

**Application for Housing
Housing Authority of Williamsburg
Public Housing**

Date: _____ Time: _____

Head of Household: _____

Address: _____

Phone: _____ Work: _____ Apt: _____

Social Security: _____ Spouse: _____

African American: _____ Caucasian: _____ Indian: _____ Oriental: _____

Names and phone Numbers of two (2) friends or relatives that we can contact if we can't contact you.

Name: _____ Phone: _____

Name: _____ Phone: _____

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List all persons that will be living in the rental unit:

1. Name _____ Sex: _____ Social Security: _____
Birthday _____ Age _____ Place of Birth _____

2. Name _____ Sex: _____ Social Security: _____
Birthday _____ Age _____ Place of Birth _____

3. Name _____ Sex: _____ Social Security: _____
Birthday _____ Age _____ Place of Birth _____

4. Name _____ Sex _____ Social Security: _____
Birthday _____ Age _____ Place of Birth _____

5. Name _____ Sex _____ Social Security: _____
Birthday _____ Age _____ Place of Birth _____

6. Name _____ Sex _____ Social Security: _____
Birthday _____ Age _____ Place of Birth _____

7. Name _____ Sex _____ Social Security: _____
Birthday _____ Age _____ Place of Birth _____

8. Name _____ Sex _____ Social Security: _____
Birthday _____ Age _____ Place of Birth _____

9. Name _____ Sex _____ Social Security: _____
Birthday _____ Age _____ Place of Birth _____

10. Name _____ Sex _____ Social Security: _____
Birthday _____ Age _____ Place of Birth _____

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Total Household Income: List below the all money earned or received by anyone living in the household. This includes all money from Wages, Self Employment, Child Support, Contributions, Social Security, Retirement, Disability, Work mans Compensation, AFDC, SSI, Veteran Benefits, Alimony, Interest, Certificate of Deposit, Savings, etc.

<u>Family Member (# above)</u>	<u>Source, rate and type of income</u>	<u>Annual Income</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____
4. _____	_____	\$ _____

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**Medical Information for
Elderly, Handicapped, and Disabled**

Do you pay for Medical/ Insurance/ Hospitalization? _____

How much Monthly? _____

Are you making payments for medical bills? YES _____ NO _____

How much monthly? _____

How much do you pay each month for medicine? _____

Are you making payments on outstanding medical bills? YES _____ NO _____

How much monthly? _____

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Program Information

Have you ever applied for or lived in Public Housing of Section 8 before?

YES _____ NO _____ If yes, name of agency _____

Address of agency _____

Do you have any outstanding debt to a Public Housing Agency?

YES _____ NO _____

If yes, explain _____

Have you been evicted from your dwelling unit? YES _____ NO _____

If yes, explain _____

Assets: List all Assets of the Household members. (Example) Property, House, Savings Accounts, Stocks, Bonds, Certificate of Deposit, etc.

Value _____ Type of Asset _____

Value _____ Type of Asset _____

Value _____ Type of Asset _____

Do you have a checking account? YES _____ NO _____ If yes:

Bank _____ Acct _____ Amount _____

Bank _____ Acct _____ Amount _____

Bank _____ Acct _____ Amount _____

Gross Total Household Income : \$ _____

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Housing Conditions

What are you currently paying for rent? \$ _____

Does your rent include utilities? YES _____ NO _____ If no how much does your utilities cost you on the average? \$ _____

How many people live in your household? _____

How many bedrooms are in the unit you occupy? _____

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Do you pay for a babysitter while family member is employed? YES _____ NO _____ If yes:

Name of Babysitter _____ Phone _____

Address _____

Cost per week _____ or per month _____

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Have you been given an eviction notice on your present unit? YES _____ NO _____

If yes, give date and explain _____

When does eviction take place? _____

Have you been arrested? YES _____ NO _____ If yes, explain _____

I understand that this is not a contract and does not bind either party. I affirm that all the information given on this application is complete and true to the best of my knowledge. I also understand that false or misleading information will result denial of any assistance from the Housing Authority of Williamsburg.

Applicants Signature _____ Date _____

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I also understand the preference selection regulations that have been explained to me.

Applicants Signature _____ Date _____

PHA Representative _____ Date _____

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Notes by PHA Representative