



WAYNESVILLE HOUSING AUTHORITY

48 Chestnut Park Drive · Waynesville NC 28786

Phone: (828) 456-6377

https://www.waynesvillehousing.org | Email: info@waynesvillehousing.org

CHECK ONE:

- 0-BR (efficiency) _____
- 1-BR _____
- 2-BR _____
- 3-BR _____
- 4-BR _____

(2 Persons per Bedroom Max)

Housing Assistance Application

FAMILY COMPOSITION AND CHARACTERISTICS: Email Address: _____

Legal Name of Head of Household: _____

Social Security # _____ .Alien Registration # _____

Current Address: Street _____
City/State/Zip _____

Mailing Address: Street *president-declared emergency*) City/State/Zip _____

Elderly (*62 or older*)

Near Elderly (*Age 52 - 61*) Address: _____

Previous Address: _____

Working/Employed: _____ Local (*Haywood County*) _____

Date of Birth: _____ Sex Orientation (M/F): _____

Citizenship: Are you a citizen of the United States? (Yes/No)

Race: 1 = White 2= Black/African American 3 = Asian 4 = Native Hawaiian/Other Pacific Islander 5= American Indian/Alaska Native

Select as many codes as appropriate to best indicate your race: _____

Ethnicity (1 = Hispanic or Latino 2 = Not Hispanic or Latino): _____



THIS IS AN
EQUAL
OPPORTUNITY
PROVIDER

03/22/2





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Do you or any member of your Family claim any type of disability for the purpose of qualifying for reasonable accommodation in PHA rules or policies, modification of the housing unit, or specific housing needs? (Yes/No) If yes, please describe:

Proof or verification of disability will be required upon lease-up; Request for Reasonable Accommodation form available upon request.

Marital status of Head of Household: Married _____ Single ___ Widow(er) _____ Divorced

Current Spouse Name: _____

List names, addresses, and telephone numbers of two relatives or friends who generally know how to contact you: 1. Contact Name:	2. Contact Name:
Address:	Address:
Telephone:	Telephone:

LIST ALL MEMBERS WHO WILL BE LIVING IN THE UNIT

Member	Member's Full Legal Name	Relation	Birth Date	Age	Sex M/F	Social Security	Ethnicity/Race	Citizen Y/N
Head (1)								
2								
3								
4								
5								
6								
7								





INCOME INFORMATION

This part applies to all Family members, including minors

Work full time, part-time, or seasonally — including wages, fees, tips, bonuses, money for services?

(Yes/No) _____ If yes, provide the following information: _____

Any Family member work for someone who pays cash? (Yes/No) _____ If yes, provide the following information:

Does any family member receive unemployment benefits, workers compensation, or severance pay? (Yes/No) _____ If yes, provide the following information:

Family Member Name: _____

ASSETS

Does family own or have an interest in any property (real estate, mobile home, and/or land)? (Yes/No) _____ If yes, provide:

Family Member Name: _____

Real Estate Address: _____ Value \$ _____

Has any family member sold or given away any property (real estate, mobile home, and/or land) in the last two years?

(Yes/No) _____ If yes, describe below:

Does any family member own any stocks or bonds? (Yes/No) _____ If yes, describe below:

Where do all family members bank? Provide all information below:

Name of Family Member	Bank Name/Address	Type of Account	Account Number
a.			
b.			
c.			
d.			

Does any family member have any savings certificates, money market funds, or trust funds? (Yes/No) _____ If yes, describe:

Does any family member have any type of retirement account (Company, IRA, Keogh)? (Yes/No) _____ If yes, describe:

Does any family member have any inheritances, lottery winnings, or lump sum payments? (Yes/No) _____ If yes describe:

Does any family member have any life insurance policies? (Yes/No) _____ If yes, provide:



Name of Family Member	Agency Name/Address	Policy Number	Amount/ Value
a.			
b.			
c.			
d.			

EXPENSES

Does any family have expenses for child-care of a child aged 12 or younger? (Yes/No) _____ If yes, provide:

Minor's Name	Childcare Provider Name and Address	Provider Telephone Number	Monthly Cost to You for Childcare
a.			
b.			
c.			
d.			

Is any portion of your child-care expenses reimbursed from an outside agency or person? (Yes/No) _____

Do you pay a care attendant or for any equipment for any family member(s) with disabilities that is necessary to permit that person or someone else in the family to work? (Yes/No) _____ If you do pay a care attendant, provide:

Care Attendant Name	Care Attendant Address	Care Attendant Telephone #
a.		
b.		

What is the monthly cost to you for the care attendant and/or the equipment? \$ _____



ELDERLY OR DISABLED FAMILIES ONLY

Complete the following questions in this part (Part E) only if the head of family or spouse is 62 years of age or older, or if the head or spouse is a person with a disability.

Do you have Medicare? (Yes/No) _____ If yes, what is your monthly premium? \$ _____ 5. Do you pay for any other kind of medical insurance? (Yes/No) _____ If yes, provide: _____.

Insurance Agent's Name:	Policy Number:	Policy Number:
Name of Insurance Company:		
Address:		
Telephone Number:		
Monthly Premium Amount:	\$	\$

Do you have any outstanding medical bills that you are paying? (Yes/No) _____ If yes, provide:

Name of Provider	Address of Provider	Telephone Number
a.		
b.		

Do you expect to incur additional medical expenses in the next 12 months that will not be covered by insurance? (Yes/No) _____. If yes, list anticipated medical expenses not covered below:

Name, address and telephone number of your current landlord: _____

What is the total monthly rent of your unit? \$ _____

What amount do you pay monthly for rent? \$ _____

Indicate the type of housing you currently occupy: House ___ Apartment ___ Mobile ___ Home ___ Other (specify):



APPLICANT/PARTICIPANT CERTIFICATION

I certify that the information given to the Waynesville Housing Authority (PHA) on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in family composition, income, assets, and expenses of any family member(s) to the Waynesville Housing Authority (PHA) within thirty (30) days of the change. I understand that all changes in family composition due to birth, adoption, or court awarded custody must be reported in writing to the Waynesville Housing Authority (PHA) within thirty (30) days of the change. Further that no one is permitted to move into my unit without prior written approval of the Waynesville Housing Authority (PHA) and my landlord. I understand that any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, 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.

Head of Household: _____ Date: _____

Signature of Spouse: _____ Date: _____

Housing Authority Representative: _____ Date _____