

# THE HOUSING AUTHORITY OF THE CITY OF EUFAULA

**Thomas D. Wachs, Executive Director**  
Post Office Box 36  
Eufaula, AL 36072-0036

Phone- (334) 687-2451  
Fax- (334) 687-2723  
[www.eufaulahousing.com](http://www.eufaulahousing.com)

To: All Applicants and Residents of Public Housing and Section 8 Programs

Subject: Minimum Rent

The United States Congress has passed law which sets minimum rents for residents and applicants of the Housing Authority of the City of Eufaula. It is mandatory that our Housing Authority comply with this law.

Effective immediately, any person who applies for public housing with the Housing Authority of the City of Eufaula shall pay a minimum rent of \$50.00, less their utility allowance, in accordance with this policy. All current residents of the Housing Authority of the City of Eufaula shall pay a minimum rent of \$50.00, less their utility allowance, beginning April 1, 1996.

This minimum rent will only affect the applicants and residents who have a gross rent of \$50.00 or less a month for rent. Gross rent is rent that is calculated before the utility allowance is deducted. This will not affect residents who already have a gross rent of \$50.00 or more.

For residents of public housing, you will also incur the following which will be added on to your rent each month:

\$12.00 Garbage Fee

Sincerely,

*Thomas D. Wachs*

Thomas D. Wachs  
Executive Director

**Read and sign before completing this application!**

# WARNING

It is extremely important that the information you provide on this application is truthful and accurate. If we find that the information provided is false, you will be denied housing provided by the Eufaula Housing Authority. We will be asking you information about your:

- Family and who will live with you
- Income and job situation
- Monthly expenses including medical
- Special needs you have
- Criminal history and previous landlords

You must provide proof of income and other statements such as previous housing, credit, etc. within 30 days from the date of this application. If you do not provide us with true and accurate information, you may be subject to civil and criminal penalties. The Eufaula Housing Authority will do a detailed background check to ensure that the information provided is accurate. Background checks may consist of verification from your employer, tax records, credit checks, HUD website verifications, previous landlord references and criminal history checks through the police department and court systems.

Should you not provide us with truthful and timely information, your application may be placed in the inactive file or your case may be turned over to the District Attorney for prosecution or other means as deemed appropriate. Upon conviction, you may face fines, imprisonment or both. If you have any questions, please ask.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Documents to bring with you:

1. Birth certificates or other acceptable birth records; shot records, picture ID/drivers license, school records, voter registration
2. Social Security cards
3. All final divorce decrees
4. Marriage certificate
5. Most current landlord's name and complete mailing address
6. Employer's name and complete mailing address
7. Most recent Social Security/SSI award letter
8. Child support check stubs
9. Unemployment check stubs
10. Veterans benefit award letter



10 Military Service: Is there any member of your household (listed) now serving in military service

Army  Air Force  Marines  Navy  Other

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

Name \_\_\_\_\_ Rank \_\_\_\_\_ Stationed \_\_\_\_\_

11. Have you or any family member ever lived in Public Housing or been on the Section 8 program before? Yes  No

If yes, who? \_\_\_\_\_ When (years) \_\_\_\_\_

Name of Housing Authority \_\_\_\_\_ Amount of rent paid \_\_\_\_\_

Do you owe any money to any housing authority? Yes  No  List \_\_\_\_\_

12. Are any family members temporarily absent from the home? Yes  No  Who? \_\_\_\_\_

List the reason they are absent \_\_\_\_\_

13. Full-time Students: List any family members who are full-time students in college

STUDENT NAME	SCHOOL ATTENDING	LOCATION	CLASS/GRADE

---

## II. DRUG/CRIMINAL ACTIVITY

1. Do you or any family member use a name other than what is listed on this application? Yes  No

FAMILY MEMBER	OTHER NAME USED

2. Have you or any family member ever used a social security number other than the one previously listed? Yes  No

If yes list the other number(s) \_\_\_\_\_

3. Have you or any family member ever been denied housing assistance or been evicted from public housing? Yes  No

Explain: \_\_\_\_\_

4. Have you or any family member ever been convicted for drug related or violent criminal activity? Yes  No

Name \_\_\_\_\_ Year \_\_\_\_\_

Offense \_\_\_\_\_ Result \_\_\_\_\_

5. Have you or any family member ever been convicted of the manufacture or production of meth (speed)? Yes  No

6. Are you or any family member subject to lifetime registration as a sex offender? Yes  No

List \_\_\_\_\_

7. Have you or any family member ever been arrested? Yes  No

List \_\_\_\_\_

8. Have you or any family member ever spent time in prison? Yes  No

List \_\_\_\_\_

9. Do you or any family member abuse or show a pattern of abuse of alcohol? Yes  No

List \_\_\_\_\_

---

### III. PROGRAM INFORMATION

- Do you or any family member have a disability or require special accommodations? Yes  No   
List \_\_\_\_\_
- Do you pay for a care attendant or for any equipment so that person or someone else can work? Yes  No
- Name of current landlord \_\_\_\_\_ Years there \_\_\_\_\_  
Address \_\_\_\_\_ Rent you pay \_\_\_\_\_  
Type: House  Apartment  Mobile Home  Other   
Number of bedrooms \_\_\_\_\_ Number of persons in the unit \_\_\_\_\_
- Do you owe your current landlord any money? Yes  No   
How much and for what? \_\_\_\_\_
- Utilities: List how much you pay for utilities each month  
Electricity \_\_\_\_\_ Gas \_\_\_\_\_ Water \_\_\_\_\_

### IV. INCOME

*This part applies to all family members, including minors*

- Do you or any family member work full-time, part-time, or seasonally? Yes  No  If yes, list each below.

FAMILY MEMBER	EMPLOYER NAME	AMOUNT (INDICATE PER WEEK, MONTH OR YEAR)

- Does any family member work for someone who pays cash? Yes  No  If yes, list each below.

FAMILY MEMBER	EMPLOYER NAME	AMOUNT (INDICATE PER WEEK, MONTH OR YEAR)

- Does any family member receive unemployment benefits, workers compensation, or severance pay? Yes  No

Family Member \_\_\_\_\_  
Type of Benefit \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Employer Name \_\_\_\_\_

- Does any family member receive child support from the court system? Yes  No  If yes, list below.

CHILD'S NAME	NAME OF ABSENT PARENT	CHILD SUPPORT \$

5. Does any family member receive child support directly from the absent parent? Yes  No  If yes, list below.

CHILD'S NAME	NAME OF ABSENT PARENT	CHILD SUPPORT \$

6. Does any family member receive alimony? Yes  No  If yes, list below.

Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Former Spouse Name \_\_\_\_\_

7. Does any family member receive public assistance (TANF)? Yes  No  If yes, list below.

Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

8. Does any family member receive Social Security or SSI benefits? Yes  No  If yes, list below.

Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

9. Does any family member receive income from a pension or annuity? Yes  No  If yes, list below.

Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

10. Does any family member receive money from a church or other organization or from someone not living in the unit?

Yes  No  If yes, list below.

Family Member Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name of person or organization \_\_\_\_\_

11. Did any family member file a Federal Income Tax Return last year? Yes  No

Name(s) \_\_\_\_\_

12. Does any family member receive income from interest on bank accounts, any kind of investments or rental property?

Yes  No  If yes, list \_\_\_\_\_

13. Do any family members own a business or are self-employed? Yes  No  List \_\_\_\_\_

14. Does any family member receive any type of military pay (including Coast Guard, National Guard or Reserves)?

Yes  No  Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Source of Pay \_\_\_\_\_

15. Does any family member receive money to pay bills from someone outside of your family? Yes  No

Family Member Name \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name & Address of person paying bills \_\_\_\_\_

**ASSETS**

16. Does any family member own property (house, mobile home, land, etc)? Yes  No

List who and what is owned \_\_\_\_\_

17. Has any family member sold or given away any property in the last 2 years? Yes  No

18. Does any family member own stocks or bonds? Yes  No

19. Does any family member have savings accounts, money markets or trust funds? Yes  No

20. Does any family member have any type of retirement account (401K, IRA, etc)? Yes  No

21. Does any family member have any inheritances, lottery winnings or lump sum payments? Yes  No

22. Does any family member have any life insurance policies? Yes  No

Family Member Name \_\_\_\_\_

Insurance Company \_\_\_\_\_ Amount/Value \$ \_\_\_\_\_

23. Where does each family member bank?

NAME	BANK	TYPE OF ACCOUNT	ESTIMATED \$

#### IV. EXPENSES

1. Does any family member have expenses for child care for a child aged 12 or under? Yes  No

CHILD'S NAME	CHILDCARE PROVIDER	MONTHLY COST \$

2. Is any portion of your child care expenses reimbursed from an outside agency or person? Yes  No

3. Does any family member receive Medicare benefits? Yes  No

Family Member Name \_\_\_\_\_ Monthly Benefits \$ \_\_\_\_\_

4. Does any family member receive medical assistance through DHR? Yes  No

Family Member Name \_\_\_\_\_ Monthly Benefits \$ \_\_\_\_\_

5. Does any family member pay medical insurance/hospitalization such as Blue Cross? Yes  No

Premium Paid per Month \$ \_\_\_\_\_

6. Are any family members currently making payments on outstanding medical bills? Yes  No  Monthly \$ \_\_\_\_\_

7. Does any family member take prescription drugs on a regular basis? Yes  No  Monthly \$ \_\_\_\_\_

8. Do you pay for a care attendant or for any medical equipment ordered by a doctor? Yes  No  Monthly \$ \_\_\_\_\_

*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 Eufaula Housing Authority to provide you with a HUD Housing Discrimination Complaint form, HUD-903.*

I certify that all information provided on this application is true, accurate and complete. I understand that false statements and information are punishable under Federal Law and grounds for denial of housing assistance. I also understand that I am required to report all changes in family composition, income, assets and expenses of all family members within 30 days of the change. Further, no one is to move into my unit without prior written approval.

The information provided on this application is verified in accordance with HUD guidelines and submitted to HUD on Form HUD-50058. I authorize the Eufaula Housing Authority to submit inquiries necessary for the purpose of verifying the information provided.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

EHA Signature \_\_\_\_\_ Date \_\_\_\_\_

# AUTHORIZATION FOR RELEASE OF POLICE RECORD

Name \_\_\_\_\_

NickName (s) \_\_\_\_\_

Current Address \_\_\_\_\_

Previous Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_  
Month/Day/Year Feet Inches

Weight \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Color Hair \_\_\_\_\_

Social Security Number \_\_\_\_\_

*I do hereby authorize any law enforcement agency, whether City, County, State or Federal Agency, Department or Bureau, to release any information in their files or conduct an NCIC check under the above name and other information supplied by me. I understand and realize that the information so released may prove unfavorable to me. I agree to submit to fingerprinting to be forwarded to the Identification Division of the Alabama Department of Public Safety or FBI if required by the housing authority. I agree to hold any source of information blameless for any other error in reporting this information. I release all persons whomever from any liability arising out of or resulting from the release of this information.*

IF IT IS DETERMINED THAT A CRIMINAL RECORD MAY EXIST AND I AM FINGERPRINTED FOR FURTHER CRIMINAL RECORD CHECKS, MY APPLICATION WILL BE DELAYED UNTIL THE NCIC REPORT BASED UPON THE FINGERPRINTS HAS BEEN RECEIVED AND REVIEWED BY THE HOUSING AUTHORITY.

THIS FORM OR COPY OF THIS FORM MAY BE SENT TO THE APPROPRIATE LAW ENFORCEMENT AGENCY AS NEEDED BY THE HOUSING AUTHORITY.

---

Signature

Date Signed

---

EHA Signature

Date Signed

## Application Renewal Certificate

This is to certify that I have been advised by the Housing Authority of the City of Eufaula, Alabama, that in order to keep my application active, that at the end of each six month period commencing with the date on my original application, that I must go to the office of the Housing Authority and renew my application for low rent housing.

I have been further advised that should I fail to go to the office of the Housing Authority at the end of the six-month period (from date of original application) and every six months thereafter, that my application will be removed from the active waiting list and will be placed in the inactive file.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_

# LIVING EXPENSES QUESTIONNAIRE

To help us better understand your financial situation, please complete this form in its entirety. You must demonstrate that you have adequate resources to meet basic living expenses. This form will be used to determine the amount of monetary support needed on a monthly basis to sustain your monthly needs and expenses. It will also help us determine how we can best serve you and offer help where needed. All items must be checked and explained if required. Please print.

Name \_\_\_\_\_

## BASIC LIVING

	YES	NO	How Much?	Who Pays For This?
Cleaning Supplies				
Hygiene (shampoo, soap, deodorant, etc)				
Salon (hair, nails, etc)				
Magazines, newspaper				
Clothes				
Laundry				
Groceries				
Cigarettes, alcohol				
Furniture				

## CHILDREN

	YES	NO	How Much?	Who Pays For This?
Baby Food, Formula				
Diapers, Pull-ups				
Baby Clothes				
Child Care				
Child Support – you pay				

## MEDICAL

	YES	NO	How Much?	Who Pays For This?
Doctor Bills				
Prescriptions				
Eye Glasses/Contacts				
Dentist				
Other (hearing aids, braces, etc.				

## UTILITIES

	YES	NO	How Much?	Who Pays For This?
Electricity				
Gas				
Telephone				
Cell Phone				
Cable TV				
Satellite TV				
Internet				

**DEBT (YOU OWE)**

	YES	NO	How Much Per Month?	Who Pays For This?
Credit Cards				
Furniture				
Alimony/Child Support				
Loans				
Other				

**INSURANCE**

	YES	NO	Who Pays For This?
Medical			
Life			
Property/Renter's			

**AUTOMOBILES**

	YES	NO	How Much?	Who Pays For This?
1 <sup>st</sup> Vehicle				
2 <sup>nd</sup> Vehicle				
Insurance				
Payment				

I certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date