

**THIS SECTION FOR MANAGEMENT/LEASING OFFICE USE ONLY**

<b>Name:</b>	
<b>Bedroom Size:</b>	

<b>Date and time of receipt of the application:</b>	
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**APPLICATION FOR HOUSING**

*Please read all of the information below before beginning this application.*

This apartment community provides affordable housing to eligible individuals and families. We do not discriminate against applicants on the basis of their race, religion, sex, color, national origin, age, disability or familial status.

**Reasonable Accommodations for Applicants with Disabilities**

We provide "reasonable accommodations" to applicants who demonstrate the need for them due to a disability. A reasonable accommodation may be a structural change to our units or common areas, or a modification of a rule, policy, procedure, or service that will assist an otherwise eligible applicant or a resident with a disability to make effective use of our programs. A family that has a member with a disability must still be able to meet essential obligations of the lease. For example, they must be able to pay rent, to care for their apartment, to report required information and to avoid disturbing their neighbors.

If you or a member of your family have a disability and think you might need or want a reasonable accommodation, or if you need help completing this application, you may request it by informing the property manager at any time. This is up to you. If you would prefer not to discuss your situation with the property manager, that is your right. Please read Article Seven from Atlanta Housing Authority's Statement of Corporate Policies for the complete Reasonable Accommodation Policy (attached).

**Are You Eligible?**

To be eligible for admission, an applicant must meet all of the following requirements:

1. Applicant is an eligible low income family based on total annual household income limits established by the U. S. Department of Housing and Urban Development (HUD);
2. All members of Applicant's household must satisfy HUD's statutory and regulatory requirements for citizenship / eligible immigrant status;
3. Each school-age member of the Applicant's household who is under 18 years of age and who has not completed her/his secondary education must be enrolled and attending an accredited public or private secondary academic or technical school;
4. At least one adult member of the household, age 18 - 61 must be legally employed or self-employed in a legitimate business enterprise, appropriately documented, either on a full-time equivalent basis or for at least 30 hours per week;
  - a. All other household members, ages 18 – 61, must be actively engaged in one of the following:
    - i. Legally employed or self-employed either full-time equivalent basis or for at least 30 hours per week;
    - ii. Enrolled in and attending an AHA-recognized school or institution as a full-time student; or
    - iii. Combined minimum of 30 hours per week of employment and education/training

**(Elderly, disabled and full time caretaker for an elderly or disabled household member are exempt from the Work Requirement)**

5. Applicant would be a suitable Resident based on past satisfactory behavior including, but not limited to, housekeeping performance, acceptable payment records for rent and/or utilities (as applicable), acceptable credit history, acceptable criminal history screening and a commitment to abide by the lease offered to eligible Applicants.
6. **High Rise Community Only** - The head of household, co-head or spouse must be elderly (age 62 or older), almost elderly (age 55 to 61), or disabled.

Please provide the following information:

**Applicant's Name** \_\_\_\_\_ **Soc. Sec. Number:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
 (Head of Household): \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Apt.** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Previous Mailing Address:** \_\_\_\_\_ **Apt.** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Please list all other states you have lived in:** \_\_\_\_\_

**Home Phone Number:** ( ) \_\_\_\_\_ **Cell Number:** ( ) \_\_\_\_\_

**Have you ever lived in a HUD subsidized unit?**  Yes  No **If yes, where?** \_\_\_\_\_

**Dates:** **From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Name of Lessee:** \_\_\_\_\_

**Have you ever been evicted?**  Yes  No **If yes, reason:** \_\_\_\_\_

Please provide all of the information requested below about each household member, including any live-in aide required for the care of an elderly or a disabled person.

Family Member's Name	Relationship to Applicant	Birth Date	Age	Sex	Social Security Number	Disabled? (Y/N) <i>See definition below</i>

**Definition of a Disabled Person as defined by HUD for program eligibility purposes:**

1. A disabled person is one with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.
2. A developmentally disabled person is one with a severe chronic disability that:
  - a. is attributed to a mental and/or physical impairment;
  - b. has manifested before age 22;
  - c. is likely to continue indefinitely;
  - d. results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language; learning, mobility, self-direction, and economic self-sufficiency AND
  - e. requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.
 (All of the subparts must be satisfied to qualify under this definition.)
3. A disabled person is also one who has a physical, emotional or mental impairment that:
  - a. is expected to be of long-continued or indefinite duration;
  - b. substantially impedes the person's ability to live independently; AND
  - c. is such that the person's ability to live independently could be improved by more suitable housing conditions.
 (All of the subparts must be satisfied to qualify under this definition.)

**ACCESSIBILITY FEATURES**

Fully-accessible units were designed for residents with mobility-related disabilities or who may use a wheelchair or scooter. These units offer features such as wider doors, lowered controls, light switches, counters, cabinets, roll under sinks etc. Applicants may apply for this type of unit anytime during their application process. Upon request an eligible household may be offered a fully accessible unit based on availability.

Applicants may request that special features be added to units where the household does not require full accessibility.

Does any household member require a fully accessible unit?  Yes  No

Does any household member require a unit with special features or a program modification due to a disability?

Yes  No

If **yes**, please describe the special features needed to accommodate the household member’s disability or handicap:

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**SOURCE OF INCOME**

For each type of income that any household member receives, give the source of the income and the amount of income expected from the source during the next twelve (12) months. (Examples: Employment, TANF, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Family Contributions, Baby Sitting, Care-taking, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Armed Forces Reserves, Scholarship, and/or Grants, etc).

Household Member	Source of Income	Amount
		<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
		<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
		<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
		<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
		<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
		<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
		<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

**PENALTIES FOR FAILING TO REPORT OR FALSELY REPORTING INFORMATION**

**It is against the law** to make a false statement or withhold information about your income, the number of people in your household, or money you receive from other sources or people.

**It is against the law** to attempt to obtain or actually obtain benefits that don't belong to you based on false claims for allowances and deductions related to a disability or dependents, and other factors in order to reduce your rent.

**It is against the law** to turn in false documentation, to have someone help you by turning in false documentation, or to help someone else turn in false documentation.

**It is against the law** to fail to report an increase in your income, a change in your family size, or any factor that would change an allowance or deduction in order to keep your rent from going up.

**It is against the law** to perjure yourself (to tell a lie) on your application or at the time of your recertification.

The **Federal Law** for the prosecution of fraud can be found in 18 United States Code Section 1001. The **State Law** can be found in Official Code of Georgia Annotated Section 16-9-55. **Both laws carry serious penalties in fines and jail time.**

If you failed to report or falsely reported information, Atlanta Housing Authority has the legal right to terminate your lease or assistance, or deny your application. If you falsely received a monetary benefit, Atlanta Housing Authority also has the right to collect any money you owe for overpaid assistance or for the rent you didn't pay by any means available to it under law.

**I read and understand the information provided above and I hereby certify under penalty of law that the information I gave on income, family composition, and other requested documentation is accurate, complete, and true.**

**Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing a false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States may be fined not more than \$10,000 or imprisoned for not more than five years or both.

**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

**I do hereby authorize the owner and management of this community to obtain information about me and any member of my household that is pertinent to determine my eligibility and suitability for an apartment in this housing community.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other Adult Household Members (if applicable):**

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

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

**Attachments:**

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|---|---|
| 1. <input checked="" type="checkbox"/> Authorization for Release of Criminal Activity Information | 6. <input checked="" type="checkbox"/> Request for Reasonable Accommodation Form      |
| 2. <input checked="" type="checkbox"/> Race and Ethnic Data Reporting Form                        | 7. <input checked="" type="checkbox"/> Statement of Corporate Policy Excerpts         |
| 3. <input checked="" type="checkbox"/> Authorization for the Release of Information               | 8. <input checked="" type="checkbox"/> Notice of Rights to a Reasonable Accommodation |
| 4. <input checked="" type="checkbox"/> Debt Owed to Public Housing Agencies and Terminations      | 9. <input checked="" type="checkbox"/> Violence Against Women Act (VAWA) Notification |
| 5. <input checked="" type="checkbox"/> Declaration of Section 214 Status                          | 10. <input checked="" type="checkbox"/> Optional Contact Form                         |