



# Housing Authority of the City of Carrollton

1 Roop Street • P.O. Box 627 • Carrollton, GA 30117  
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www.carrolltonhousingauthority.com



## Pre-Application for Public Housing Program

<b>1. Personal Information</b> Enter your Social Security Number <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;"> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></span> </div> Birth Date (MM/DD/YYYY) ( ) - Area Code Telephone Number		<b>2. Name and Address of Head of Household</b> <hr/> Last Name First Name MI (Maiden) <hr/> Mailing address Apartment # <hr/> City State Zip Code				
<b>3. Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>4. Race</b> <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	<b>5. Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<b>6. Ethnicity</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>7. Limited English Proficiency (LEP)</b> Are you an individual with LEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your primary language? <hr/>		
<b>8. Monthly Income (FOR ALL ADULT MEMBERS)</b> <input type="checkbox"/> Wages <input type="checkbox"/> SSA <input type="checkbox"/> SSI <input type="checkbox"/> Child Support <input type="checkbox"/> Family Support My household's gross monthly income is \$ <input type="checkbox"/> Pension <input type="checkbox"/> Welfare <input type="checkbox"/> Interest/Annuity <input type="checkbox"/> Wages <input type="checkbox"/> Other						
<b>9. Disability or Handicap:</b> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Do you require an accommodation in housing features as a result of your disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to <b>9a</b> or <b>9b</b> , please attached a specific accommodation request related to the disability ( <i>do not</i> provide disability specifics).						
<b>10. Family Composition:</b> 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						
6						
<input type="checkbox"/> I have more than six 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? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Has anyone in your household ever been arrested or convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is/Was anyone in your household required to register as a Lifetime Sex Offender? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>10. Preferences (check all that apply):</b> 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.						
<input type="checkbox"/> I am or my spouse/co-head of household is employed			<input type="checkbox"/> I have been displaced by a natural disaster or have been involuntarily displaced due to government action			
<input type="checkbox"/> I am or my spouse/co-head of household is age 62+ or disabled			<input type="checkbox"/> I am a resident of the <input type="checkbox"/> City of Carrollton <input type="checkbox"/> Carroll County			
<input type="checkbox"/> I am a victim of domestic violence						
<b>11. Certification. Unsigned or incomplete applications will be refused and returned. Applicant must reapply with new form.</b> I hereby certify the information I have provided in this pre-application is true and accurate and I understand that:						
<ul style="list-style-type: none"> <li>• Providing false information will result in <b>cancellation or denial</b> of my application or termination of my housing assistance. Knowingly <b>providing false information to the CHA is a felony</b> under Section 1001 of Title 18 of the U.S. Code.</li> <li>• I will be contacted to verify the information I have provided here when I near the top of the waiting list.</li> <li>• Changes occurring after filing this pre-application may affect my qualification for public housing.</li> </ul>						
Signature of Head of Household					Date	