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

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

EQUAL HOUSING OPPORTUNITY

Pre-Application for Income-based 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. 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 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 displace 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. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

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) ☐ Barriers? *(Complete below)* ☐ 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)* ☐ Yes, I have Barriers *(Complete below)* ☐ 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): □ less than 25% □ more than 50% □ more than 25% but less than 50% □ 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)*	