

Housing Authority



of the City of Lumberton
DRAWER 709 • 900 N. CHESTNUT ST.
LUMBERTON, N.C. 28359
PHONE: CENTRAL OFFICE - 671-8200
TDD # (910) 671-8200 - FAX # (910) 671-8239

Preliminary Application for Admission

Please complete and return to:

Housing Authority of the City of Lumberton
Attn: HCV
PO Drawer 709
Lumberton, NC 28359

(HACL office use only)
Control # _____
F D E NE

If you need assistance completing the Application or have questions about the Application process, please contact the HACL Eligibility Unit at (910)671-8200.

Please print neatly in ink. All fields are required.

Are you a current or prior HACL resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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HEAD OF HOUSEHOLD			
Last Name:	First Name:	Middle Initial:	Social Security Number (SSN): [][]-[][]-[][][][][][][][][][]
Address (include Apt. #) (best place for HACL to reach you by mail):		Date of Birth – month/date/year	
City:	State:	Zip:	
Race: <input type="checkbox"/> White(1) <input type="checkbox"/> Black(2) <input type="checkbox"/> American Indian/ Alaskan(3) <input type="checkbox"/> Asian(4) <input type="checkbox"/> Native Hawaiian/ Pacific Islander(5) <input type="checkbox"/> Other		Ethnicity: <input type="checkbox"/> Hispanic(1) <input type="checkbox"/> Non-Hispanic(2)	
Primary Phone:		Alternate Phone:	
Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other		Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other	
Email:		Marital Status: Married/Single/Widow(er)/Divorced _____	

EMERGENCY CONTACT

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other	Phone: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other

LIST ALL MEMBERS WHO WILL LIVE IN THE UNIT OTHER THAN THE HEAD OF HOUSEHOLD:

Legal Name	Race	Ethnicity Hispanic/Non-Hispanic	Social Security Nbr. ###-##-####	Relationship to Head of Household	Date of Birth mm/dd/yyyy	Gender (M or F)	Monthly Gross Income	Source of Income
1				Spouse or Co-Tenant				
2								
3								
4								
5								
6								

Do you anticipate any changes in your family composition? Yes No If yes, describe? _____

Primary Language Spoken: English Spanish Portuguese Chinese Other: _____

- 1) Do you own a home? Yes No
- 2) At your current residence, is there a lease in your name? Yes No
 - a. If yes, name and address of current property / owner _____
- 3) Are you living with another family? Yes No
 - a. If yes, list the name of the Head of Household with whom you live: _____
- 4) Description of apartment / house where you live: _____
 - a. Do you have running water? Y / N
 - b. Do you have a private bath or a shared bath? Private / Shared
 - c. Do you have an outside toilet? Y / N
 - d. Do you have a kitchen with a sink? Y / N
 - e. Do you have electricity? Y / N
 - f. Do you have hot water? Y / N
- 5) How much is your monthly rent? _____ per week month. Are you without housing? Y / N
- 6) Has your family been asked to move by an agency through no fault of your own? Y / N
 - a. If Yes, please explain why and the type of notice you received, i.e. 30 day notice to vacate: _____
- 7) Does anyone in your household have a recent history of criminal activity? Y / N
- 8) Have you ever lived in Public Housing or Federally-Assisted Housing? Y / N Section 8/HCV? Y / N
 - a. If Yes, where and when? _____

SELECTION PREFERENCES

Check ALL of the following situation(s) that apply:

Please note that when your name reaches the top of any waiting list, you will be required to provide verification of the preference(s) selected.

- Involuntary Displacement** - applicants who have vacated housing because of one of the following occurrences: disaster, government action, domestic violence, fear of reprisals, victims of hate crimes, mobility impairment/unit accessibility or the disposition of HUD multi-family housing. In order to qualify for this preference, applicants who have been displaced, must not be living in standard replacement housing.
- Homeless Veterans** – Members of the US Armed Forces, Veterans, or surviving spouses of Veterans who served in active military, naval, or air service, and have been discharged or released from such service under conditions other than dishonorable who meet both the homeless and Veteran definitions. Also includes families with one or more children under age 18 of a deceased veteran.
- Working**– At least one family member who has been continuously employed at least 6 months and working an average of 25 hours per week or to families whose head, spouse, or sole member is elderly or disabled or to families where the head of household is the primary caregiver to a disabled family member.
- Single Elderly / Disabled** – The sole member is age 62 or older, **or** is a person with disabilities.
- Homeless Families that Include Minor Children** – Families that include minor children who are identified by a Social Service Agency providing shelter or law enforcement who lacks a fixed permanent night-time residence, resides in a supervised public or private shelter or public or private place not used as sleeping accommodations for human beings.
- HCV Program Termination**- HCV Participants who have been terminated due to over leasing or lack of federal funding.
- Rent Burden** – Applies to families paying more than 50% of their income for rent and utilities for the past 3 months.
- Date and Time** – Applies to families who do not meet any of the above selection preferences.

REASONABLE ACCOMMODATIONS

If you or a family member are disabled and require accessibility features or another reasonable accommodation, please complete this section. If you do not require an accommodation, skip this section.

Household Member	Mobility (M)	Hearing (H)	Vision (V)	Communication (C)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe in detail any other accommodations that you require.

NOTICE OF NONDISCRIMINATION

The Housing Authority of the City of Lumberton does not discriminate on the basis of race, religion, sex, color, national origin, age, disability or familial status. We provide equal access to persons with disabilities to our programs, services and activities.

NOTIFICATION OF APPLICANT RESPONSIBILITY

It is the responsibility of each applicant to notify the Housing Authority of the City of Lumberton, 613 King Street, PO Drawer 709, Lumberton, NC 28359, **in writing and in person within 10 days of the occurrence**, each time the address changes for the applicant family.

Failure to keep this office informed of any and all changes of address will prevent contact by mail, and will leave us no alternative but to withdraw the application and remove the family from the Wait List. In the event this happens, if the Wait List is open, it will be necessary for the applicant to submit a new application, which will automatically assign the family a new application position. HACL will take affirmative steps to communicate with people who need services or information in a language other than English.

If a letter is mailed and returned by the post office, the application will be withdrawn automatically, unless a forwarding address is listed. When a forwarding address is listed the HACL will re-mail the letter.

IDENTIFICATION VERIFICATION POLICY

Housing Authority of the City of Lumberton (HACL) is required by Federal Law to obtain, verify and record information that identifies each individual who does business with us. When you visit us, we will ask for your name, address and other information that will allow us to identify you such as photo identification, social security number, and date of birth. HACL will collect this information to verify each member of the assisted family and property owner/agent.

APPLICANT CERTIFICATION

I understand that this form is not an offer of housing. Based on this form, I understand that I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform the Housing Authority of the City of Lumberton of any change of address, income, reasonable accommodation, preference and/or family composition or my application will be withdrawn. I certify that the information I have given on this document is true and correct. I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that false statements or information are grounds for rejection of my application or termination of tenancy or program participation. **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.**

Applicant Signature: _____

Date: _____

Co-Head Signature: _____

Date: _____