

Housing Authority of the City of Fitzgerald, Georgia
314 S. Sherman Street- PO Drawer 1067 Fitzgerald, GA 31750
(229)423-3755 (229)424-0236 Fax www.housingauthorityfitz.com

APPLICATION for PUBLIC/ PHA-OWNED HOUSING

Instructions: Please read Carefully. Incomplete applications will not be processed.
This application is valid for all public housing properties operated by the Fitzgerald Housing Authority hereinafter referred to as "PHA".

To be qualified for admission to public housing an applicant must:

- a. Be a family as defined in PHA's Admission and Continued Occupancy policy;
- b. Document citizenship or eligible immigration status;
- c. Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA office.
- d. **Must have documentation of Social Security numbers & Birth Certificates for all family members or appointment will be rescheduled.**
- e. Meet or exceed the Applicant Selection Criteria;
- f. Pay any money owed to PHA or any other housing authority;
- g. Not have had a lease terminated by a PHA in the past 12 months;
- h. Be able and willing to comply with the PHA lease;
- i. Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity;
- j. Not have any family members subject to a lifetime sex offender registration in any state.

Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size (and admission preferences if applicable).

Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer, the application will be put back on the waiting list. They must keep their information updated every 90 days or the application will be placed inactive.

Applicants with disabilities will be given assistance, if requested, with the completion of the application.

PHA will conduct a criminal record check on all adult applicants or those for whom adult records are available.

Each member of household must have: Birth Certificate, Social Security Card, and Verification of Income Ex: (SSI, Check Stubs, Child Support, etc.), Marriage Certificate, Separation or Divorce Decree, or any other information requested. You may call this office at 229-423-3755 to make an application interview appointment. You must have a certified birth certificate. A confirmation of birth from the hospital is not accepted as a birth certificate. Please do not mail or fax your application back to the office.

Interviews take approximately one hour. **All applicants over 18 must come to the interview to sign documents.** Applications must be updated every three months.

The Housing Authority is an Equal Housing Provider

Family Income Information

7. Please list the source and amount of **all income expected for the coming 12 months for all family members**, including but not limited to all earnings and benefits received from working, TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Pension, Child Support, etc. Example: Wages, \$150/week, SSI, \$421/month

Income Source / Job Name	Hours / Pay Rate	Amount \$	Frequency – Per
			<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

8. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc?
 Yes No If yes, describe the type of asset(s) please: _____
 What is the market value of all assets? _____
9. Do you own any real estate? Yes No If yes, what is the address? _____

10. Have you sold any real estate in the past two years? Yes No If yes, what was the address? _____

11. Current Landlord's name and phone # _____
 Current Landlord's Address _____
 Date Family Moved to this location _____
12. Most recent former address, Street, Apt. # _____
 Most recent former City, State and Zip _____
 Most recent former Area Code and Phone # _____

Screening

13. Have you ever been evicted from housing? Yes No If yes, why? _____

14. Have you ever lived in public housing before? Yes No If yes, where? _____
 Dates: From _____ To _____ Name of Authority: _____
- Do you owe any money to a Housing Authority?** Yes No How much? _____
Are you currently in a yearly lease? _____
15. Do you have any past due utility bills? Yes No If yes, where and give amount owed: _____

16. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? Yes No If yes, please explain the problem and who was involved:

17. Is anyone in your household currently on parole or probation? Yes No If yes, please explain:

Calculating Rent

18. Is the head of household or spouse age 62 or older or a person with a disability? Yes No
19. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to School, or attend job training? Yes No If yes, Name, address and phone # of childcare provider:

Monthly unreimbursed child care cost: \$ _____
20. Is any member of the household age 18 or older (other than family head and spouse) a full time student or person with a disability? Yes No If yes, Name of the family member and name and address of someone who can verify this information: Name of family member: _____
Name, address & phone # of someone who can verify this information: _____
21. Drivers License or State ID #: Applicant: _____ Co-applicant: _____
Automobile: Year: _____ Make: _____ Model: _____ License: _____
22. Do you want to have a pet in your apartment? Yes No *There is a \$100 pet deposit per animal.*
23. If we cannot get a hold of you, who is someone we can call that can reach you? Name and phone #.

PHA will be contacting all former landlords for the period three years from the date of application.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Georgia Health and Human Services Commission, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature

Date

Co-applicant Signature

Date

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

If you have any questions, please call the office at 229-423-3755. **You must have all the needed documentation with you when you come in for your application appointment or your appointment will be rescheduled.**

www.housingauthorityfitz.com
We are a smoke-free property.