

**Gastonia Housing Authority
Application for Housing Assistance**

Program you are applying for: **Check box beside each program you are interested**

Incomplete applications will not be processed

- Section 8 Non-elderly, disabled voucher program (must be below age 62 AND disabled to qualify)
- Gateway Village Senior Apartments (must be age 62 or older OR age 55 or older AND in need of supportive services)
- Dallas High School Senior Apartments (must be age 62 or older OR age 55 or older AND in need of supportive services)

Name of Head of Household _____
Last First M

Current Address _____ City, State, Zip Code _____

Mailing Address _____ City, State, Zip Code _____

Phone number where you can be reached _____

(Demographic Information for Statistical Purposes Only)

1. **Race of Head of Household:** Caucasian/White African American/Black Asian/Pacific Islander
 Native American/Alaskan Native Mixed race (statistics purpose only)
2. **Ethnicity of Head:** Hispanic/Latino Non-Hispanic/Non-Latino (statistics purpose only)
3. **Gender:** Male Female
1. **Marital Status :** Single Married Separated Divorced Widowed

Beginning with yourself, list all persons who will live in the unit, including foster children, live-in aides (if necessary for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit without prior written approval of the housing authority.

	First & Last Name	Date of Birth	Sex	Social Security Number	Relationship to Head of Household	Disabled Person? Yes or No	Full-time Student? Yes or No
H					SELF		
2							
3							
4							
5							
6							
7							
8							

1. Have you or anyone who will live in the assisted household ever been arrested, charged or convicted of a crime other than a traffic violation? YES NO **If yes, please explain the nature of the offense including the county and state, the date of the charge and the name of the family member who was involved:**

2. Have you ever received housing assistance through Public Housing or through the Section 8 Housing Choice Voucher Program before? YES NO

If yes, please list the name of the head of household, the unit address or the name of the housing authority _____

Do you owe money to any housing authority? YES NO

3. Has anyone in the household ever been subject to registration as a sex offender? YES NO

If yes, please list person(s) _____

1. Please list the source and amount of all income expected for the next 12 months for each family member, including yourself. Include all earning and benefits received from AFDC /TANF / WFFA, VA, Social Security, SSI, SSID, Unemployment, Worker’s Compensation, Child Support, etc. EXAMPLE: Name, Gross Wages, Hourly Rate, Hours/week, \$150/week - Name, SSI, \$421/month

Family Member Name	Income Source	Hourly Rate \$	Hours Per Week	Average Pay Amount \$	Frequency - Per
					<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
					<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
					<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
					<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
					<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

2. Does anyone outside your household pay for any bills, give you money, or provide goods and/or services in lieu of cash support? YES NO

If yes, give name and address _____

Amount and frequency _____

3. Do you have a court order(s) for child support or alimony? YES NO

If yes in which county and state? _____

I do hereby swear and attest that all of the information above about me and my family is true and correct. Change in address must be reported to the Housing Authority IN WRITING within 14 days.

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

**By signing this form, I/We recognize that the Lessor or his agent may investigate the information supplied by the applicant, and disclosures of pertinent facts may be made to the lessor. (Pertains to Public Housing applicants only)

**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 any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five (5) years or both.

**I understand that all notifications are through the mail. If I do not respond or the mail cannot be delivered to the address given, my application will be deleted from the waiting list.

Applicant’s Signature Date

Co-Applicant’s Signature Date