

APPLICATION FOR HOUSING ASSISTANCE

PROPERTY NAME: _____

APPLICANT NAME: _____

CURRENT ADDRESS: _____

CITY, STATE, ZIP: _____

HOME PHONE #: _____ WORK PHONE #: _____

BIRTH DATE: _____ *GENDER: _____ SOCIAL SECURITY #: XXX-XX-
*Attach copy of Birth Certificate (OPTIONAL) **Attach copy of Social Security Card*

PLACE OF BIRTH (U.S. city & state OR foreign country): _____

1. Please list below each person who would occupy the premise with you:

Last Name	First Name	D.O.B.	Gender (OPTIONAL)	Relationship to Head of Household	Annual Income Source	**Social Security Number
*						

*** Attach a copy of all birth certificate(s) and **social security card(s) for each additional person.**

2. Are you 62 or older as of January 31, 2010, and who do not have a SSN number? Yes No
If yes, were you receiving HUD rental assistance at another location on January 31, 2010? Yes No
3. Are you or any other occupant of the household, a part or full-time student? Yes No
If yes, are you enrolled as a student at an institute of higher learning? Yes No
4. Do you anticipate any change in your household composition (i.e. Pregnancy)? Yes No
If yes, please give an anticipated date of change: _____
5. Are you a part of any Military branch? Yes No
If yes, which status applies? Active Reserved Veteran
6. Do you plan to bring a pet? Yes No Is it a service animal? Yes No
7. Are you a qualified individual with a disability? Yes No
8. How many bedrooms are you requesting? One Two Three
9. Would you require an accessible unit? Yes No
If yes, which would you need? Mobility Visual Audio
10. Have you ever been evicted from a federal subsidized housing unit? Yes No

If yes, please provide the information listed below:

Name of Property: _____ Phone Number: _____

Name of Manager: _____ Date of eviction: _____

11. Are you currently involved in the use of illegal drugs? Yes No

12. Are you registered in a State Sex Offender Lifetime Registration database? Yes No

Applicant Certification and Consent

By signing below, I give permission to The Arc of North Carolina, as managing agent, to perform a Criminal Background check and Sexual Offender Registry check. I also certify that the statements made on this application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

Signature of Applicant / Legal Gaudian

Date

Signature of Spouse or Co-Head

Date

Signature of Manager

Date

The Arc of NC OFFICE USE ONLY:

Date application was received by The Arc of NC: _____ Time: _____

IF THE APPLICATION WAS RETURNED BECAUSE IT WAS INCOMPLETE, ENTER THE NEW DATE AND TIME OF RECEIPT OF THE COMPLETED APPLICATION BELOW:

Date *REVISED* Application was received: _____

Time *REVISED* application was received: _____

****Acceptable Forms of Verification for Social Security Numbers:**

- Original Social Security card
- Driver's license with SSN
- Retirement benefit letter
- Identification card issued by a federal, State, or local agency, medical insurance provider, or an employer or trade union.
- Earnings statements on payroll stubs
- Bank statement
- Life insurance policy
- Form 1099
- Benefit award letter
- Court records

The Arc of NC does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

Penalties for misusing this form: Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department of the United States Government, HUD, the PHA and any owner (or employee of HUD, the PHA or the owner) may be subjected to penalties for unauthorized disclosures or improper uses of information collected based on the consent. Use of the information collected based on this verification for is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5000. Any applicant or participant affected by negligent disclosures of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U>S>C. 408 (a) (6), (7) and (8).

