



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 Only

Received Date:

Received Time:

Received by:



Pre-Application for Shelter Plus Care Program

1. Personal Information <i>Enter your Social Security Number</i> [][][] - [][] - [][][][] Birth Date (MM/DD/YYYY) () - Area Code Telephone Number () - Area Code Telephone Number		2. Name and Address of Head of Household Last Name First Name MI (Maiden) Mailing address Apartment # City State Zip Code 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"/> Other						
9. Disability or Handicap: a) Do you or a member of your household have a disability or handicap and require a reasonable accommodation to help you complete the application process? <input type="checkbox"/> Yes <input type="checkbox"/> No b) Do you require an accommodation in housing features as a result of your disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to 9a or 9b, please attached a specific accommodation request related to the disability (<u>do not</u> provide disability specifics).						
10. 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						
<input type="checkbox"/> I have more than five 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 **Individuals with criminal convictions are not automatically determined ineligible**						
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 (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. Certification of Homelessness and Disability will be verified before admission into the S+C Program. Any change in preference may alter your position on the waiting list. <input type="checkbox"/> I or my spouse/co-head of household 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 a 3 rd party documentation to support my homeless certification <input type="checkbox"/> I am or my spouse/co-head of household 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 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

COMPLETE SURVEY ON THE BACK AS WELL ---->

Housing 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? ☐ No If yes, part-time or full-time?

5. Are currently receiving food stamps and/or TANF? ☐ No

6. Are you under eviction notice from your current residence? ☐ 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 in the past 12 months? _____

10. PERSONAL BARRIERS TO GETTING OR KEEPING HOUSING

PERSONAL BARRIERS (Check one)

- ☐ Barriers? (Complete below) ☐ No barriers? (Skip to next section)

10A. MENTAL HEALTH (Circle one)

Mental health has resulted in housing loss: (Yes No N/A)

Mental health currently affects housing: (Yes No N/A)

10B. DOMESTIC VIOLENCE/ABUSE (Circle one)

Domestic violence/abuse resulted in housing loss: (Yes No)

Domestic violence/abuse currently affects housing: (Yes No)

10C. PHYSICAL/MEDICAL CONDITION (Circle one)

Physical/Medical condition resulted in housing loss: =
(Yes No N/A)

Physical/Medical condition currently affects housing: =
(Yes No N/A)

11. INCOME BARRIERS TO GETTING OR KEEPING HOUSING

INCOME BARRIERS (Check one) ☐ Yes, I have income barriers (Complete below)

☐ No income barriers

11A. INCOME

Needs temporary assistance to get or keep housing: (Yes No N/A)

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