



Housing Authority of the City of Carrollton
 1 Roop Street • P.O. Box 627 • Carrollton, GA 30117
 Tel: 770-834-2046 • Fax: 770-834-8708
 www.carrolltonhousingauthority.com

CHA Staff : _____
 Date Rec'd: _____
 Time Rec'd: _____



Pre-Application for Income-based Housing Program

<p>1. Personal Information</p> <p>Enter Social <input type="text"/>-<input type="text"/>-<input type="text"/></p> <p>DOB: _____</p> <p>PHONE(_____)_____-____</p> <p>EMAIL: _____</p>	<p>2. Name and Address of Head of Household</p> <p>_____ Last Name First Name MI (Maiden)</p> <p>_____ Mailing address Apartment #</p> <p>_____ City State Zip Code</p>			
<p>3. Sex</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>4. Race</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander</p>	<p>5. Marital Status</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed</p>	<p>6. Ethnicity</p> <p><input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic</p>	<p>7. Limited English Proficiency (LEP) Are you an individual with LEP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your primary language? _____</p>

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

9. 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.

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 Income-based 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 have been displaced by a natural disaster or have been involuntarily displace due to government action

I am or my spouse/co-head of household is age 62+ or disabled I am a resident of the City of Carrollton Carroll County

I am a victim of domestic violence

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 income-based 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

Voluntary Housing Survey

This is a voluntary 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? (Complete below) <input type="checkbox"/> No Barriers (Skip to next section)	
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 (Complete below) <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)	