

APPLICATIONS FOR HOUSING ARE TAKEN BY APPOINTMENT ONLY.

PLEASE CALL TO SCHEDULE AN INTERVIEW APPOINTMENT



Housing Authority
of the City of Carrollton

P.O. Box 627
Carrollton, Georgia 30112
Phone (770) 834-2046 ext. 100

Office Hours:

Monday-Thursday 8:00am-5:00pm and Friday 8:00am-4:30pm.

APPLICANT INFORMATION NEED LIST

All Applications Must Provide The Following:

In order for the Housing Authority to determine your need for housing and the appropriate size unit for you and your family, the following items must be completed or submitted when your formal application is accepted.

1. Proof of income and verification of family assets of all family members.
 - **Income** includes money or contributions from any and all sources paid to or on behalf of a family member.
2. If Self-Employed-Bring in a copy of your last Federal Income Tax Records.
3. Social Security cards of all family members.
4. Each family member 18 years and older must come in for the formal application interview.
5. Birth Certificates for all family members.
6. Proof of Expenses.
 - **Medical insurance premiums.** (This only applies to families whose head, spouse or cohead is 62 years or older, or is disabled)
 - **Child care expenses** to care for your children while you work, seek work, or go to school.

WARNING! - TITLE 18, SECTION 1001 AND 1010 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 OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.

WARNING! -THE OFFICAL CODE OF GEORGIA, SECION 16-9-SS, AS AMENDED, STATES THAT A PERSON IS GUILTY OF A MISDEMEMAOR FOR FRAUDULENTLY OBTAINING OR ATTEMPTING TO OBTAIN PUBLIC HOUSING OR REDUCTION IN PUBLIC HOUSING RENT.

HOUSING AUTHORITY
OF THE CITY OF CARROLLTON
P.O. BOX 627
CARROLLTON, GEORGIA 30112
PHONE: 770-834-2046

APPLICATION FOR ADMISSION

Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Are you a legal resident in the (Choose One): _____ City _____ County _____ State _____ Other

Name of Family Members: (including yourself)

Name _____ Age _____ Date of Birth _____

SSN _____ Birthplace _____

Name _____ Age _____ Date of Birth _____

SSN _____ Birthplace _____

Name _____ Age _____ Date of Birth _____

SSN _____ Birthplace _____

Name _____ Age _____ Date of Birth _____

SSN _____ Birthplace _____

Name _____ Age _____ Date of Birth _____

SSN _____ Birthplace _____

Name _____ Age _____ Date of Birth _____

SSN _____ Birthplace _____

Present Landlord: _____

Phone: _____

Address: _____

Length of Residence _____

Amount of Rent _____

Monthly Utilities _____

List Previous Addresses: (Landlords, address, phone & length of residence)

Why are you applying for Public Housing? _____

Describe your present living arrangements: _____

Does your present landlord know you're currently seeking another place of residency? (If your landlord doesn't know please explain why you haven't informed him/her.) _____

List your present and previous employer (List phone number & Supervisor name)

List each child with Fathers name, address, and employer

Child Name	Fathers Name	Address	Employer
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List the school(s) attended by each family member & highest grade completed. (If a family member is currently enrolled please indicate.)

List all income: (List complete address & phone number of employer. If the type of income is AFDC list case worker and list ALL Supervisors on jobs.)

List 2 personal references: (Name, complete address and phone number) **PERSONAL REFERENCES CAN NOT BE RELATIVES.**

List credit references: (Banks, Finance Companies, Furniture stores, etc.)

Answering yes to any of these questions does not automatically disqualify an applicant for housing. However, if false information is given, including withholding information, regarding criminal history your housing application may be denied.

Have you ever been convicted of any crime, including minor traffic violations, misdemeanors and/or felony convictions? ___No ___Yes

Explain if Yes. _____

Have you ever been in a hospital or institution for alcoholism? _____No ___Yes

Explain if Yes. _____

Have you ever been in a hospital or institution for drug addiction? ___No ___Yes

Explain if Yes. _____

Do you now or have you ever used illegal drugs? _____No ___Yes

Explain if Yes. _____

Have you ever been in a hospital or institution for mental disorders or a nervous breakdown?

_____ No ___Yes. Explain if Yes. _____

By signing below, I attest that the above information is true and correct to the best of my knowledge.

Signature _____

Date _____

CHA Representative Only

- 1)
- 2)
- 3)
- 4)
- 5)

Signature _____

Date _____