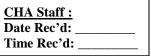


Housing Authority of the City of Carrollton

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





Pre-Application for Income-based Housing Program

1. Personal Information				2. Name and Address of Head of Household							
Enter Social			T AND		E' (N		MI	(M.:1)			
DOD				Last Name		First Nan	First Name		(Maiden)		
DOB:											
DHONE	,	`		Mailing add	76 W 11						
PHONE()		Mailing address		Apartment #					
EMAIL:				<u></u>		Chaha		7in Code			
			City		State	T =	Zip Code				
3. Sex		4. Race		5. Marital Status		6. Ethnicity		7. Limited English Proficiency (LEP)			
□ Male		□White □ Black □Asian		□ Single □ Married		□ Hispanic	Are you an individual with LEP?				
□ Femal	le	□American Indian		□ Divorced □Widowed		□ Non-Hispanic	□ Yes □ No				
		□Pacific Islander					If yes, what is your primary language?				
		1		1							
8 Mont	hlv	Income (FOR AL	I ADIII T	MEMBERS)		ages SSA		□ Child Support □	Family Support		
		d's gross monthly in		WEWBERS)		nsion Welfare			Other		
				se including s		ho will live in the		507 XIIII arty	Other		
9. Fallii	ily C	omposition: List	an person	is, including y	oursen, wi	no will live in the	uiiit.				
#	Rel	ationship to You	Last Nam	ie	First Name	e & M.I.	M/F	Social Security #	Date of Birth		
1											
1											
2											
_											
3											
1					-						
4											
5											
3											
□ I have	e mo	re than five house	ehold men	nbers and have	e attached a	a list of them on a	separate	piece of paper.			
							•				
								ir household. Be sure			
if your ci	ircun	nstances change. El	igibility for	r preferences w	ill be verifie	ed before admission	into the Ii	ncome-based Housing	; Program. Any		
		ference may alter y			g list.						
$\Box I am o$	r my	spouse/co-head of	household i	is employed		□ I have	been displ	laced by a natural disc	aster or have been		
$\Box I am or$	r my	spouse/co-head of	household i	is age 62+ or d	lisabled	involur	ntarily disp	olace due to governme	ent action		
\Box I am a victim of domestic violence \Box I am a resident of the \Box City of Carrollton \Box Carroll Count											
11. Cert	ificat	tion. Unsigned or i	incomplete	applications	will be refu	sed and returned.	Applicant	must reapply with r	new form.		
I hereby c	ertify	the information I ha	ve provided	in this pre-applic	cation is true	and accurate and I und	derstand tha	ıt:			
•	Prov	iding false informatio	n will result	in cancellation	or denial of a	my application or term	nination of	my housing assistance. I	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							1	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.	1. Where do you currently live? (check one)	Where do you currently live? (check one)							
	□ City of Carrollton □ Outside	the City of Carrollton	f 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 □ Current	ly homeless	□ I want my own place						
	□ Current home is not safe/livable □ Curre	otel □ I live in a Shelter							
	□ Down-sizing/More space □ Can't a	ford where I'm living	□ Other						
3.	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.	6. Are you under eviction notice from your curren	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?								
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.	Mental hea	alth currently affects housing: (Yes No NA)						
	9B. DOMESTIC VIOLENCE/ABUSE (circle one)								
	Domestic violence/abuse resulted in housing loss: (Y	es No) Domestic	violence/abuse currently affects housing: (Yes No)						
	9C. PHYSICAL/MEDICAL CONDITION (circle one) Medical/Physical Condition has resulted in housing lo (Yes No NA)	ss: Medical/Pl (Yes No	nysical condition currently affects housing: NA)						
	10. INCOME BARRIERS TO GETTING OR KEEPIN	G HOUSING							
	INCOME BARRIERS (Check one) ☐ Yes, I have Ba	rriers (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 50% □ l don't know								
	10B.OTHER INCOME—RELATED (circle one)								
	(Yes No NA) (Yes N	gh school diploma or GE o NA)	(Yes No NA)						
	Job barrier: lack of reliable transportation: (Yes No NA) Job barrier: lack of reliable/affordable child care: (Yes No NA)								