

**GASTONIA HOUSING AUTHORITY
Housing Application**

**Incomplete applications will NOT be accepted.
You will NOT be notified if your application is incomplete.**

Please designate the property or program for which you are applying:

- Cameron/Weldon Heights Apartments
- Linwood Terrace Apartments (62 and older only)
- Mountain View Apartments

Name of head of household: _____
Last
First
Middle

Name of adult co-head of household: _____
Last
First
Middle

Current Address: _____ City, State, Zip _____

Mailing Address: _____ City, State, Zip _____

Phone #: _____ Alternate phone #: _____

Family Information: Beginning with you, list all persons who will live in the assisted unit, including foster children, live-in aides (if needed for the care of a family member). Each box must be completed for each family member.

Last name, First name, Middle Initial	Date of Birth	Sex	Soc. Sec. #	Relationship to HOH	Employed Full-time?	Handicap-ped or Disabled person?
				Self		

Race / Ethnicity

Please circle race of Head of Household Caucasian (White) African American (Black) Asian
 American Indian or Alaskan Hawaiian or Pacific Islander

Please circle the ethnicity of the Head of Household: Non-Hispanic Hispanic

Family Income Information: Please list the source and amount of all income expected for the next 12 months for each family member, including you. Include all employment, earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker’s Compensation, Child support, etc.

Family Member Name	Income Source	Amount \$	Frequency-Per

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

I have read and understand the information contained in the Application Fact Sheet, the Instructions for Completing the Application and the Notice to All Applicants regarding reasonable accommodations for Applicants with Disabilities and have received a copy of this information.

By checking box on left I / We hereby give the Gastonia Housing Authority permission to perform criminal and credit background investigations for the purposes of determining eligibility.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature

Date