



Housing Authority of the City of Carrollton

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



Pre-Application for Shelter Plus Care Program

1. Personal Information <i>Enter your Social Security Number</i> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div> Birth Date (MM/DD/YYYY) Primary Phone Number: (____) _____ - _____ Area Code Telephone Number Alternate Phone Number #1: (____) _____ - _____ Area Code Telephone Number		2. Name and Mailing Address of Head of Household Last Name First Name MI (Maiden) Mailing address Apartment # City State Zip Code Alternate Phone Number #2: Email Contact: (____) _____ - _____ Area Code Telephone Number Current/Valid Email Address				
3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	4. Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	5. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	6. Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	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?		
8. Monthly Income (FOR ALL ADULT MEMBERS) <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"/> Wages <input type="checkbox"/> 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						
<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						
Has anyone in your household ever been arrested or convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Is/Was anyone in your household required to register as a Lifetime Sex Offender? <input type="checkbox"/> Yes <input type="checkbox"/> No						
10. S+C Requirements: Be sure to update the CHA if your circumstances change. Certification of Homelessness and Disability will be verified before admission into the S+C Program. Any change in certification may alter your position on the waiting list. <input type="checkbox"/> I am or my spouse/co-head of household that has a current, severe and persistent mental health diagnosis (must be verified by a physician) <input type="checkbox"/> I am or my spouse/co-head of household is certified homeless (HUD Definition) and have third party documentation to support my homeless certification. <input type="checkbox"/> I am or my spouse/co-head of household that is Chronically Homeless (HUD Definition) and can provide supporting documentation for verification.						
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: <ul style="list-style-type: none"> • 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 public 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