Montgomery Housing A	-					
525 South Lawrence Str						
Montgomery, AL 36104 334-206-7200 Fax# 334-			ACCI#	•		
	2007222					
			LICATION			
NOTE: TO BE FILLED OU FOR QUESTIONS THAT D		,	,		BLANKS.	
Type of Application: ADMISSION C	CONTINUED OCC	CUPANCY	ANNU	AL RE-EX	AM]	INTERIM
Place an "X" by each	program that you	are apply	ving for:			
PUBLIC HOUSING	SECTION	8 HOUSI	NG VOUCH	ER S	SECTION 8 M	IOD REHAB
Needed Bedroom Size						
Racial Group						
White Black/Af	frican American		Asian	Native A	merican	Other
Ethnicity						
Hispanic/Latino	Not Hispanic/Lat	ino				
Highest Level of Educa	ation Completed			Effective	Date:	
APPLICANT NAME: _						
L	AST		FIRST			M.I.
CURRENT ADDRESS:						
	STREET	APT#	CIT	Y	STATE	ZIP
MAILING ADDRESS <u>:</u>		APT#				
	STREET/P.O. BOX	AP1#	CIT	Ŷ	STATE	ZIP
HOME PHONE #	WOR	K PHONE	,#	01	"HER #	
Current Landlord 1. Name of Current Land	dlord:					
2. Mailing Address of C						
		REET/P.O. BOX		CITY		ZIP
3. Present Monthly Rent	s Number	of bedroo	oms			
Number of persons pro	esently in Househo	old				
4 If you now for your ut	ilities, indicate the	utilities yo	ou paid and t	ne amount.	If you do not p	pay
4. If you pay for your ut		2			-	
for utilities, check N/A	А.					
for utilities, check N/A		ater \$	Phone S	6 0	Cable TV \$	N/A
for utilities, check N/A Electricity \$	_Gas \$W					N/A
for utilities, check N/A Electricity \$ 5. How long have you liv	Gas \$W ved at the above ac	ldress?	Years a	ndMo		N/A
for utilities, check N/A Electricity \$ 5. How long have you liv 6. Do you owe any mone	Gas \$W ved at the above ac ey to the landlord l	ldress?	Years a	ndMo		N/A
for utilities, check N/A Electricity \$ 5. How long have you liv 6. Do you owe any mone If yes, amount owed \$	Gas \$W ved at the above ac ey to the landlord l	ldress? isted abov	Years and e? No	ndMo Yes		N/A
for utilities, check N/A Electricity \$ 5. How long have you liv 6. Do you owe any mone	Gas \$W ved at the above ac ey to the landlord l	ldress? isted abov	Years and e? No	ndMo Yes		N/A
for utilities, check N/A Electricity \$ 5. How long have you liv 6. Do you owe any mone If yes, amount owed \$ 7. List the addresses of y	Gas \$W ved at the above ac ey to the landlord 1 S where you have liv	ldress? isted abov red for the	Years and e? No past five yea	ndMo Yes rs:	onths	
for utilities, check N/A Electricity \$ 5. How long have you liv 6. Do you owe any mone If yes, amount owed \$	Gas \$W ved at the above ac ey to the landlord l 6 where you have liv on: List all persons	ldress? isted abov red for the	Years and e? No past five yea	ndMo Yes rs: ntal unit whi	onths ile you are on	
for utilities, check N/A Electricity \$ 5. How long have you liv 6. Do you owe any mone If yes, amount owed \$ 7. List the addresses of v Household Compositio	Gas \$W ved at the above ac ey to the landlord l c where you have liv <u>on: List all persons</u> Relation to Head of Birth	ldress? isted abov red for the who will	Years and Pears and Pe	ndMo Yes rs: <u>ntal unit whi</u> Occupation/	ile you are on	this program.
for utilities, check N/A Electricity \$ 5. How long have you liv 6. Do you owe any mone If yes, amount owed \$ 7. List the addresses of y	Gas \$W ved at the above ac ey to the landlord l 6 where you have liv <u>on: List all persons</u> Relation to	ldress? isted abov red for the	Years and e? No past five yea	ndMo Yes rs: ntal unit whi	onths ile you are on	
for utilities, check N/A Electricity \$	Gas \$W ved at the above ac ey to the landlord l 6 where you have liv m: List all persons Relation to Head of Household Birth date	ldress? isted abov red for the who will	Years and Pears and Pe	ndMo Yes rs: <u>ntal unit whi</u> Occupation/	ile you are on	this program.
for utilities, check N/A Electricity \$5. How long have you live 6. Do you owe any mone If yes, amount owed \$ 7. List the addresses of w Household Composition Print Full Name	Gas \$W ved at the above ac ey to the landlord l 6 where you have liv m: List all persons Relation to Head of Household Birth date	ldress? isted abov red for the who will	Years and Pears and Pe	ndMo Yes rs: <u>ntal unit whi</u> Occupation/	ile you are on	this program.

7				
8				
9				
10				

Military Service

Is there ar	ny member of your household	now serving in military ser	rvice (Army, Air Force, Marines, Navy,
Coast Gua	ard, etc.)? If yes, give the follo	wing information on each	military service person:
Name	Rank	Address	Branch of Military

NOTICE! ALL OF YOUR ANSWERS WILL BE VERIFIED AND GIVING FALSE INFORMATION IS FRAUD!!!!! INCOME

Wages: List all employment income including self-employment for each household member.

H	lousehold Member	Name and Address of Employer	Annual Income
┢			

Other Sources of Income: (Examples: Welfare, Social Security, SSI, pensions, disability compensations, unemployment compensation, interest, baby sitting, alimony, child support, annuities, dividends, income from rental property, Armed Forces, Military Reserves, cash contributions from individuals, scholarships and/or grants) include alimony and/or child support entitled to but not received.

Household Member	Source	Amount

ASSETS

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

Type of Account	Bank	Number	Amount

1. Do you have any stocks or bonds?	No	Yes
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If yes, current value? \$_____ Stocks/Bonds

2.	Do you now own rea	al estate?	No	Yes	
	If yes, what is the va	llue? \$			
-					

3. Have you ever owned real estate?	No	Yes If yes, when?
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EXPENSES

Childcare Expenses:

Address:

1. Do you pay for childcare while a family member is working?	Yes	No	

If yes, list childcare provider's information: Name: ______Phone Number _____

2. Cost of childcare services per week \$_____ per month \$_____

Medical Expenses: For elderly or disabled only

1. Are you receiving MEDICARE benefits?NoYes

If yes, what is the monthly benefit amount? \$_____

2. Are you receiving Medical Assistance through the Welfare Department (DHR)?	No	Yes
If yes, monthly amount received? \$		

If was indicate th	•	rance/hospitalization (such a	s blue Clo	ss/Blue	Shiel	ld) No	Yes
in yes, mulcale ll	e premium amo	ount and frequency. Weekly S	6/ B	i-Weel	cly \$_	/ Monthly S	\$
4. Are you making	payments on ou	tstanding medical bills?	No Ye	s			
If yes, monthly amo	ount paid? \$						
5. Do you take prese If yes, prescription	1 0	e	Yes				
Handicap Assistan 1. Do you pay for a	-	Disabled Only or for any equipment for the l	nandicap m	ember	(s) of	the family necess	ary to
		se in the family to work?	No	Yes		-	-
If yes, describe e	xpenses						
PROGRAM INFO Criminal Activity:							
		, listed on the front, ever beer	n arrastad t	or only	offond	a against	
	•	, fisted off the front, ever bee	ii arresteu i	or any	onens	se against	
		listed on the front over had	o womant.	and	for on	omeet? No	Va
	•	, listed on the front, ever had					Yes
•		ith the law? For example, tra		•			
	•	e questions in this section, ex	plain:				
<u>Marital Status/His</u>							
1. Have you ever be	en married?	No Yes If yes, how	many tim	es?			
Maiden Name							
2. Have you ever be	en separated?	No Yes					
3. Have you ever be	en divorced?	No Yes					
4. Are you a widow	? No	Yes Social Security # of D	Deceased				
		4, list the following informat					
		Street Address	City		State	Zip Code	
Date	From Whom						
Date	From Whom						
Date Absent Parent Info							
			City	State	Comn	nents/Last Contact	
Absent Parent Info Family Member	<u>):</u>		City	State	Comm	nents/Last Contact	
Absent Parent Info	<u>):</u>		City	State	Comn	nents/Last Contact	
Absent Parent Info Family Member	<u>):</u>	ame Street Address	City	State	Comm	nents/Last Contact	
Absent Parent Info Family Member 1 2 3 4	Father/Mother's Na	ame Street Address	City	State	Comm	nents/Last Contact	
Absent Parent Info Family Member 1 2 3 4 OTHER NEEDED	Father/Mother's Na INFORMATI	ame Street Address				nents/Last Contact	
Absent Parent Info Family Member 1 2 3 4 OTHER NEEDED 1. Have you ever ap	Father/Mother's Na Father/Mother's Na Dinformation	ame Street Address	ng? N	[0	Yes	nents/Last Contact	
Absent Parent Info Family Member 1 2 3 4 OTHER NEEDED 1. Have you ever ap 2. Have you ever live	Father/Mother's Na Father/Mother's Na INFORMATI plied for Public yed in Public Ho	Ame Street Address Ame Street Address Street Addres Street Address Street Address Street Address Street	ng? N No	[0 Y	Yes		
Absent Parent Info Family Member 1 2 3 4 OTHER NEEDED 1. Have you ever ap 2. Have you ever liv 3. Have you ever liv	Father/Mother's Na Father/Mother's Na INFORMATI plied for Public ved in Public How ved in housing to	Ame Street Address Street Add	ng? N P No ects"?	[о No	Yes Yes Ye	28	
Absent Parent Info Family Member 1 2 3 4 OTHER NEEDED 1. Have you ever ap 2. Have you ever liv 3. Have you ever liv 4. If you have lived	Father/Mother's Na Father/Mother's Na INFORMATI plied for Public ved in Public How ved in housing to or currently live	Ame Street Address Street Add	ng? N P No ects''? S) and/or So	fo No ection 8	Yes Yes Yes Ye 3 Assi	es sted Housing or h	ousing
Absent Parent Info Family Member 1 2 3 4 OTHER NEEDED 1. Have you ever ap 2. Have you ever live 3. Have you ever live 4. If you have lived where the amount	Father/Mother's Na Father/Mother's Na INFORMATI plied for Public ved in Public Ho ved in housing the or currently live of rent you paid	ame Street Address ame Street Address Street Address Street Address	ng? N No ects''? S) and/or So ? If yes, co	fo No ection 8 mplete	Yes Yes Yes Ye 3 Assist the fo	es sted Housing or h llowing:	_
Absent Parent Info Family Member 1 2 3 4 OTHER NEEDED 1. Have you ever ap 2. Have you ever live 3. Have you ever live 4. If you have lived where the amount Address:	Father/Mother's Na Father/Mother's Na INFORMATI plied for Public ved in Public How ved in housing to or currently live of rent you paid	Ame Street Address Ame Street Address Street	ng? N No ects''? s) and/or So ? If yes, co _ When: T	To Yo Yo Yo Yo Ya	Yes Yes Yes Assidential	es sted Housing or h llowing: To:	_
Absent Parent Info Family Member 1 2 3 4 OTHER NEEDED 1. Have you ever ap 2. Have you ever live 3. Have you ever live 4. If you have lived where the amount Address:	Father/Mother's Na Father/Mother's Na INFORMATI plied for Public ved in Public Ho ved in housing to or currently live of rent you paid money to the Pu	Arme Street Address Arme Street Address Street Address Stre	ng? N No ects''? s) and/or So ? If yes, co _ When: T	To Yo Yo Yo Yo Ya	Yes Yes Yes Assidential	es sted Housing or h llowing: To:	_

WARNING: Section 1001 of the 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 it's jurisdiction.

I/WE certify that all of the information given to the Montgomery Housing Authority (MHA) 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. See the Federal Privacy Act Statement for additional information concerning the authorized use of this information. I also understand that the staff of the Montgomery Housing Authority (MHA) will verify this information and I authorize the MHA 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:
Other Adult	
Signature:	Date:
Montgomery Housing Authority Representative	

NOTE: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590 or the Montgomery Housing Authority will provide you with a HUD Housing Discrimination Complaint Form, HUD-903. This form can be completed to report discrimination to the HUD office of Fair Housing and Equal Opportunity.