

Montgomery Housing Authority  
1020 Bell Street  
Montgomery, AL 36104  
334-206-7200 Fax# 334-206-1786

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
MHA Rep: \_\_\_\_\_

## APPLICATION

**NOTE: TO BE FILLED OUT BY THE APPLICANT (IN INK). DO NOT LEAVE ANY BLANKS.  
FOR QUESTIONS THAT DO NOT APPLY TO YOU, ANSWER NO OR NONE.**

**Type of Application:**

ADMISSION \_\_\_\_\_ CONTINUED OCCUPANCY \_\_\_\_\_ ANNUAL RE-EXAM \_\_\_\_\_ INTERIM \_\_\_\_\_

**Place an "X" by each program that you are applying for:**

PUBLIC HOUSING \_\_\_\_\_ SECTION 8 HOUSING VOUCHER \_\_\_\_\_ SECTION 8 MOD REHAB \_\_\_\_\_

**Needed Bedroom Size** \_\_\_\_\_

**Racial Group**

White \_\_\_\_\_ Asian \_\_\_\_\_  
Black/African American \_\_\_\_\_ Native American \_\_\_\_\_ Other \_\_\_\_\_

**Ethnicity**

Hispanic/Latino \_\_\_\_\_ Not Hispanic/Latino \_\_\_\_\_

**Highest Level of Education Completed** \_\_\_\_\_

APPLICANT SOCIAL SECURITY # \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

LAST FIRST M.I.

CURRENT ADDRESS: \_\_\_\_\_

STREET APT# CITY STATE ZIP

MAILING ADDRESS: \_\_\_\_\_

STREET/P.O. BOX APT# CITY STATE ZIP

HOME PHONE # \_\_\_\_\_ WORK PHONE # \_\_\_\_\_ OTHER # \_\_\_\_\_

NUMBER OF BEDROOMS REQUIRED \_\_\_\_\_

Identify any special housing needs required: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CIRCLE ANY OF THE FOLLOWING THAT APPLY TO YOU:**

HOMELESS

HOMELESS DUE TO: FIRE NATURAL DISASTER FLOOD

WORKING

STUDENT

DISABLED

STUDENT

**Current Landlord**

1. Name of Current Landlord \_\_\_\_\_
2. Mailing Address of Current Landlord \_\_\_\_\_  
STREET/P.O. BOX      APT#      CITY      STATE      ZIP
3. Present Monthly Rent \$ \_\_\_\_\_ Number of bedrooms \_\_\_\_\_  
 Number of persons presently in Household \_\_\_\_\_
4. If you pay for your utilities, indicate the utilities you paid and the amount. If you do not pay for utilities, check N/A.  
 Electricity \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Water \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_ Cable TV \$ \_\_\_\_\_ N/A \_\_\_\_\_
5. How long have you lived at the above address? \_\_\_\_\_ Years and \_\_\_\_\_ Months
6. Do you owe any money to the landlord listed above? \_\_\_\_\_ No    \_\_\_\_\_ Yes  
 If yes, amount owed \$ \_\_\_\_\_
7. List the addresses of where you have lived for the past five years:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Household Composition:** List all persons who will live at the rental unit while you are on this program.

Print Full Name	Relation to Head of Household	Birth date	Age	Sex	Social Security #	Occupation/ School Attending	Place of Birth City, State	Race
1	HOH							
2								
3								
4								
5								
6								
7								
8								
9								
10								

**Military Service**

Is there any member of your household now serving in military service (Army, Air Force, Marines, Navy, Coast Guard, etc.)?

If yes, give the following information on each military service person:

Name	Rank	Address	Branch of Military
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NOTICE! ALL OF YOUR ANSWERS WILL BE VERIFIED AND GIVING FALSE INFORMATION IS FRAUD!!!!**

**INCOME**

**Wages:** List all employment income including self-employment for each household member.

Household Member	Name and Address of Employer	Annual Income

**Other Sources of Income:** (Examples: Welfare, Social Security, SSI, pensions, disability compensations, unemployment compensation, interest, baby sitting, alimony, child support, annuities, dividends, income from rental property, Armed Forces, Military Reserves, cash contributions from individuals, scholarships and/or grants) include alimony and/or child support entitled to but not received.

Household Member	Source	Amount

**ASSETS**

**Bank Information:** List any checking, savings, credit union and/or certificate of deposit accounts.

Type of Account	Bank	Account Number	Amount

1. Do you have any stocks & bonds?  No  Yes  
If yes, current value? \$ \_\_\_\_\_ Stocks/Bonds
2. Do you now own real estate?  No  Yes  
If yes, what is the value? \$ \_\_\_\_\_
3. Have you ever owned real estate?  No  Yes If yes, when? \_\_\_\_\_

**EXPENSES**

**Childcare Expenses:**

1. Do you pay for childcare while a family member is working?  Yes  No  
If yes, list childcare provider's information: Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address: \_\_\_\_\_
2. Cost of childcare services per week \$ \_\_\_\_\_ per month \$ \_\_\_\_\_

**Medical Expenses:** For elderly or disabled only

1. Are you receiving MEDICARE benefits?  No  Yes  
If yes, what is the monthly amount of benefits? \$ \_\_\_\_\_
2. Are you receiving Medical Assistance through the Welfare Department (DHR)?  No  Yes  
If yes, monthly amount received? \$ \_\_\_\_\_
3. Do you pay for any medical insurance/hospitalization (such as Blue Cross/Blue Shield)  No  Yes  
If yes, indicate the amount of the premium paid and how often paid.  
Weekly \$ \_\_\_\_\_ / Bi-Weekly \$ \_\_\_\_\_ / Monthly \$ \_\_\_\_\_
4. Are you making payments on outstanding medical bills?  No  Yes  
If yes, monthly amount being paid? \$ \_\_\_\_\_
5. Do you take prescription drugs on a regular basis?  No  Yes  
If yes, prescription cost per month? \$ \_\_\_\_\_

**Handicap Assistance Expenses: Disabled Only**

1. Do you pay for a care attendant or for any equipment for the handicap member(s) of the family necessary to permit that person or someone else in the family to work? \_\_\_ No \_\_\_ Yes  
If yes, describe expenses \_\_\_\_\_

**PROGRAM INFORMATION**

**Criminal Activity:**

1. Have you or any family member, listed on the front, ever been arrested for any offense against the law? \_\_\_ No \_\_\_ Yes
2. Have you or any family member, listed on the front, ever had a warrant issued for an arrest? \_\_\_ No \_\_\_ Yes
3. Have you ever been in trouble with the law? For example, traffic citation or any other situation? \_\_\_ No \_\_\_ Yes  
If you answered yes to any of the questions in this section, explain: \_\_\_\_\_

**Marital Status/History:**

1. Have you ever been married? \_\_\_ No \_\_\_ Yes If yes, how many times? \_\_\_\_\_  
Maiden Name \_\_\_\_\_
2. Have you ever been separated? \_\_\_ No \_\_\_ Yes
3. Have you ever been divorced? \_\_\_ No \_\_\_ Yes
4. Are you a widow? \_\_\_ No \_\_\_ Yes Social Security # of Deceased \_\_\_\_\_

If you answered yes to questions 2-4, list the following information:

Date	From Whom	Street Address	City	State	Zip Code

**Absent Parent Info:**

Family Member	Father/Mother's Name	Street Address	City	State	Comments/Last Contact
1					
2					
3					
4					

**OTHER NEEDED INFORMATION**

1. Have you ever applied for Public Housing or Section 8 Housing? \_\_\_ No \_\_\_ Yes
2. Have you ever lived in Public Housing or Section 8 Housing? \_\_\_ No \_\_\_ Yes
3. Have you ever lived in housing that is referred to as the "Projects"? \_\_\_ No \_\_\_ Yes
4. If you have lived or currently live in Public Housing (Projects) and/or Section 8 Assisted Housing or housing where the amount of rent you paid was based on your income? If yes, complete the following:  
Address: \_\_\_\_\_ When: From \_\_\_\_\_ To: \_\_\_\_\_
5. Do you owe any money to the Public Housing Project and/or Section 8 Housing? \_\_\_ No \_\_\_ Yes  
If yes, how much do you owe? \$ \_\_\_\_\_

**WARNING: Section 1001 of the Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.**

I/WE certify that all of the information given to the Montgomery Housing Authority (MHA) in this application is correct. I/WE understand that if these facts are not true, housing assistance or housing will not be provided and I/WE will be declared ineligible. I understand that after the information in this application is verified that the information will be submitted to the U.S. Department of Housing and Urban Development (HUD) on Form HUD-50058. See the Federal Privacy Act Statement for additional information concerning the authorized use of this information. I also understand that the staff of the Montgomery Housing Authority (MHA) will verify this information and I authorize the MHA to submit inquiries necessary for the purpose of verifying the facts herein stated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Head of Household

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Spouse or Other Adult

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Other Adult

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Montgomery Housing Authority Representative

NOTE: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-424-8590 or the Montgomery Housing Authority will provide you with a HUD Housing Discrimination Complaint Form, HUD-903. This form can be completed to report discrimination to the HUD office of Fair Housing and Equal Opportunity.