

# **The Housing Authority of the City of Eufaula, Alabama**

**PO Box 36**

**Eufaula, AL 36072-0036**

**(334) 687-2029**

**www.eufaulahousing.com**

Items needed for completing application

## **Income verification**

- Verification of employment-Rate of pay per hour, hours worked per week
- Verification of other types of income expected to receive from employment such as tips, commissions, etc.

## **Assets**

- Verification of all assets of all household members-example; House, Property, Boat, Mobile Home, Saving Account, Stocks or Bonds, Certificate of Deposit, Land, Lots, Acreage, Inheritances, etc
- Note: If anyone in household has disposed of any assets in the last two years we will need to verify the value of that asset and how it was disposed.

## **Benefit and Support Income**

- Bring verification of amount received and source of income.
- Unemployment Compensation
- Social Security
- Pension
- Disability Income
- Alimony
- Child Support-Notarized statement from absent parent, Divorce Decree, with Child Support amount or verification from court of default or non-payment.
- AFDC or other public assistance
- Regular support from family members, friends, or church

## **Information about family members**

- Birth Certificates-must be original Birth Certificate or Certified Copy with seal.
- Social Security Cards
- Custody Agreements
- Divorce Decree
- Adoption Papers
- Full time student verification-18 years of age or older and attending school full time.

## **Medical**

- Medical expenses not covered by insurance-elderly families only
- Medical insurance premiums or amount deducted from your check for medical insurance-elderly families only

## **Child Care**

- For expenses, we need verification of payment

Telephone No. (334) 687-2029

Rec'd By \_\_\_\_\_

Date \_\_\_\_\_  
Time \_\_\_\_\_

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### Section 8 Application

*This form must be completed by applicant. You must use the legal name for each member of your household as it appears on the Social Security Card.*

### Please Print

Unit BR Size: \_\_\_\_\_

Have you lived in subsidized housing before? Yes  No   
Where? \_\_\_\_\_ When? \_\_\_\_\_

Ethnicity Hispanic  Non Hispanic   
Race White  Black  Indian/Native Alaskan  Other

Applicant \_\_\_\_\_  
Last Name First Middle Telephone Drivers License # or I.D.

Current address \_\_\_\_\_  
Street City State & Zip Previous Address

**HOUSEHOLD COMPOSITION:** List the correct LEGAL name of all household members who will reside in unit, as appears on Social Security Cards. Begin with HEAD of HOUSEHOLD, Spouse, Older Children, then any additional Adults.

Family Members	Legal Names	Relation to Head	Sex	Age	Birth Date	Social Security Number	Place of Birth (City, State, Country)
1							
2							
3							
4							
5							
6							
7							
8							
9							

Do you anticipate changes in the household composition within the next 12 months?  No  Yes

If yes, why? \_\_\_\_\_

**TOTAL HOUSEHOLD INCOME:** List below all money earned or received by everyone living in the household. This includes all Money from Wages, Self-Employment, Child Support, Contributions, Social Security, Retirement, Disability, Workmen's Compensation, AFDC, SSI, Veterans Benefits, Rental Property Income, Stock Dividends, Interest, Earned Credit, Alimony, Annuities, All Other Sources.

**FAMILY MEMBER**

**Source, Rate & Type of Income For All Family Members (Include Employment Status)**

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**ASSETS:** List all assets of all Household Members, Examples: House, Property, Boat, Mobile Homes, Savings Accounts, Stocks, Bonds, Certificates of Deposit, Land, Lots, Acreage, Inheritances, Promissory Notes from selling property, Cash in Safety Box.

Value \$ \_\_\_\_\_ Asset \_\_\_\_\_  
 Value \$ \_\_\_\_\_ Asset \_\_\_\_\_

Has any one in Household disposed of any asset in last two years? Value \$ \_\_\_\_\_

Does anyone outside of your household pay for any of your bills or give you money? Yes \_\_\_ No \_\_\_ if yes, explain:

Have you or any other adult members ever used any name(s) or Social Security Number (s) other than the one you are currently using? Yes/No \_\_\_\_\_ if yes, explain below

Do you pay for childcare? \_\_\_\_\_ How much? \$ \_\_\_\_\_  
 To whom? \_\_\_\_\_

**BANKING INFORMATION**

Bank Name \_\_\_\_\_  
 Acct. # \_\_\_\_\_ Type Acct. \_\_\_\_\_ Joint/Individual \_\_\_\_\_ Balance \_\_\_\_\_  
 Bank Name \_\_\_\_\_  
 Acct. # \_\_\_\_\_ Type Acct. \_\_\_\_\_ Joint/Individual \_\_\_\_\_ Balance \_\_\_\_\_

**ADDITIONAL INFORMATION ON HOUSEHOLD:**

Current Monthly Household Expenditures: Present Landlord \_\_\_\_\_  
 Rent \_\_\_\_\_ Phone \_\_\_\_\_ Insurance \_\_\_\_\_ Furn. Pmt. \_\_\_\_\_ Other \_\_\_\_\_  
 Elec. \_\_\_\_\_ TV Cable \_\_\_\_\_ Auto Pmt. \_\_\_\_\_ Rentals \_\_\_\_\_  
 Gas \_\_\_\_\_ Food \_\_\_\_\_ Auto Ins. \_\_\_\_\_ Loan \_\_\_\_\_  
 Water \_\_\_\_\_ Life/Health \_\_\_\_\_ TV/Appliances \_\_\_\_\_ Loan \_\_\_\_\_

**MARITAL STATUS/HISTORY:**

Have you ever been married? \_\_\_\_\_ How many times? \_\_\_\_\_ Maiden Name \_\_\_\_\_

	Date	From Whom	Street Address	City	State	Zip
Separated?						
Divorced?						
Widowed?						
	SS# of Deceased					

**ABSENT PARENT INFORMATION**

Family Member	Father/Mother's Name	Street Address	City	State	Last Contact

**DISABLED OR HANDICAPPED INFORMATION:**

Are you or any member of your household disabled or handicapped? \_\_\_\_\_ If yes, who? \_\_\_\_\_  
What is nature and extent of disability? \_\_\_\_\_  
Have you or any member of your household applied for disability benefits? \_\_\_\_\_ What Type? \_\_\_\_\_  
When \_\_\_\_\_

**POLICE CHECK:** Have you or anyone in your household ever been convicted of any crime other than traffic violations? \_\_\_\_\_  
If yes, explain \_\_\_\_\_  
Have you or any member of your household ever been known by any other name? \_\_\_\_\_ Explain \_\_\_\_\_

**VEHICLE(S)**

Family Member \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_  
Family Member \_\_\_\_\_ Make \_\_\_\_\_ Year \_\_\_\_\_ Tag # \_\_\_\_\_  
Vehicle driven regularly (but not owned) by HH Member? Owner \_\_\_\_\_ Make \_\_\_\_\_  
Year \_\_\_\_\_ Tag # \_\_\_\_\_

**INTERVIEWER'S COMMENTS AND OBSERVATIONS:** Please note below of any additional details which will help to determine the applicant's eligibility. If approved, should an Interim Re-Evaluation be scheduled? \_\_\_\_\_

**HOUSING FRAUD IS A VIOLATION OF STATE AND FEDERAL LAWS**

Any person who obtains, or who establishes eligibility for, and any person who knowingly/intentionally aids or abets such person in obtaining or establishing eligibility for any public housing, or a reduction in public housing rental charges, or any rent subsidy or assistance, to which such person would not otherwise be entitled, by means of a false statement, failure to disclose information, impersonation, or other fraudulent scheme or device shall be guilty of a felony under the Code of Alabama 1975, Sec 24-1-10. As used in this act "public housing" shall mean housing, which is constructed, operated, maintained, administered by the state, a county, a municipal corporation, a housing authority, or by any other political subdivision or public corporation of the state or its subdivision or public corporation of the state or its subdivisions.

**WARNING!!** TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATED THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

We understand that this is not a contract and does not bind either party. I/We certify that the information given the Eufaula Housing Authority representing household composition, income, assets, and allowances and deduction is accurate and complete to the best of my knowledge and belief.

I/We also understand that furnishing false information and/or making false statements is grounds for termination of housing assistance/occupancy, and I am responsible to repay any underpaid rent or overpaid rental assistance.

I/We have no objection to inquiries being made for the purpose of verifying the statements made herein.

I/We understand that any verification required by the housing authority must be returned within (7) days. Failure to do so will result in a delay in processing of my application, withdrawal of this application, or termination of my tenancy or assistance. 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. (Within the Washington, DC Metropolitan Area, call 426-3500). After verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

Signature of Head of Household \_\_\_\_\_ Date \_\_\_\_\_ Signature of Spouse or Other Adult \_\_\_\_\_ Date \_\_\_\_\_

If Either Head of Household or Spouse is Not Present, Why? \_\_\_\_\_

**To be completed by Housing Authority**

Determination of Eligibility  
Eligible \_\_\_\_\_ Not Eligible \_\_\_\_\_  
If not eligible, state reason: \_\_\_\_\_  
PHA Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_