

Elizabethton Housing and Development Agency, Inc.

910 Pine Ridge Circle

P.O. Box 637

Elizabethton, TN 37643

Public Housing and Section 8 Housing Application

Please mark each Housing Assistance Program(s) you are applying for:

Public Housing Program _____

Section 8 Rental Assistance Programs: Voucher only _____ Voucher and Mod-Rehabilitation Programs _____

Household Members (Print clearly)

Race: White ____, Black/African-American ____, Hispanic ____, Native American/Alaskan Native ____, Asian ____

Ethnicity: Hispanic ____, Non-Hispanic ____

Head of Household and Co-Head Place of Birth Sex (M/F) Social Security Number Date of Birth Age

_____-_____-_____/_____/_____
Last First Middle

_____-_____-_____/_____/_____
Last First Middle

Other Members: Oldest to Youngest (HOH must have 50% custody, power of attorney for individuals under 18 and cannot be receiving government housing assistance with other parent/guardian.)

Full Name Place of Birth Relationship Social Security Number Date of Birth Age

_____-_____-_____/_____/_____
Last First Middle

_____-_____-_____/_____/_____
Last First Middle

_____-_____-_____/_____/_____
Last First Middle

_____-_____-_____/_____/_____
Last First Middle

_____-_____-_____/_____/_____
Last First Middle

_____-_____-_____/_____/_____
Last First Middle

Present Mailing Address:

Street/P.O. Box _____

City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____ Email Address: _____

Present Living Address (if different than mailing address):

Street: _____

City: _____ State: _____ Zip code: _____

Is everyone on the application a United States Citizen? Yes / No, if no, please provide eligible immigration status.

Bedroom Size: Please circle: 0 1 2 3 4 5 (Section 8 Housing Voucher Program is 2 people per 1 bedroom)

Income:

Please list all amounts of money earned or unearned income by everyone on the application. This includes, but is not limited to money from where you are working-wages, self-employment, child support, contributions, social security, disability, worker's compensation, retirement, families first (AFDC), Veteran benefits, rental property income, stock dividends, interest from bank accounts and life insurance policies, alimony and other sources.

Household Member(s) Name of Source of Income Gross amount (before taxes or deductions) a month

Does anyone on the application have a bank account? Yes ___ No ___ if yes list Bank(s):

Does anyone require a specific accommodation to fully utilize our program and services? Yes ___ No ___
If yes, please explain (mobility, hearing, vision, service animal):

Is anyone on the application **currently** living in government assisted housing? Yes ___ No ___,
If yes, name of Housing Agency _____.
Is anyone under eviction? Yes ___ No ___

Has anyone on the application ever received government assisted housing? Yes ___ No ___ , if yes name of Housing Agency? _____ . Were you or the individual(s) evicted or terminated? Yes ___ No ___

Does anyone owe any money to a government assisted housing program? Yes ___ No ___ , if yes, give name(s) of the Housing Agency _____

Important Notice: We will conduct a criminal background check. Because you may have or had a charge, does not necessarily disqualify you for housing assistance.

Read entire question:

Has **anyone** on the application **EVER** been arrested or charged for **ANY** crime or offense, whether it is/was a misdemeanor or felony. Even if the charge has been dismissed, expunged, or if probation and fines have been completed- (**Examples: Drug activity, DUI's, Public Intoxication, credit card fraud, any violent criminal activity, domestic assaults, assaults, child abuse & neglect, shoplifting, theft, traffic violations, disorderly conduct, vandalism, trespassing, worthless checks, etc.,**) other than a traffic ticket?

Yes ___ No ___. If yes, please state offense(s) and where the offense(s) occurred (state, city, county):

If yes to the above question, are you or the individual(s) currently on probation? Yes ___ No ___

If yes to the above question, are you or the individual(s) currently in a court ordered rehabilitation program?

Yes ___ No ___

Is anyone on the application on the Sex Offender Registry? Yes ___ No ___

Emergency Contact: _____ Phone # _____

Landlord's Name: _____ Phone # _____

I/We do hereby swear/and or attest that all of the information above about me/us is true and correct. I/We also understand that all changes in income, assets and deductions of any member of the household and any changes of the household members must be reported to the Housing Agency in writing.

WARNING! Title 18, Section 1001 of the United States Codes states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Signature of Head of Household Date

Signature of Co-Head Date

If applying for Public Housing complete the following:

Please provide two references, **cannot be related**:

Name _____ Address: _____ Phone# _____

Name _____ Address: _____ Phone# _____

Rental References (include any present or previous government assisted housing agencies):

Address: _____ Phone# _____

Landlord Name

Address: _____ Phone# _____

Landlord Name