

## Application for Project-Based Housing Assistance

What is project based voucher (PBV) assistance? PBV assistance is only available at pre-determined apartment complexes. When one of those complexes has a vacancy, we select the next name on the waiting list. If that person qualifies and meets the landlord's screening criteria, they will be offered a project-based voucher for that specific unit. Presently GHA has project-based voucher at three elderly developments (Dallas High School Apartments, Gateway Village Apartments and Linwood Terrace Apartments), two Multi-Family developments (Cameron-Weldon Apartments and MV Apartments) and one development that is designated for applicants who are developmentally disabled AND in need of supportive services to live semi-independently. **This application does NOT place your name on the Section 8 Housing Choice Voucher waiting list.**

**\*\*\*ALL INCOMPLETE APPLICATIONS WILL BE DESTROYED\*\*\***

Program you are applying for:

- Cameron-Weldon, LP  
 MV Apartments, LP  
 Linwood Terrace, LP **(62 and older only)**

Name of Head of Household \_\_\_\_\_  
Last First M

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone number where you can be reached \_\_\_\_\_

Do you (or your spouse if applying jointly) require supportive services in order to be able to live independently? YES / NO

If yes, please describe what services you are seeking in the space provided below: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(Demographic Information for Statistical Purposes Only)

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

Beginning with you, list all persons who will live in the unit. Each box must be completed for each family member. **No one except those listed on this form may live in the unit.**

	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							

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 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, 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	Employer Name and Address
					<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 your household receive food stamps?  YES  NO If yes, list amount your household receives monthly \_\_\_\_\_

3. Does anyone outside your household pay for any bills or give you money?  YES  NO  
If yes, give name and address \_\_\_\_\_

Amount and frequency \_\_\_\_\_

*I do hereby swear and attest that all of the information above about me and my family are true and correct. I also understand that all changes in the income of any member of the household as well as any changes in the household members / composition must be reported to the Housing Authority IN WRITING within 14 days.*

\*\*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.

\*\*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