



Housing Authority of the City of Carrollton  
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 www.carrolltonhousingauthority.com

**CHA Staff Only**  
**Received Date:**  
**Received Time:**  
**Received By:**

## Pre-Application for *Homeless Prevention Assistance*

<b>1. Personal Information</b> Enter your Social Security Number <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px 0;"></div> Birth Date (MM/DD/YYYY) _____  Primary Phone Number: (____) _____ - _____ Area Code Telephone Number Alternate Phone Number #1: (____) _____ - _____ Area Code Telephone Number		<b>2. Applicant Name and Current Mailing Address</b>  <hr/> <div style="display: flex; justify-content: space-between;"> <span>Last Name</span> <span>First Name</span> <span>MI</span> <span>(Maiden)</span> </div> <hr/> Mailing Address <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <hr/> <div style="display: flex; justify-content: space-between;"> <span>City</span> <span>State</span> <span>Zip Code</span> <span>Within City Limits</span> </div> <hr/> Alternate Phone Number #2: _____ Email Contact: _____ (____) _____ - _____ Area Code Telephone Number Current/Valid Email Address						
<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?				
<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"/> 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 attach 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								
<input type="checkbox"/> I have more than four 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								
Proof of ALL Household Income (attached) <input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>10. Homeless Prevention Assistance Requirements:</b> Pre-qualification factors include the following requirements: <input type="checkbox"/> <i>At Risk of Homelessness- Must meet one of the following:</i> ( <input type="checkbox"/> <i>Moved 2X w/in 60 days due to economic hardships;</i> <input type="checkbox"/> <i>Notice of eviction from permanent residence-21 days;</i> <input type="checkbox"/> <i>Living with others due to hardship;</i> <input type="checkbox"/> <i>Living in Hotel/motel at own cost and will be evicted within 14 days;</i> <input type="checkbox"/> <i>Living in overcrowded housing;</i> <input type="checkbox"/> <i>Exiting an institution;</i> or <input type="checkbox"/> <i>Otherwise lives in unstable housing.</i> <b>And</b> <input type="checkbox"/> <i>Lacks sufficient resources to immediately attain housing stability. And</i> <input type="checkbox"/> <i>Income Eligibility (At or below 30% AMI) as defined below:</i>								
(30% of Area Median Income)	1 Person Household	2 Person Household	3 Person Household	4 Person Household	5 Person Household	6 Person Household	7 Person Household	8 Person Household
<b>Limit</b>	\$14,200	\$16,200	\$18,250	\$20,250	\$21,900	\$23,500	\$25,150	\$26,750
<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 Homeless Prevention Assistance.</li> </ul>								
_____ Signature of Head of Household					_____ Date			