



The one bedroom waiting list is currently closed.

ALL UNITS ARE SMOKE AND VAPE FREE

PUBLIC HOUSING APPLICATION CHECKLIST

REQUIRED DOCUMENTS

The documents listed below are required in order for Huntsville Housing Authority to accept your Public Housing application submission. If you submit an application without ALL the listed documents, it will not be processed and will be discarded and you will have to REAPPLY.

- Fully-completed Public Housing Application (**all sections must be fully completed or the application will not be processed and will be destroyed**)
- Current Picture I.D. for Adults (18 years & older) - **provide a clear copy of each**
- Birth Certificates (all household members)- **provide a clear copy of each**
- Social Security Cards (all household members) OR recent printouts from the Social Security Administration that are no older than 60 days and have the social security number included. **provide a clear copy of each**
- Fully-completed Authorization of Release Form for **ALL** Adults (18 years & older)
- Proof of Income (Award letters for TANF, SS/SSI, Pension, Unemployment, VA, Child Support, last four (4) paycheck stubs, statement of contributions, etc.) – **cannot be older than 60 days**
- No Landlord History Form (for applicants with NO landlord history)
- Self-Employed Applicants** – must provide prior year tax transcripts
- Childcare Expenses Documentation from the daycare provider on letterhead and signed
- Food Stamp verification letter if you receive Food Stamps
- Bank statements for the previous 90 days if you have a checking or savings account
- U.S. Naturalization / Green Card papers for any member that is a foreign-born U.S. Citizen - if applicable

FOR INCENTIVE SITE APPLICANTS ONLY

(In addition to documents listed above:)

- Letter from employer (must state hourly wages, work hours per week and hire date on company letterhead) - **cannot be older than 60 days. You must have been working for 30 or more hours per week for at least one year to qualify for these units or the head of household must be elderly or disabled. There is a 5 year occupancy limit for this program.**

REQUIRED DOCUMENTS FOR PREFERENCES

(Applications with a preference checked will NOT be accepted without the required documents listed below)

Involuntarily Displaced Preference

- Natural Disaster Code Enforcement/Eminent Domain Witness Protection Domestic Violence
- Youth Aging Out of Foster Care (Please request additional forms if you think you qualify for one of these exemptions.)

Working Family Preference

- Employment** - Third party verification from the employer(s) stating the start date (and any end dates) of applicant's employment; most recent paycheck stub indicating the working member works at least 30 hours per week
- Disability** – Award letter or other proof of eligibility for SSDI or SSI; completed HHA Verification of Disability form

Homeless / Veteran Preference

- Homeless** - Written certification by public/private facility providing shelter.
- Veteran** - Copy of DD-214 as proof of veteran status. For widow/er of a Veteran, in addition to the Veteran's DD-214 submit a copy of marriage certificate and the Veteran's death certificate.

Education/Training Preference

- Education / Training** – On the institution's letterhead, statement/transcript from the agency or institution providing the education or training which identifies if the applicant is a current full-time or part-time student.



**ALL PUBLIC HOUSING UNITS ARE
SMOKE AND VAPE FREE**

Huntsville Housing Authority Application for Public Housing

SECTION 1 – HOUSEHOLD MEMBERS

Head of Household (Must be 19 or older) _____ Last First Middle Birth Date: ____/____/____ Age: ____	Social Security #: _____-_____-_____ Phone #:(_____)_____ E-Mail: _____
Current Address: (You must provide a street address. DO NOT put "homeless" Applications without an address will not be processed.) _____ Apt. ____ _____ Zip _____	Other Contact Person: _____ Phone # _____

List a spouse/other adult(s) or any children that will be residing with you in this unit

Name (Last, first, middle)	Date of Birth	Social Security Number	Race (optional)	Hispanic(Y/N) (optional)	Full-Time Student(Y?N)

The collection of race and ethnic data by Huntsville Housing Authority and the U.S. Department of Housing and Urban Development (HUD) is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with data reporting requirements to HUD.

Yes No | Do you expect any occupancy changes to your household within the next 12 months? (i.e., unborn child, marriage, reunification agreement, etc. **Additional documentation may be required**) If Yes, please explain:

SECTION 2 – ACCESSIBILITY

Fully accessible units were designed for residents with mobility – related disabilities or who may use a wheelchair or scooter. These units offer features such as wider doors, lowered controls, light switches, counter, cabinets, roll under sinks etc. Applicants may apply for this type of unit anytime during their application process. Upon request an eligible household may be offered a fully accessible unit based on availability. Applicants may also request that special features be added to units where the household does not require full accessibility.

Yes No | **A.** Does any household member require a fully accessible unit?

Yes No | **B.** Does any household member require a unit with special features or a program modification due to a disability?

If Yes, please describe the special feature needed to accommodate the household member’s disability or handicap **and** complete a “Request for Reasonable Accommodation” form so that we may review your request(s):

SECTION 3 –PREFERENCES

Are you currently without a home for any of the following reasons?

- Natural Disaster
 Code Enforcement/Eminent Domain
 Witness Protection
 Domestic Violence
 Youth Aging Out of Foster Care. *Attach your documentation to the application for information related the box checked.*

SECTION 4– INCOME FROM EMPLOYMENT & BENEFITS

<i>Current Employer</i>	<i>Employment Start</i>	<i>Earned per week or month</i>

OTHER INCOME

Does any person listed in Section 1 receive or expect to receive income from the following sources? “Yes” or “No” must be indicated for each source. An income amount is required for all “Yes” responses. List the Applicant’s Name and income information in the space provided.

	Does any person receive?	Received by	Annual Gross Income
Social Security	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
SSI / Disability Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
VA / Military Income	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Unemployment Benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Child Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Alimony / Spousal Support	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Recurring Cash Gifts	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
TANF/General. Asst. / Cash Benefit	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
SNAPS Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Workers Comp. / Severance Pay	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Regular payments from an Annuity or Retirement Account	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other Income (Scholarships, Grants, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No		\$

INCOME FROM ASSETS

Does any person listed in Section 1 receive or expect to receive income from the following sources? “Yes” or “No” must be indicated for each source. An income amount is required for all “Yes” responses. List the Applicant’s Name and income information in the space provided.

Personal Property held as an investment Please explain in detail	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Other Cash, checking Account, Saving Account, Money Market Account, Certificate of Deposit, Stocks, Bonds, Real Estate, Mortgage, Deeds, Retirement Account, Annuity, Life Insurance, Trust fund, Lump Sum Payments – Please explain in detail	<input type="checkbox"/> Yes <input type="checkbox"/> No \$
Disposed Assets: Has any household member sold or given away assets for less than fair market value during the past two (2) years? Please explain in detail	<input type="checkbox"/> Yes <input type="checkbox"/> No \$

ZERO INCOME

If you are not working, receiving Social Security, Disability, Child Support or Unemployment, you must complete the Families with Contributions Form

SECTION 4–EXPENSES

<p>(For children under 13 years of age) <input type="checkbox"/>Yes <input type="checkbox"/>No Child Care \$_____/mo (Verification of child care expense amount needed in order to include the amount in the calculation of adjusted income) (For applicants pursuing eligible activities ONLY)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No Unreimbursed Medical Expenses \$_____/mo (i.e., costs associated with pharmacy expenses. Verification of expenses needed in order to include amount for the calculation of adjusted income) (For applicants with elderly and or disabled head of household)</p>
<p><input type="checkbox"/>Yes <input type="checkbox"/>No Medical Insurance Deduction \$_____/mo (i.e., medical deduction on Social Security benefit statement) (For applicants with elderly and or disabled head of household)</p>	<p><input type="checkbox"/>Yes <input type="checkbox"/>No Care Assistance Services \$_____/mo (Costs associated with payments made for services. Verification of expenses needed in order to include amount for the calculation of adjusted income (For applicants with elderly and or disabled head of household))</p>

SECTION 5-RENTAL HISTORY

Yes No | Are you or any family member a previous resident of Huntsville Housing Authority or any other housing authority? If yes, please list the dates and addresses of the previous residence.

Yes No | Are you or any family member a previous Section 8 Voucher participant of Huntsville Housing Authority or any other housing authority? If yes, please list the dates and addresses of the previous residence.

Yes No | Have you or any family member **ever been evicted from public or private housing**? If yes, please list the dates and address of where this occurred. _____

Yes No | Are you current with your rent and utility bills? If not, explain why: _____

INCLUDE LANDLORD INFORMATION FOR AT LEAST THE PAST 5 YEARS

List Current Landlord's Name	Address	Are you related to landlord?	Dates of occupancy	Monthly Rent

SECTION 6 – CRIMINAL HISTORY OR FRAUDULENT ACTIVITY

YOU MUST ANSWER ALL QUESTIONS

- A. Have you or any members of your household ever been found guilty of a crime or are you currently on probation? Yes No If Yes, List the Household Member(s), type of offense and dates of offense:

- B. Are you or anyone in your household a convicted sex offender? Yes No
- C. Does anyone on this application have pending criminal charges or open warrants? Yes No
- D. Have you or any other household member ever committed fraud in a state or federal assistance program, or been requested to repay money for knowingly misrepresenting information for such programs? Yes No

SECTION 7- OTHER INFORMATION

SPECIAL NEEDS

<p>For the purpose of determining allowable income deductions, does any member of your household have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Does any member require any special accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, what? _____</p> <p>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 <input type="checkbox"/> No <input type="checkbox"/> If yes, describe expense: _____</p>

VEHICLES

Automobiles/Trucks/Motorcycles/Other:

Make: _____ Model: _____ Year: _____ Color: _____ Tag#: _____ State: _____

Make: _____ Model: _____ Year: _____ Color: _____ Tag#: _____ State: _____

PETS/SERVICE ANIMALS

Yes No | TYPE OF PET: _____ Breed: _____ Color: _____ Weight: _____ lbs.
(a pet deposit of \$250 will be required for each pet / \$100 for Johnson Towers and Todd Towers)

Yes No | I have a Service Animal due to my disability. **(Please complete a reasonable accommodation form that will be sent to your healthcare provider for verification)**

SECTION 8 – COMMUNITY WIDE WAITING LIST

V HERE

I WISH TO BE PLACED ON THE COMMUNITY WIDE WAITING LIST FOR AN APARTMENT WITH A BEDROOM SIZE THAT MEETS MY FAMILY'S NEEDS ACCORDING TO HUNTSVILLE HOUSING AUTHORITY'S AND HUD'S GUIDELINES.	
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SECTION 9 - INCENTIVE SITES

Yes No | I have been continuously employed for at least the last 12 months for more than 30 hours a week. You must have a letter from your employer (must state hourly wages, work hours per week and hire date on company letterhead) - cannot be older than 60 days. You must have been working for 30 or more hours per week for at least one year to qualify for these units or, the head of household must be elderly or disabled.

INCENTIVE SITES (Tenants can only live in these apartments for a MAXIMUM term of 5 YEARS)

Site Name	Description	V HERE
COTTON ROW	20 UNITS- 16 two bedroom townhomes & 4 two bedroom apts.(2 downstairs)	
MAHOGANY ROW	16 UNITS-14 two and 2 three bedrooms (up and downstairs flats)	
MEADOW HILLS	26 HOUSES -two and three bedroom homes	
STONE MANOR	49 UNITS-two and three bedroom apartments (up and downstairs flats)	
WEST HUNTSVILLE CONDOS	6 UNITS-two and three bedroom apartments	
WIND TRACE	20 UNITS- All are two bedroom (up and downstairs flats)	

SENIOR SITE (62 years or older)

V HERE

TODD TOWERS	100 UNITS- studio and one bedroom apartments	
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DISABLED SITE

V HERE

JOHNSON TOWERS	119 UNITS – studio and one bedroom apartments	
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I certify there are no other sources of income, the above information is true, complete, and correct to the best of my knowledge and belief, and is made in good faith. I understand that a knowing and willful false statement on this application is grounds for rejection or eviction by the management.

Applicant Signature: _____ Date _____

Applicant Signature: _____ Date _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8)



Huntsville Housing Authority

Post Office Box 486

Huntsville, Alabama 35804-0486

Authorization for Release of Information

CONSENT

I authorize and direct any federal, state, or local agency, organization, business or individual to release to Huntsville Housing Authority (HHA) any information or materials needed to complete and verify my application for participation, and/or to maintain my continued assistance under the Housing Choice Voucher (HCV) Program, Public and Indian Housing, and /or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD or HHA to release information from my file to any federal, state of local agency.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity, Marital Status, Employment, Income, Assets, Residences and Rental Activity, Medical or Child Care Allowances, Credit, Criminal Activity

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

- | | | |
|-------------------------------------------------|----------------------------------------|----------------------------------|
| Previous and Current Landlords (including PHAs) | Past and Present Employers | Veterans Administration |
| Courts and Post Offices | Credit Providers and Credit Bureaus | Utility Companies |
| Schools and Colleges | State Unemployment Agencies | Retirement Systems |
| Law Enforcement Agencies | Social Security Administration | Medical and Child Care Providers |
| Support and Alimony Providers | Banks and other Financial Institutions | Welfare Agencies |

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or HHA may utilize computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with HHA and will stay in effect for 15 months from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

Head of Household

(Print Name)

Date

Social Security Number of Head of Household

Driver's License # or ID #

State

Date of Birth

Other Adult Member

(Print Name)

Date

Social Security Number

Driver's License # or ID #

State

Date of Birth

Other Adult Member

(Print Name)

Date

Social Security Number

Driver's License # or ID #

State

Date of Birth



NO RENTAL HISTORY STATEMENT

Huntsville Housing Authority (HHA) is required to verify the rental history of all family members applying for or living in federally assisted housing. To comply with these requirements, HHA asks for your cooperation in supplying the information requested below. HHA will keep such information confidential and use it only to determine the applicant's eligibility.

Applicant/ Tenant: _____

Current Address: _____

I, _____, hereby certify that I have not rented or leased any type of housing from any person or source, including your family or friends in the last THREE (5) years. I hereby declare that below are the names of all the persons that I have lived with and/or stayed with during the past THREE (5) years and their addresses, regardless of how long I stayed there. (attach sheet if necessary).

1) Name of who I lived with: _____
Address: _____

Phone #: _____
When I lived there: ___ / ___ / ___ to ___ / ___ / ___

4) Name of who I lived with: _____
Address: _____

Phone: _____
When I lived there: ___ / ___ / ___ to ___ / ___ / ___

2) Name of who I lived with: _____
Address: _____

Phone #: _____
When I lived there: ___ / ___ / ___ to ___ / ___ / ___

5) Name of who I lived with: _____
ADDRESS: _____

PHONE NO: _____
When I lived there: ___ / ___ / ___ to ___ / ___ / ___

3) Name of who I lived with: _____
Address: _____

Phone #: _____
When I lived there: ___ / ___ / ___ to ___ / ___ / ___

6) Name of who I lived with: _____
ADDRESS: _____

PHONE NO: _____
When I lived there: ___ / ___ / ___ to ___ / ___ / ___

I understand that my eligibility for housing is based upon my and my family members' rental history. I further understand that my failure to report any rental history will be considered fraud and will result in rendering me ineligible for housing.

Applicant's Signature

Date _____

Public Housing Applicants Families with Contributions

Name of HOH _____

Address: _____

Please answer the question below by checking “Yes” or “No” after each question. Each question pertains to you as well as all other members in your household. Explain all “Yes” answers in the space provided or on the back. **DO NOT** leave any questions unanswered. :

1. Is anyone in your household receiving unemployment? Yes _____ No _____ Who? _____
2. Is anyone in your household self-employed? Yes _____ No _____ Who? _____
3. Is anyone in your household employed, either part-time or full-time? Yes _____ No _____ Who? _____
4. Does anyone outside your household pay any of your bills? Yes _____ No _____ Who? _____
5. Does anyone outside your household give you any money for bills? Yes _____ No _____ Who? _____
6. Please complete the following monthly expenses:

Monthly Expenses	Amount \$	Paid By: Name of Contributor
1.FOOD/ ENTERTAINMENT		
2.CLOTHING/SHOES		
3.UTILITIES/CABLE/INTERNET		
4.RENTALS (STORAGE/FURNITURE)		
5.PHONE		
6.CHILD CARE		
7.CAR /INSURANCE/ TRANSPORTATION		
8. HAIR/NAIL/BEAUTY SERVICES AND SUPPLIES		
9.PAPER & CLEANING PRODUCTS		
10.TOTAL MONTHLY EXPENSES		

I certify that the answers I have given are true and accurate to the best of my knowledge, and that the amount listed on line 10 of the chart above is provided to me and will be considered as my income for purposes of calculating my rent. I have no objection to inquiries being made to verify any statements herein.

Head of Household (Print) _____

Signature of Head of Household _____ Date _____

WARNING! Title 18, Section 1001 of the U.S. Code, states that any person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.