



Housing Authority of the City of Carrollton

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www.carrolltonhousingauthority.com



Pre-Application for Public Housing Program

1. Personal Information

Enter Social

DOB: _____

PHONE(____)_____-_____

EMAIL: _____

2. Name and Address of Head of Household

Last Name First Name MI (Maiden)

Mailing address Apartment #

City State Zip Code

3. Sex

- Male
- Female

4. Race

- White Black Asian
- American Indian
- Pacific Islander

5. Marital Status

- Single Married
- Divorced Widowed

6. Ethnicity

- Hispanic
- Non-Hispanic

7. Limited English Proficiency (LEP)

- Are you an individual with LEP?
- Yes No
- If yes, what is your primary language?

8. **Monthly Income** (FOR ALL ADULT MEMBERS) My household's gross monthly income is \$ Wages SSA SSI Child Support Family Support Pension Welfare Interest/Annuity Other

9. **Disability or Handicap:** a) Do you or a member of your household have a disability or handicap and require a reasonable accommodation to help you complete the application process? Yes No
 b) Do you require an accommodation in housing features as a result of your disability? Yes No
 If yes to **9a** or **9b**, please attached a specific accommodation request related to the disability (*do not* provide disability specifics).

10. **Family Composition:** List all persons, including yourself, who will live in the unit.

#	Relationship to You	Last Name	First Name & M.I.	M/F	Social Security #	Date of Birth
1						
2						
3						
4						
5						

I have more than five household members and have attached a list of them on a separate piece of paper.

Is anyone in your household a citizen of the United States, whether by birth or lawfully present? Yes No

Has anyone in your household ever been arrested or convicted of a felony? Yes No

****Individuals with criminal convictions are not automatically determined ineligible****

Is/Was anyone in your household required to register as a Lifetime Sex Offender? Yes No

10. **Preferences (check all that apply):** Select only those items below that currently apply to your household. Be sure to update the CHA if your circumstances change. Eligibility for preferences will be verified before admission into the Public Housing Program. Any change in preference may alter your position on the waiting list.

- I am or my spouse/co-head of household is employed
- I am or my spouse/co-head of household is age 62+ or disabled
- I am a victim of domestic violence
- I have been displaced by a natural disaster or have been involuntarily displaced due to government action
- I am a resident of the City of Carrollton Carroll County

11. **Certification. Unsigned or incomplete applications will be refused and returned. Applicant must reapply with new form.** I hereby certify the information I have provided in this pre-application is true and accurate and I understand that:

- Providing false information will result in **cancellation or denial** of my application or termination of my housing assistance. Knowingly **providing false information to the CHA is a felony** under Section 1001 of Title 18 of the U.S. Code.
- I will be contacted to verify the information I have provided here when I near the top of the waiting list.
- Changes occurring after filing this pre-application may affect my qualification for public housing.
- Failure to report changes in address, phone number, family composition, or preferences may result in the cancellation of my application.

Signature of Head of Household _____

Date _____

Housing Survey

Your responses to this anonymous survey will help us determine your family's housing needs and allow us to provide better programs and services to families in need.

1. Where do you currently live? *(check one)*
 - City of Carrollton Outside the City of Carrollton but in Carroll County
 - I do not live in Carroll County but I live in Georgia I live in a state other than Georgia
2. Reason why you are applying for housing? *(check all that apply)*
 - Staying with someone Currently homeless I want my own place
 - Current home is not safe/livable Currently living in a hotel/motel I live in a Shelter
 - Down-sizing/More space Can't afford where I'm living Other _____
3. Are you a U.S. Military Veteran? Yes No
4. Are you currently working? Yes No If yes, part-time or full-time? PT FT
5. Are currently receiving food stamps and/or TANF? Yes No
6. Are you under eviction notice from your current residence? Yes No
7. Are you currently homeless? Yes No If you are currently homeless, where did you sleep last night?

8. How long have you been homeless? _____
9. How many times have you been homeless is the past 12 months? _____

9. PERSONAL BARRIERS TO GETTING OR KEEPING HOUSING	
PERSONAL BARRIERS (Check one)	
<input type="checkbox"/> Barriers? <i>(Complete below)</i> <input type="checkbox"/> No Barriers <i>(Skip to next section)</i>	
9A. MENTAL HEALTH (circle one)	
Mental health has resulted in housing loss: (Yes No NA)	Mental health currently affects housing: (Yes No NA)
9B. DOMESTIC VIOLENCE/ABUSE (circle one)	
Domestic violence/abuse resulted in housing loss: (Yes No)	Domestic violence/abuse currently affects housing: (Yes No)
9C. PHYSICAL/MEDICAL CONDITION (circle one)	
Medical/Physical Condition has resulted in housing loss: (Yes No NA)	Medical/Physical condition currently affects housing: (Yes No NA)

10. INCOME BARRIERS TO GETTING OR KEEPING HOUSING		
INCOME BARRIERS (Check one) <input type="checkbox"/> Yes, I have Barriers <i>(Complete below)</i> <input type="checkbox"/> No Barriers		
10A. INCOME		
Needs temporary assistance to get or keep housing: (Yes No NA)	If housed: estimated percent of income spent on housing (check one): <input type="checkbox"/> less than 25% <input type="checkbox"/> more than 50% <input type="checkbox"/> more than 25% but less than 50% <input type="checkbox"/> I don't know	
10B. OTHER INCOME—RELATED (circle one)		
Lacks steady, full time employment: (Yes No NA)	Lacks high school diploma or GED: (Yes No NA)	Job barrier: limited English proficiency: (Yes No NA)
Job barrier: lack of reliable transportation: (Yes No NA)	Job barrier: lack of reliable/affordable child care: (Yes No NA)	