family	_____
Number of Minors	_____
Number of Bedrooms	_____
Age of Head	_____
Sex of Head	F <input type="checkbox"/> M <input type="checkbox"/>
Husband & Wife Present (Y or N)	_____
Spouse Deceased (Y or N)	_____
Separated (Y or N)	_____
Divorced (Y or N)	_____
Eligible <input type="checkbox"/>	Ineligible <input type="checkbox"/>