

CHA OFFICIAL USE ONLY

<p align="center"><i>Date Stamp</i></p>	<p align="center">Housing Authority of City of Charlotte ONLINE APPLICATION</p> <p>SITE APPLYING FOR: _____</p> <p>Status: <input type="checkbox"/> Approve <input type="checkbox"/> Denied <input type="checkbox"/> Prospect</p> <p>Bedroom Size: _____ Program Type: _____</p>
<p>Intake Processor's Signature: _____</p>	



PUBLIC HOUSING APPLICATION

Please do not use a pencil. Please use a black or blue ink pen.

You must be 18 years old in order to submit an application. This application must be filled out completely. Failure to do so will place your application in the incomplete file and it will not be placed on the Waiting List.

First Name		Last Name	
Street Address		City	
State	Zip Code		Telephone Number (Home)
Telephone Number (Office/Other)		Social Security #	
Race <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other		Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Family Type <input type="checkbox"/> Family <input type="checkbox"/> Disabled (check all that apply) <input type="checkbox"/> Hearing impaired <input type="checkbox"/> Sight impaired <input type="checkbox"/> Mobility impaired <input type="checkbox"/> Elderly (62 and older) <input type="checkbox"/> Near Elderly (50 - 61)		Highest Education Completed <input type="checkbox"/> Elementary <input type="checkbox"/> High School <input type="checkbox"/> Jr. College <input type="checkbox"/> College/University <input type="checkbox"/> Post Graduate	
Type of Monthly Income (check all that apply) <input type="checkbox"/> Wage <input type="checkbox"/> SS <input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> VA <input type="checkbox"/> Retirement/Pension <input type="checkbox"/> Unemployment		Amount of Monthly Income \$ _____	
Sex/Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Assets <input type="checkbox"/> Savings <input type="checkbox"/> Stocks, Bonds, Money <input type="checkbox"/> 401K Market account <input type="checkbox"/> Other	
Number Of Adults in Family _____		# Of Children in Family _____ girl(s) _____ boy(s)	
Do you own any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify: _____			
Bank Account		Drivers License #	
Occupation		Are you a US citizen? <input type="checkbox"/> Yes (Citizen) <input type="checkbox"/> No (Noncitizen)	
How did you hear about us? (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Sign <input type="checkbox"/> Drive By <input type="checkbox"/> Walk-in <input type="checkbox"/> Referral <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Yellow pages <input type="checkbox"/> Newspaper <input type="checkbox"/> Other			

Applicant Signature _____

Date _____

1. Have you ever lived in federally subsidized housing? Yes _____ No _____

If yes, please give the name of the Housing Authority and address.

 If you answered yes to #1, please answer #2

2. Did you leave owing the Housing Authority any money? Yes _____ No _____
3. Have you as head of household ever been convicted of a felony for drug-related criminal activity or violent criminal activity within the last seven(7) years? Yes _____ No _____
4. Has anyone in your household ever been arrested or convicted of a felony for drug-related criminal activity or violent criminal activity within the last seven(7) years? If yes, what state did the offense occur in? Example SC, NC, etc. Yes _____ No _____
5. Have you, as head of household, or anyone in your household ever committed any fraud in Federal assistance housing program, or been requested to repay money for knowingly misrepresenting information for such housing programs, or have you been requested to repay any monies? Yes _____ No _____

I do hereby certify that the information I gave is true and accurate, to the best of my knowledge.

 Applicant's Signature

 Date

**Please list the individuals that will be living with you. These persons must be related to you by blood, marriage or adoption.
 Only list the individuals that will actually be living with you.**

Name of Members	Relationship	Age	Birth Date	Sex	Social Security Number
	Head of Household		- -		- -
			- -		- -
			- -		- -
			- -		- -
			- -		- -
			- -		- -
			- -		- -
			- -		- -
			- -		- -
			- -		- -
			- -		- -

Is any member expecting a baby? _____ Which member? _____ Due date _____