



# Pender County Housing Department

Post Office Box 1149  
Burgaw, North Carolina 28425

Telephone: (910) 259-1208

## SECTION 8 HCV PROGRAM WAITING LIST PRE-APPLICATION

<b>TELL US ABOUT YOURSELF (HEAD OF HOUSEHOLD):</b>			
<b>Name:</b>	<b>Social Security #:</b>	<b>Date of Birth:</b> / /	<b>U. S. Citizen?</b> YES NO
<b>Street Address:</b>			
<b>Mailing Address</b> <i>(if different):</i>			
<b>How long at this address?</b>  _____ <i>(check one)</i> MOS YRS	<b>Driver's License #:</b>	<b>State Issued:</b>	<b>Preferred Language:</b>
<b>E-mail Address:</b>	<b>Cell Phone #:</b>	<b>Work Phone #:</b>	
<b>Are you working?</b>	<b>Are you a student?</b>	<b>Are you a Veteran?</b>	

MARITAL STATUS:      SINGLE      MARRIED      SEPARATED      DOMESTIC PARTNERSHIP (unmarried)

### TELL US ABOUT YOUR FAMILY

PROVIDE INFORMATION FOR ALL **OTHER** PEOPLE INCLUDED IN YOUR HOUSEHOLD. LIST ALL OTHER ADULTS FIRST, THEN INCLUDE ALL CHILDREN **WHO WILL LIVE WITH YOU**.

<b>FAMILY MEMBER NAME</b>	<b>BIRTHDATE</b>	<b>AGE</b>	<b>SOCIAL SECURITY #</b>	<b>RELATIONSHIP TO YOU</b> <i>(spouse, daughter, son, mother, father, etc)</i>	<b>WORKING?</b> <i>(ANSWER YES OR NO)</i>	<b>STUDENT?</b> <i>(ANSWER YES OR NO)</i>	<b>U S CITIZEN?</b> <i>(ANSWER YES OR NO)</i>

ATTACH A COPY OF THE SOCIAL SECURITY CARD & BIRTH CERTIFICATE FOR EACH PERSON LISTED ON THIS FORM. ATTACH COPIES OF A CURRENT PHOTO IDENTIFICATION CARD FOR EACH ADULT. ATTACH PROOF OF LEGAL CUSTODY FOR ALL CHILDREN IN YOUR CARE WHO ARE NOT THE BIOLOGICAL CHILDREN OF A MEMBER OF YOUR HOUSEHOLD.



**TELL US ABOUT HOUSEHOLD INCOME, EXPENSES AND ASSETS**

(LIST ALL JOBS, INCOME & ASSETS OF ALL HOUSEHOLD MEMBERS, USE A SEPARATE SHEET OF PAPER IF NECESSARY)

NAME OF EMPLOYED HOUSEHOLD MEMBER: \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

HOW LONG EMPLOYED? \_\_\_\_\_ (check one) WKS MOS YRS HOURS WORKED PER WEEK \_\_\_\_\_

RATE OF PAY \$ \_\_\_\_\_ PER (check one) HOUR WEEK MONTH YEAR

NAME OF EMPLOYED HOUSEHOLD MEMBER: \_\_\_\_\_

EMPLOYER NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_

HOW LONG EMPLOYED? \_\_\_\_\_ (check one) WKS MOS YRS HOURS WORKED PER WEEK \_\_\_\_\_

RATE OF PAY \$ \_\_\_\_\_ PER (check one) HOUR WEEK MONTH YEAR

**DO YOU RECEIVE ANY OF THE FOLLOWING?**

TYPE	YES	NO	IF YES, HOW MUCH?
TANF/Work 1 <sup>st</sup> /OAP/AND			\$
CHILD SUPPORT/ALIMONY			\$
UNEMPLOYMENT BENEFITS			\$
SOCIAL SECURITY/SSI/SSDI			\$
PENSION/VA BENEFITS, GIFTS OR ANY OTHER INCOME NOT LISTED ABOVE			\$
What is the source of income? Explain:			

**DO YOU OR ANY PERSON (ADULT OR CHILD) LISTED ABOVE HAVE ASSETS SUCH AS CHECKING ACCOUNTS, SAVING ACCOUNTS, BONDS, REAL ESTATE, ETC.? YES NO**

IF YES, LIST THE ACCOUNT TYPE AND BALANCE/CURRENT VALUE. (YOU MUST LIST ALL ACCOUNTS/ASSETS EVEN IF THE BALANCE IS LESS THAN \$50 OR THE VALUE IS NOT KNOWN)

Account type/Asset Type (checking/savings/CD/Land/etc)	Current Balance or Value	Name of Bank/ Financial Institution (if any)	Account # (if any)
	\$		
	\$		
	\$		

**HAVE YOU GIVEN AWAY ANY ASSETS IN THE LAST 2 YEARS FOR LESS THAN FAIR MARKET VALUE?**

YES NO IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**DO YOU PAY FOR CHILD CARE?** YES NO

IF YES, GIVE NAME AND ADDRESS OF CHILD CARE PROVIDER:

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COST: \$ \_\_\_\_\_ PER (check one) WK MO

**ARE YOU A SENIOR CITIZEN OR A PERSON WITH A DISABILITY** (PER THE FEDERAL DEFINITION) YES NO  
If yes, do you have out-of-pocket medical expenses? YES NO

DO YOU HAVE ANY SPECIAL **HOUSING** NEEDS AS A RESULT OF YOUR AGE OR DISABILITY? IF YES, PLEASE DESCRIBE:

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**OTHER FAMILY INFORMATION**

**HAS ANY MEMBER OF YOUR HOUSEHOLD EVER PARTICIPATED IN OR BEEN CITED FOR, ARRESTED OR CONVICTED OF CRIMINAL ACTIVITY** (INCLUDING BUT NOT LIMITED TO A VIOLENT OR DRUG-RELATED CRIMINAL ACTIVITY)?  
*Criminal background does not disqualify a person from assistance. Circumstances are reviewed in terms of program criteria.*

NO YES - NAME THE HOUSEHOLD MEMBER, THE ACTIVITY AND WHEN IT OCCURRED?

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HAS THE PERSON NAMED ABOVE SUCCESSFULLY COMPLETE ALL PROBATION/PAROLE/COUNSELING OR ANY OTHER REQUIREMENTS RELATED TO THE CHARGES AND ANY RESULTING CONVICTIONS?

NO

YES – ATTACH SUPPORTING DOCUMENTATION/LETTERS OF SUPPORT/ETC THAT CAN HELP US UNDERSTAND THE SITUATION.

**ARE YOU LIVING IN RENT ASSISTED HOUSING NOW?**

YES, I current receive rental assistance from: \_\_\_\_\_

NO

**IF NO, HAVE YOU EVER PARTICIPATED IN A RENTAL ASSISTANCE PROGRAM?**

NO YES, Give dates and location: \_\_\_\_\_

**DO YOU EXPECT ANY CHANGES IN YOUR HOUSEHOLD IN THE NEXT 12 MONTHS?** YES NO

IF YES, PLEASE EXPLAIN:

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**DO YOU CONSIDER YOURSELF TO BE HOMELESS AT THIS TIME?** YES NO

**FAMILY DEMOGRAPHICS**

THE INFORMATION REGARDING RACE, NATIONAL ORIGIN, AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICANTS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND HANDICAP ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY.

I/We do not wish to provide this information.

SEX OF HEAD OF HOUSEHOLD:            MALE            FEMALE

RACE:            ASIAN            BLACK/AFRICAN AMERICAN            WHITE  
                         AMERICAN INDIAN/ALASK NATIVE            NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

ETHNIC GROUP:            HISPANIC or LATINO            NOT HISPANIC/LATINO

HOW DID YOU HEAR ABOUT THE HOUSING PROGRAM?            NEWSPAPER            BULLETIN            FLYER  
                                                                                                 RESIDENT            BROCHURE            OTHER

**WARNING:** BY SIGNING THIS APPLICATION, I /WE HEREBY AUTHORIZE THE PENDER COUNTY HOUSING AUTHORITY (OR IT'S AGENT), TO CONTACT AND OBTAIN ANY INFORMATION REQUIRED FROM ANY OF THE INDIVIDUALS OR ENTITIES LISTED ON THIS APPLICATION, OR FROM ANY OTHER INDIVIDUALS OR ENTITIES AS MAY BE REQUIRED TO VERIFY ELIGIBILITY BASED ON THIS APPLICATION.

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I DECLARE UNDER PENALTY OF PERJURY (AND BEING SUBJECT TO PROSECUTION UNDER THE N. C. GENERAL STATUTES) THAT THE INFORMATION IS TRUE AND CORRECT. I HAVE READ AND UNDERSTAND THE STATEMENTS ON THIS FORM.

**I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KEEP MY CONTACT INFORMATION CURRENT. ALL CHANGES IN MAILING ADDRESS MUST BE REPORTED TO PCHA IN WRITING.**

BY SIGNING BELOW, I CERTIFY I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.

*(All adult household members must sign the application.)*

APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

CO-APPLICANT: \_\_\_\_\_ DATE \_\_\_\_\_

OTHER ADULT HH MEMBER: \_\_\_\_\_ DATE \_\_\_\_\_

OTHER ADULT HH MEMBER: \_\_\_\_\_ DATE \_\_\_\_\_

<b>FOR PCHA OFFICE USE ONLY:</b>	DATE-TIME STAMP:
APPLICATION IS COMPLETE:    YES    NO            _____	ATTACH TICKET HERE:
	<i>REVIEWER INITIALS</i>