

Eufaula Housing Authority
Post Office Box 36
Eufaula, AL 36072-0036

Application Number _____
 Date of Application _____ Time _____
 Applicant _____
 Address _____
 Telephone _____ Codes: Race () Ethnicity ()

APPLICATION FOR ADMISSION						
I. FAMILY COMPOSITION:						
A. Persons Who Will Move Into the Project:						
Family Member No.	Name of Family Member	Relation to Family Head	Date of Birth	Age	Sex	Occupation
1	_____ SS#					
2	_____ SS#					
3	_____ SS#					
4	_____ SS#					
5	_____ SS#					
6	_____ SS#					
7	_____ SS#					
8	_____ SS#					
9	_____ SS#					
10	_____ SS#					

B. Anticipated Changes in Family Composition _____

II. Income:			
A. Total Income:			
Family Member No.	Source, Rate and Type of Income	Estimated Income	
		(A) Past 12 Mos.	(B) Next 12 Mos.
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total Family Income			\$

B. Deductions:				
Family Member No.	Type and Source	Amount Anticipated Next 12 Months	Annual Amounts for	
			a. Eligibility	b. Rent

C. Exemptions:

- 1. Minors without income.....\$ _____ \$ _____
- 2. Income of minors.....\$ _____ \$ _____
- 3. Adults without income.....\$ _____ \$ _____
- 4. Income of adults\$ _____ \$ _____
- 5. U.S. disability or death benefits.....\$ _____ \$ _____
- 6. Other (specify).....\$ _____ \$ _____
-\$ _____ \$ _____
- Total Deductions and Exemptions.....\$ _____ \$ _____

D. Income for RentGross \$ _____

E. Appropriate Rent Contract \$ _____

III. HOUSING CONDITIONS:

A. Present Housing Conditions and Need:

- 1. Involuntarily displaced (if yes, check reason)() Yes () No
 - A. Disaster, such as fire or flood that results in uninhabitability of applicant's unit..... _____
 - B. Activity by government agency in connection with public improvement or Development programs _____
 - C. Activity by housing owner beyond applicant's ability to control (not a rent increase) _____
- 2. Living under substandard housing conditions() Yes () No
 - A. Is dilapidated..... _____
 - B. Does not have operable indoor plumbing _____
 - C. Does not have a usable flush toilet inside the unit for the exclusive use of family..... _____
 - D. Does not have a usable bathtub or shower inside for exclusive use of family _____
 - E. Does not have electricity, or has inadequate or unsafe electrical service _____
 - F. Does not have a safe or adequate source of heat..... _____
 - G. Should but does not have a kitchen..... _____
 - H. Has been declared unfit for habitation by an agency or unit of government _____
- 3. Paying more than 50% of family income for rent.....() Yes () No

B. Money Amount Now Paid for Rent and Utilities..... \$ _____

Landlords Name _____

Landlords Address _____

IV. ASSETS:

- A. Checking/Savings Yes () No () Value \$ _____
- B. Stocks/Bonds Yes () No () Value \$ _____
- C. Real Property Yes () No () Value \$ _____

Have you disposed of any assets during the last two years for less than fair market value? Yes () No ()

If yes, explain: _____

V. PREVIOUS HOUSING:

Have you ever lived in federally assisted Housing? Yes () No () If yes, when? _____

Address: _____

City: _____

VI. Displaced, Disabled, Handicapped, Veteran and Service Data:

- A. Displaced by Urban Renewal or Low-Rent Project or Other Public Action:
 - 1. Address when displaced _____
 - 2. Notified by _____
 - 3. Date notified _____
 - 4. Date moved _____
- B. Disabled Head, Spouse, or Single-Person Applicant:
 - 1. Member Disabled _____
 - 2. Nature and extent of disability _____
- C. Physically Handicapped Head, Spouse, or Single-Person Applicant:
 - 1. Member handicapped _____
 - 2. Nature and extent of handicap _____
- D. Military Service:
 - 1. Name of family member who has been or is in military service _____
 - 2. Relation to head _____
 - 3. At Home _____
 - 4. Absent _____
 - 5. Period of service: From _____ to _____
 - 6. "C" No. _____
 - 7. Discharged: (a) Date _____ (b) Type _____
 - 8. Disabled Yes () No () (a) % _____ (b) Service Conn. Yes () No ()
 - 9. Deceased Yes () No () (a) Date _____ (b) Service Conn. Yes () No ()
 - 10. If now in service: (a) Rank _____ (b) Serial No. _____ (c) Branch _____
(d) Title and address of C.O. _____

I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have not objections to inquiries being made for the purpose of verifying the statements made herein.

Tenant Signature

Date

VII. Local Authority Determinations:

- A. Family Composition:
 - 1. Eligible: Yes () No ()
 - 2. Unit size req. _____ BR
- B. Income:
 - 1. Eligible Yes () No ()
- C. Housing Conditions and Need:
 - 1. Eligible Yes () No ()
 - 2. Report on and scoring of housing conditions:
 - Present Condition _____ Score _____
 - (a) Substandard housing _____
 - (b) Without housing _____
 - (c) About to be without housing _____
 - (d) Other factors _____
 - 3. Total housing score _____
- D. Assets:
 - 1. Amount \$ _____
 - 2. Eligible Yes () No ()
- E. Local Residence:
 - Eligible Yes () No ()
- F. Other Admission and Selection Factors:
 - 1. Displaced Yes () No ()
 - 2. Elderly Yes () No ()
 - (a) Urban Renewal Yes () No ()
 - (b) Low-Rent Yes () No ()
 - (c) Other Yes () No ()
 - 3. Vet or SM Yes () No ()
 - (a) Disabled Yes () No ()
 - (b) Deceased Yes () No ()
 - 4. Preference Rating _____
 - 5. Other _____

- (a) Age Yes () No ()
- (b) Disabled Yes () No ()
- (c) Handicapped Yes () No ()

VIII. CERTIFICATION:

On the basis of the determinations set forth above,
the applicant family named herein has been found to be:
Eligible for admission ()
Ineligible for admission ()

Signed _____
Title _____
Date _____

IX. LEASING:

- A. Project Number _____
- B. Unit Number _____
- C. Unit Size Assigned _____
- D. Date Assigned _____
- E. Lease Effective _____