

WESTERN CAROLINA COMMUNITY ACTION PRELIMINARY APPLICATION FOR RENTAL ASSISTANCE

You must answer all questions on this application form or the application could be considered incomplete. Incomplete application will not be processed.

1. APPLICANT NAME _____
2. PHYSICAL ADDRESS _____
3. MAILING ADDRESS _____
4. CELL PHONE # _____ WORK # _____ EMAIL _____
5. NAME OF PREVIOUS LANDLORD _____ PHONE # _____
 LANDLORD ADDRESS _____

6. HOUSEHOLD COMPOSITION: **You must list the Head of Household and all other members who will be living in the assisted unit. Give the relationship of each family member to the Head of Household.**

Family Member(s) Full Name	Relation to Head	Date of Birth	Age	Birth Place	Race	Sex	Social Security Number
	Head of Household						

7. RACE OF HEAD OF HOUSEHOLD _____ 8. ETHNICITY OF HEAD OF HOUSEHOLD Hispanic Non-Hispanic
9. Do you believe the head or spouse qualifies for a “person with disability” deduction? Yes No
10. If you have a family member who is a person with disabilities, what, if any, specific accommodation is required to allow this person to fully utilize this program?

11. Do you have a voucher from another area and wish to relocate to this county? Yes No
12. Have you ever lived in public housing? Yes No
If Yes, where? _____
13. Have you ever been evicted from public housing? Yes No
If Yes, when? _____
14. Have you ever participated in the Section 8 Program? Yes No
If Yes, where? _____
15. Have you or any members of your household been charged with any drug-related or violent criminal activity?
 Yes No
If Yes, explain: _____

16. INCOME INFORMATION

For each type of income that your household receives provide the source of the income that can be expected during the next 12 months (Include SSA, SSI, TANF, VA, Alimony, Child Support, Salary, Self-employment, Unemployment):

Family Member	Source and Type of Income	Annual Income Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. ASSETS INFORMATION

List all checking and savings accounts (including IRAs, Keogh Accounts, and Certificates of Deposit) of all household members:

Family Member	Bank Name	Account Number	Current Balance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the value of all insurance policies, stocks, bonds, trust, pension, contributions, or other assets:

18. Do you own a home or other real estate? Yes No
19. Have you sold or given away real property or other assets in the past two years? Yes No
If yes, what is the current market value of the asset? \$_____

20. EXPENSES

Do you pay for child-care which enables you or another family member to work or go to school? Yes No
If yes, provide the name and address of childcare provided, weekly cost, and name of family member enabled to Work.

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

22. Does any member of the family need a handicapped accessible unit? Yes No

APPLICANT CERTIFICATION

I/We certify that the information given to Western Carolina Community Action, Inc. on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my knowledge and belief. I/We understand that false statements or information are punishable under Federal Law.

I/We also understand that false statements or information are grounds for denial or termination of rental assistance.

Signature of Head _____ Date _____

Signature of Spouse _____ Date _____

Application taken by _____ Date _____

Time _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.