

**GASTONIA HOUSING AUTHORITY
SECTION 8
FACT SHEET**

1. Where is the Section 8 office located?

The Section 8 department is also located at 340 W. Long Ave. Section 8 applications are available in the Self-Service Resource Center rack at this location. The Section 8 department provides all administrative functions from this location.

2. What does the Section 8 Program provide?

The Section 8 Program provides rental assistance through the housing choice voucher program that allows families to locate affordable housing (apartments or houses) throughout Gaston County. The Gastonia Housing Authority will pay rental assistance for a unit based on the family's income.

Applicants can search for units anywhere in Gaston County. The rent must be reasonable as determined by the Gastonia Housing Authority and comparable to other similar unassisted units and the owner must be willing to place the property on the Section 8 program. The unit must meet all Housing Quality Standards (HQS) and Acceptable Criteria Variations (ACV) as established by HUD and the Gastonia Housing Authority.

3. What do I need to do to apply for Section 8 housing assistance?

Section 8 application packets are available in the Self-Service Resource Center office located to the right in the Central Office lobby. These packets should be completed, brought to the Central Office lobby, date stamped with the machine provided in the lobby and dropped in the box in the lobby.

Once your name reaches the top of the waiting list you will be asked to provide additional information such as, birth certificates and social security cards for each member of the applicant household, written verification of all household income, non-certified copies of criminal reports for all family members age 18 or older from any county they have resided in or been arrested in within the past three years.

4. What happens once my application has been accepted?

All applications must be time and date stamped to be accepted by GHA. The application is reviewed and entered into our computer system for placement on the waiting list in the order that it was received and ranked according to federal and state mandate.

Assuming that you meet the preliminary requirements, you will be mailed a letter indicating that you have been placed on the waiting list.

This letter does not guarantee that you will be issued a voucher, but merely acknowledges that your application has been accepted and placed on the waiting list pending further verification.

5. Can I, as an applicant, call to inquire about my application?

GHA does not give out information over the telephone regarding position on the Section 8 waiting list. A copy of the Section 8 waiting list is available in the Self-Service Resource Center office at the Central Office where interested applicants can view the waiting list during office hours.

What happens if any of my information changes after my application has been submitted and I am placed on the waiting list?

It is the applicant's responsibility to notify the Gastonia Housing Authority of any changes in income family composition, employment status, address or phone number change, etc.

Changes for a Section 8 applicant must be reported in writing by completing an application update form available in the Self-Service Resource Center at the Central Office. The form is completed, date stamped and placed in the box provided.

No applicant updates will be taken over the telephone.

Failure to report any changes may cause your application to be purged from the waiting list and will require you to re-apply for Section 8 assistance. This will delay your possibility of being offered housing or assistance.

NOTE: Any correspondence from the Gastonia Housing Authority does not guarantee that you will be issued a voucher. You must meet all screening criteria that the Gastonia Housing Authority uses to determine if you will be issued a voucher.

Date and time of application:

Application for Section 8 Housing Assistance

Complete this application and mail to Gastonia Housing Authority, PO Box 2398, Gastonia, NC 28053 or place in the drop box at the Section 8 office, 340 W. Long Avenue

(Part A: Applicant Information)

Name of Head of Household

Last First M

Mailing Address

City State Zip Code

Phone number where you can be reached

Emergency Contact Information (please list name and phone number):

Name Phone

(Part B: 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

(Part C: Household Composition / Family Information)

Beginning with you, list all persons who will live in the Section 8 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. No one except those listed on this form may live in the unit.

Table with 8 columns: 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. Row 1: H, SELF.

(Part D: Background)

1. Have you or anyone who will live in the assisted household ever been arrested 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)

(Part E: Household Income)

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
					<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 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

(Part F: Assets)

1. Do you or any household member, own or have interest in any real estate, boat, and/or mobile home? YES NO

Have you sold any real estate or other assets in the last two years? YES NO

Do you own any stocks or bonds? YES NO

2. Do you have a checking or savings account? YES NO

If yes, list bank, account numbers and current balances

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