

Housing Authority of the City of Paris
Application for Admission
109 Logan Drive
Paris, AR 72855
Phone: (479) 518-0123
Fax: (479) 431-4886
Email: bmingspha@gmail.com

NOTICE:

If you require a reasonable accommodation, please notify a Housing Authority Staff person at the time of your request regarding housing needs.

To remain on the waiting list, we request that you call the office to check the status of your application once a month and update any contact information that might have changed.

NAME _____

Phone # _____

Address _____



U. S. Department of Housing and Urban Development

Things you should know:

Don't risk your chances for Federally Assisted Housing by providing false, incomplete, or inaccurate, information on your application and recertification forms.

Purpose: This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

Penalties for Committing Fraud: The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

Evicted from your apartment

Required to repay all over paid rental assistance you received

Fined up to \$10,000.00

Imprisoned for up to 5 years

Prohibited from receiving future assistance

Asking Questions: When you work with the person taking your application, you should know what is expected of you. **If you do not understand something, say so.** That person can answer your questions or find out what the answer is.

Completing the Application: When you give your answers to the application questions, you must include the following information:

All sources of money you and any member of your family receives. (Wages, TEA, alimony, social security, SSI, VA pension, Welfare payments, etc.)

Any money you receive on behalf of your children. (child support, social security for children, etc.)

Income from assets. (Interest from savings accounts, credit union, or certificates of deposits, dividends from stock, etc.) earnings from a job, a second job, or a part-time job.

Any anticipated income. (Such as a bonus or pay raise you expect to receive.)

If you have no income you will need to request a budget worksheet from the PHA.

Housing Applications will be accepted in the office Monday-Friday, 8:00 AM until 3:00 PM

Filling out the Rental Application

The rental application is designed to help us process your application quickly and fairly, and to satisfy all governmental requirements. Please complete the application carefully and please keep these suggestions in mind:

1. Fill out the application in ink, including all attachments, and please print clearly.
2. Please fill in all of the blanks.
3. If you need to make a correction, put one line through the wrong information, write the correct information above and initial the change.
4. If you and your spouse will live in the apartment, you both must sign the application.
5. be aware that you must report the gross amount (before deductions) of all types of income.
6. Your medical and dental expenses may help reduce your rent if you are 62 years of age or older and/or you are disabled.
7. When you list the persons who will live in the apartment, be sure to list all that will live in the apartment, if your application is approved. Do not bring a stranger to the lease signing and expect us to put that person on the lease!!
8. Be sure to review your application before you sign it.

Each item of information is necessary to satisfy our selection guidelines or to satisfy a government requirement. Please provide all the requested information and please be sure all of your information is correct.

I have followed the above instructions to the best of my ability and I have accepted the copy of “The Things You Need to Know”.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

RESIDENT SELECTION SUMMARY

Applicants must complete, date, and sign the application form.

Incomplete applications will be denied.

Proof of identity will be required of all applicants.

Verification Requirement for Residency

Social Security Cards for all members of the household.

References

Credit Report

Verification of all sources of income

Criminal history

Family size must be appropriate for available unit. Should a unit of the appropriate size not be available, the qualifying applicant will be placed on a waiting list for the unit required.

This is a summary only. A detailed selection plan is available.

Reasons for Denial of Housing

An incomplete application

The applicant must be a "family"

Criminal History

Determination or discovery that an applicant is a registered sex offender

At least one member of the family must be a US citizen, or have eligible immigration status

Must be able to provide and verify their social security number or certify that they don't have one

Exceeds income limits

False statement on application

A history of violence to person(s) or property

Poor credit history, especially prior landlords

Lack of demonstrated ability to live independently

Failure to keep your application updated

Living or housekeeping habits which adversely affect the health, safety, or welfare of other residents

Applicant Signature_____

Date_____

Co-Applicant Signature_____

Date_____

Housing Authority Application for Admission

Complete this form in ink in your handwriting. Use the correct legal name for each person who will reside in the apartment as it appears on their social security card. All persons, aged 18 and over, must sign this application, certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write, N/A in that section. Any required information not received by the housing authority within 10 days of the date of the application can result in denial of the application.

NAME: _____

Marital Status: Single____ Married____ Separated____ Divorced____ Widowed____

Current Address: _____

City: _____ State _____ Zip Code _____

Telephone: _____ Message Phone _____

How long have you lived at this address? _____

Is it rented in your name? _____ If not, whose name is it rented in and their relationship to you? _____

Landlord's name _____

Landlord's address _____

City _____ State _____ Zip Code _____

Landlord's Phone number _____

Do you owe money to a previous landlord? _____ If so, please explain _____

Do you have any friends or relatives living at Paris Housing Authority? _____
If so, who? _____

Do you owe any old utility bills? _____ If so, which companies _____

Please list addresses where you have lived for the last three (3) years: Additional sheets are available if necessary.

1. Previous Address _____
City _____ State _____ Zip Code _____
Landlord's name _____
Landlord's address _____
Landlord's phone # _____
Dates you lived there: From _____ to _____
Reason for leaving _____

2. Previous Address _____
City _____ State _____ Zip Code _____
Landlord's name _____
Landlord's address _____
Landlord's phone # _____
Dates you lived there: From _____ to _____
Reason for leaving _____

3. Previous Address _____
City _____ State _____ Zip Code _____
Landlord's name _____
Landlord's address _____
Landlord's phone # _____
Dates you lived there: From _____ to _____
Reason for leaving _____

Household Composition: List all persons who will stay in the apartment! If they are not listed here they will not be allowed into the unit!

Applicant(s) Name	Social Security #	Relation-ship To head of household	Sex M/F	Birthdate	Disabled Yes/no

Total Household Income: List all money earned by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, SSI, Worker’s Compensation, retirement benefits, AFDC, Veteran’s Benefits, rental property income, stock dividends, income from bank accounts, alimony, oil and gas leases, and all other sources.

Income Source	Which family member	Source	Amount	Frequency? Monthly/weekly/bi-weekly	Remarks
Self employment					
Wages or Earnings					
Pension or Retirement					
SSI or Social Security					
TEA					
Child support					
Unemployment Benefits					
Worker’s Compensation					
Military Income					
Income from Assets					
Oil & Gas					

TENANT'S REPORTING NO INCOME

(Fill out only if you report no income)

If you are reporting no income to the housing authority, you must answer the questions below.

Do you receive food stamps? _____ How much do you receive monthly? _____

Do you smoke? _____ How much do you spend each week for cigarettes? _____

How much was your electric bill last month? _____

How much was your gas bill last month? _____

How much was your telephone and/or cell phone bill last month? _____

Do you have Cable TV, Dish or Direct TV? _____ How much was bill last month?

Do you have Doctors bills? _____
If yes, how much do you pay monthly? _____

Do you make car payments each month? _____ How much? _____

Did you buy clothes for your family last month? _____
How much did you spend? _____

If you answered yes to any of the questions above, other than food stamps, please list where you got the money to pay for them? _____

Does anyone outside your household assist with bills or expenses on a regular basis?

If yes, please explain: _____

List names of any household members, age 18 or older employed in a job training program _____ List their specific job training _____

Has anyone in your household applied for any benefits which are in the process of being approved? _____ If yes, please explain:

Are you entitled to Child Support? _____ Alimony? _____

Do you receive Child Support? _____ Alimony? _____

Assets

Does any household member listed have assets or receive income from assets? (Check all that apply)

- _____ Real Estate _____ Stocks _____ Savings Account
- _____ Company retirement/pension _____ Trusts _____ Insurance Settlements
- _____ Certificate of deposit _____ other _____ Bonds
- _____ Checking Account

What is the total market value of all assets? _____

How much interest or other income from any assets checked above do you receive annually? _____

Has any asset been given away or sold for less than fair market value in the past two years? _____ If yes, list _____

What was its fair market value? _____ How much did you receive? _____

Medical Expenses

Complete only if head of household or spouse is disabled or is 62 years or older.

List all medical expenses the family anticipates paying during the next 12 months that will not be reimbursed by insurance or other outside sources. Do not include life or burial insurance premiums, car insurance, or utility expenses.

Type of Expense	Amount
Medical insurance	
Doctor's visits	
Prescription Medicine	
Other	

Child Care and or Handicapped Assistance expense:

Do you pay for child care for children age 12 or younger while you work or attend School? _____

Name, Address, and Phone # of provider: _____

How much do your pay? _____

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the U. S. Please read the Declaration statement carefully and sign and return to Jackson County Housing Authority. Please feel free to consult with an immigration lawyer or immigration expert of your choosing.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- I am a citizen, naturalized citizen or national of the United States; or
- I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- I have eligible immigration status as checked below (see next page of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant Status under §§101(a) (15) or 101 (a) (20) of the INA 3/; or
 - Permanent residence under 249 of INA 4; or
 - Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA 5/; or
 - Parole status under §§212(d)(5) of the INA 6/; or
 - Threat to life or freedom under §243(h) of the INA 7/; or
 - Amnesty under §245A of the INA 8/.

Signature of Family Member

DATE

Check box if signature of adult residing the unit who is responsible for child named on statement above.

JCHA: Enter INS/SAVE Primary Verification #: _____ Date: _____

(See page two for footnotes and instructions)

___ Birth Certificate ___ Social Security Card ___ Picture ID (if applicable)

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Criminal History

Has the head of household been charged with a criminal offense? _____

Has spouse of head of household or other adult been charged with a criminal offense? _____

Has head of household been convicted of a felony? _____

Has spouse of head of household or other adult been convicted of a felony? _____

Has head of household received deferred adjudication for a crime? _____

Has spouse or other adult received deferred adjudication for a crime? _____

IF yes to any of the above questions, please provide details:

City/County/State	Month/Year	Offense

Has any household member been evicted from federally assisted housing in the past 3 years? _____

If yes, who? _____

Where? _____

A Criminal history check will be run on all household members age 18 and over through the area law enforcement agencies. All information provided on this application is subject to verification. All family members age 18 or over should review the information on this form, the Federal Privacy Act, and all required releases MUST be signed in order to be considered for housing.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority for my application to remain valid. By my signature, I grant permission for the Paris Housing Authority to verify this information to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

Applicant Signature

Date

Co-Applicant Signature

Date

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I certify that I have made no willful misrepresentations on this application, nor have I withheld information in my statements and answers to questions. I am aware and give my full permission for my application information to be investigated (Including criminal/police background) and that any misrepresentation will cause my application to be rejected.

I authorize any former employer, landlord, credit bureau, or police agency to release to the Paris Housing Authority and its authorized representatives, any and all employment, rental, credit, or police records, and other information for the purpose of processing my application for residency with the Paris Housing Authority. I understand that the information will become the property of the Paris Housing Authority and part of my application, to be used for the purpose of evaluating my eligibility. A photocopy of this authorization shall be valid as the original.

Applicant Signature

Date

Co-Applicant Signature

Date