

**GASTONIA HOUSING AUTHORITY**  
**Application for Public Housing**  
**Instructions for Completing and Submitting the Application**

The completed application can be either:

**Printed out, completed in its entirety and mailed to the Gastonia Housing Authority**  
**or**  
**Hand delivered to the property manager**

**DO NOT DROP OFF THIS APPLICATION AT THE CENTRAL OFFICE**  
**IT WILL NOT BE PROCESSED**

**You must take the application to the property manager**  
**at the site where you are applying**

The instructions for completing the application are as follows:

1. Complete the application in its entirety. You must provide ALL requested information or your application will not be accepted. If a question does not apply to you, put NA in the block.  
  
You must choose a property where you wish to live. If you are elderly (62 or older), you may choose all three. If you are non-elderly, you may choose Cameron/Weldon Heights or Mountain View;
2. Applicant and co-applicant (if applicable) sign and date the Applicant Certification (page 7);
3. Applicant complete, sign and date the Permission Form Authorizing Credit History Check (page 8);
4. Complete, sign and date a Permission Form Authorizing Applicant/Tenant Screening and Criminal Records Check for every adult that will reside in the public housing property. Each adult must sign his/her form (page 9):
5. Complete, sign and date ALL three Landlord Verification Forms (pages 11-13);
6. Complete the Authorization for the Release of Information/Privacy Act Notice as explained on page 14; and
7. Return the completed application with all signed forms to:

Mail:  
Gastonia Housing Authority  
PO Box 2398  
Gastonia, NC 28054

Hand Delivery:  
Property manager at the property where you wish to live

**GASTONIA HOUSING AUTHORITY  
Public Housing Application**

**DO NOT DROP OFF THIS APPLICATION AT THE CENTRAL OFFICE.  
IT WILL NOT BE PROCESSED.**

**IT MUST BE DELIVERED TO THE PROPERTY MANAGER AT THE  
SITE WHERE YOU ARE APPLYING**

The Gastonia Housing Authority offers three rental properties in the city of Gastonia. Please designate the property for which you are applying (select only one.) You must take the completed application and all supporting documentation to the management office of the property you have selected to officially apply for public housing. Application for other properties can be made when you visit the management office of your choice.

Cameron Courts/Weldon Heights – family, elderly and disabled

Mountain View – family, elderly and disabled

Linwood Terrace – elderly only (over 62 years of age)

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

Emergency Contact Information: (please list name/address/phone number):

\_\_\_\_\_ Name Address Phone

**For Statistical Purposes Only:**

Place a check in each of the boxes below to indicate the **race** and **ethnicity** of each person who will reside in public housing

**Race**

	HOH	Co-HOH	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8
Caucasian/White										
African American/Black										
Asian/Pacific Islander										
Native American/Alaskan Native										
Mixed race										

**Ethnicity**

	HOH	Co-HOH	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8
Hispanic/Latino										
Non-Hispanic/Non-Latino										

HOH – Head of Household

Co-HOH – Co-Head of Household

**Family Information**

Beginning with you, list all persons who will live in the PHA 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)**

	First & Last Name	Date of Birth	Sex F / M	Social Security Number	Relationship to HOH	Disabled person? Yes or No	Full-time Student Yes or No
H					HOH		
2					Spouse/ Co-head		
3							
4							
5							
6							
7							
8							

Is the applicant family displaced by domestic violence? \_\_\_Yes \_\_\_No  
(If yes, provide name, address and phone number)

\_\_\_\_\_  
Name Address Phone

Will any family member need a unit with: \_\_\_\_\_one level (no stairs) \_\_\_\_\_Wheelchair access  
\_\_\_\_\_Sight/hearing impaired features?

Is any adult family member enrolled in an education program full-time? \_\_\_Yes \_\_\_No  
(If yes, who can verify this? Please give name, address and phone number)

\_\_\_\_\_  
Name Address Phone

Is any adult family member enrolled in a job-training program including one required under the Welfare program? No  
(If yes, who can verify this? Please give name, address and phone number)

\_\_\_\_\_  
Name Address Phone

**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 earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child support, etc. *Example: Name, wages, \$150/week or name, wages, SSI, \$421/month.*

Family Member Name	Income Source	Amount \$	Frequency-Per
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year

Does your household receive food stamps? \_\_\_ yes \_\_\_ no

If yes, list amount? \$ \_\_\_\_\_/month

Does anyone outside your household help pay for any of your bills or give you money? If so, give name and address:

\_\_\_\_\_

Reason: \_\_\_\_\_

Do you have a checking or savings account or own any Certificates of Deposit, stock, bonds, etc.

\_\_\_ Yes \_\_\_ No

If yes, describe the type of asset(s): \_\_\_\_\_

Do you own now or have you owned in the last two years, land, mobile home, or a house? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Rental History**

***The Gastonia Housing Authority will contact all former landlords for the period of three years before the date of this application.***

List all addresses for previous three (3) years. If you have lived with family or friends, please list their name, there relationship to you, his/her telephone number and how long you have lived with them.

**Current Landlord's** name and phone number: \_\_\_\_\_

Name

Phone

Address of unit rented: \_\_\_\_\_

How long at this address? From \_\_\_\_\_ To: \_\_\_\_\_

Month/Year

Month/Year

**Previous Landlord's** name and phone number: \_\_\_\_\_

Name

Phone

Address of unit rented: \_\_\_\_\_

How long at this address? From \_\_\_\_\_ To: \_\_\_\_\_

Month/Year

Month/Year

**Prior Landlord's** name and phone number: \_\_\_\_\_

Name

Phone

Address of unit rented: \_\_\_\_\_

How long at this address? From \_\_\_\_\_ To: \_\_\_\_\_

Month/Year

Month/Year

### **Screening Questions**

A "Yes" answer will not necessarily disqualify you for admission.

Have you ever been evicted or asked to vacate a unit? \_\_\_\_ Yes \_\_\_\_ No (If yes, When and Why?)

\_\_\_\_\_

Have you ever received housing assistance through public housing or through Section 8 Housing Choice Voucher Program? \_\_\_\_ Yes \_\_\_\_ No When? \_\_\_\_\_

(If yes, please list the name of the head of household, the unit address or location or the name of the housing authority)

\_\_\_\_\_

Do you owe money to any housing authority? \_\_\_\_ Yes \_\_\_\_ No

If yes, how much? \$ \_\_\_\_\_

Do you have any *past due* utility bills? \_\_\_\_ Yes \_\_\_\_ No If yes, please describe and give amount owed.

\_\_\_\_\_

Have you or any member of the applicant 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 involved.

\_\_\_\_\_

\_\_\_\_\_

Is anyone in your household currently on parole or probation within the last three years? \_\_\_\_ Yes \_\_\_\_ No

(If yes, please explain and list the name of your probation officer and his/her telephone number)

\_\_\_\_\_

Name of probation officer

Phone

**Qualifying for Deductions in Calculating Rent**

Is the head of household or spouse age 62 or older or a person with a disability \_\_\_\_ Yes \_\_\_\_ No  
(If yes, please answer the following questions. If no, skip to question #28.)

Does your household have any medical expenses (include insurance, Medicare deduction, doctor visits, hospital, therapy, supplies, medical transportation, etc.)? \_\_\_\_ Yes \_\_\_\_ No

(If yes, please describe the type of expense (not your medical condition) and the un-reimbursed amount you spend per month on all medical expenses)

Monthly medical expense: \$ \_\_\_\_\_

Type of Expense: \_\_\_\_\_

\_\_\_\_\_

Please give the name, address & phone # of someone who can verify the expense:

\_\_\_\_\_

Name

Phone

Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work, go to school or attend job training? \_\_\_\_ Yes \_\_\_\_ No

Monthly medical expense: \$ \_\_\_\_\_

Type of Expense: \_\_\_\_\_

\_\_\_\_\_

Please give us the name, address & phone number of someone who can verify the expense:

\_\_\_\_\_

Name

Phone

Do you have childcare expenses for children under age 13 or receive benefits so an adult in the family can work, go to school or attend job training? \_\_\_\_ Yes \_\_\_\_ No

If yes, Monthly un-reimbursed child care cost: \$ \_\_\_\_\_

Please list the name address and phone number of your childcare provider:

\_\_\_\_\_

Name

Address

Phone

Driver's License or State ID number: Applicant: \_\_\_\_\_

Driver's License or State ID number: Co-Applicant: \_\_\_\_\_

Automobile: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate #: \_\_\_\_\_

## Applicant Certification

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.

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.

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**Applicant Signature**

**Date**

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**Co-applicant Signature**

**Date**

*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.*

**GASTONIA HOUSING AUTHORITY**

340 W. Long Avenue  
PO Box 2398  
Gastonia, NC 28053  
ghanc.org

**Permission Form Authorizing  
Credit History Check**

I, \_\_\_\_\_ hereby give permission to the Gastonia Housing Authority to obtain a credit history check on my behalf as apart of the application screening process.

Applicant's Full Name: \_\_\_\_\_  
(last) (first) (Middle Initial)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GASTONIA HOUSING AUTHORITY**

340 W. Long Avenue  
PO Box 2398  
Gastonia, NC 28053  
ghanc.org

**Permission Form Authorizing  
Applicant/Tenant Screening and Criminal Records Check**

I, \_\_\_\_\_ hereby give permission to the Gastonia Housing Authority to obtain a nation-wide criminal history on my behalf as a part of the employment screening and criminal records check process for the purpose of determining eligibility for participation in the Public Housing program.

Applicant's Full Name:

\_\_\_\_\_ (Last) (First) (Middle Initial)

Address: \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(month) (date) (year)

Race: 1-White 2- Black 3- American Indian/Alaskan 4- Asian/Pacific Islander  
***(Please circle the appropriate race)***

Ethnicity: 1- Hispanic 2- Non Hispanic *(Please circle the appropriate ethnicity)*

Gender: 1- Male 2- Female *(Please circle the appropriate gender)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTENTION APPLICANT**

**DO NOT COMPLETE the Landlord Verification Forms on the following pages**

**INSTEAD**

**SIGN AND DATE**

**the Applicant Release section at the bottom of the form(s)**

**AND RETURN TO**

**Gastonia Housing Authority  
PO Box 2398  
Gastonia, NC 28054**

**The Gastonia Housing Authority will submit the signed forms to the landlords**

**LANDLORD VERIFICATION FORM**

The Gastonia Housing Authority is required by federal regulations to verify previous residencies of applicants for public housing. We ask your cooperation by providing the following information and will use the information you provide only to determine eligibility and will maintain your responses in strict confidence.

Name of Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

I am the: Current Landlord \_\_\_\_\_ Previous Landlord \_\_\_\_\_ Other \_\_\_\_\_

Dates of Applicant's Tenancy: From \_\_\_\_\_ To \_\_\_\_\_

**1. Rent Payment**

A. Amount of monthly rent: \_\_\_\_\_ \$ \_\_\_\_\_

B. Does (did) applicant pay rent on time?  YES  NO

C. Have (had) you ever begun/completed eviction for non-payment?  YES  NO

D. Do you provide any of the utilities for the unit?  YES  NO

E. Have tenant-paid utilities ever been disconnected?  YES  NO

**2. Caring for the Unit**

A. Does (did) the applicant keep the unit clean, safe and sanitary?  YES  NO

B. Will (did) you keep any security deposit?  YES  NO

**3. General**

A. Is (was) the applicant listed on the lease for the unit?  YES  NO

B. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis?  YES  NO

Describe: \_\_\_\_\_

C. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants?  YES  NO

If yes, Describe: \_\_\_\_\_

D. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity?  YES  NO

If yes, Describe: \_\_\_\_\_

E. Would you rent to this applicant again?  YES  NO

If not, why? \_\_\_\_\_

F. Does Applicant have a balance due?  YES  NO

If yes, amount? \_\_\_\_\_

Name of authorized project staff \_\_\_\_\_ Phone \_\_\_\_\_

Landlord Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant Release**

I, \_\_\_\_\_ hereby authorize the release of the requested information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## LANDLORD VERIFICATION FORM

The Gastonia Housing Authority is required by federal regulations to verify previous residencies of applicants for public housing. We ask your cooperation by providing the following information and will use the information you provide only to determine eligibility and will maintain your responses in strict confidence.

Name of Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

I am the: Current Landlord \_\_\_\_\_ Previous Landlord \_\_\_\_\_ Other \_\_\_\_\_

Dates of Applicant's Tenancy: From \_\_\_\_\_ To \_\_\_\_\_

### 1. Rent Payment

A. Amount of monthly rent: \_\_\_\_\_ \$ \_\_\_\_\_

B. Does (did) applicant pay rent on time?  YES  NO

C. Have (had) you ever begun/completed eviction for non-payment?  YES  NO

D. Do you provide any of the utilities for the unit?  YES  NO

E. Have tenant-paid utilities ever been disconnected?  YES  NO

### 2. Caring for the Unit

A. Does (did) the applicant keep the unit clean, safe and sanitary?  YES  NO

B. Will (did) you keep any security deposit?  YES  NO

### 3. General

E. Is (was) the applicant listed on the lease for the unit?  YES  NO

F. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis?  YES  NO

Describe: \_\_\_\_\_

G. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants?  YES  NO

If yes, Describe: \_\_\_\_\_

H. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity?  YES  NO

If yes, Describe: \_\_\_\_\_

E. Would you rent to this applicant again?  YES  NO

If not, why? \_\_\_\_\_

F. Does Applicant have a balance due?  YES  NO

If yes, amount? \_\_\_\_\_

Name of authorized project staff \_\_\_\_\_ Phone \_\_\_\_\_

Landlord Signature \_\_\_\_\_ Date \_\_\_\_\_

### Applicant Release

I, \_\_\_\_\_ hereby authorize the release of the requested information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LANDLORD VERIFICATION FORM**

The Gastonia Housing Authority is required by federal regulations to verify previous residencies of applicants for public housing. We ask your cooperation by providing the following information and will use the information you provide only to determine eligibility and will maintain your responses in strict confidence.

Name of Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

I am the: Current Landlord \_\_\_\_\_ Previous Landlord \_\_\_\_\_ Other \_\_\_\_\_

Dates of Applicant's Tenancy: From \_\_\_\_\_ To \_\_\_\_\_

**1. Rent Payment**

A. Amount of monthly rent: \_\_\_\_\_ \$ \_\_\_\_\_

B. Does (did) applicant pay rent on time?  YES  NO

C. Have (had) you ever begun/completed eviction for non-payment?  YES  NO

D. Do you provide any of the utilities for the unit?  YES  NO

E. Have tenant-paid utilities ever been disconnected?  YES  NO

**2. Caring for the Unit**

A. Does (did) the applicant keep the unit clean, safe and sanitary?  YES  NO

B. Will (did) you keep any security deposit?  YES  NO

**3. General**

I. Is (was) the applicant listed on the lease for the unit?  YES  NO

J. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis?  YES  NO

Describe: \_\_\_\_\_

K. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants?  YES  NO

If yes, Describe: \_\_\_\_\_

L. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity?  YES  NO

If yes, Describe: \_\_\_\_\_

E. Would you rent to this applicant again?  YES  NO

If not, why? \_\_\_\_\_

F. Does Applicant have a balance due?  YES  NO

If yes, amount? \_\_\_\_\_

Name of authorized project staff \_\_\_\_\_ Phone \_\_\_\_\_

**Landlord Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant Release**

I, \_\_\_\_\_ hereby authorize the release of the requested information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Authorization for the Release of Information/Privacy Act Notice Form HUD-9886**

Complete the Authorization for the Release of Information/Privacy Act Notice as follows:

1. Write in the date that you completed and mailed this application package
2. Complete the Consent information in its entirety.

**Failure to complete this form in its entirety (and all other requested information  
in this application packet) will delay your application**