



Pender County Housing Department

Post Office Box 1149
805 South Walker Street
Burgaw, North Carolina 28425

Telephone: (910) 259-1208
FAX: (910)259-1343

Section 8 HCV Program Waiting List Pre-Application Instruction Sheet

READ THIS SHEET AND THE APPLICATION THOROUGHLY!!!

This is an application for placement on the Pender County Housing Department's Section 8 Housing Choice Voucher Program Waiting List. When we reach your name on the list, we will send a letter asking you to make an appointment to process your application. A criminal history check is required for all family members age 18 years or older. ***We do not know how long you may have to wait to be contacted.***

1. Fill out the applicant's full name. Complete the name of the spouse/adult co-head (whether married, a domestic partner, sibling, adult child or parent), if applicable. List all of the people who will live in the household if assistance is received. *If you are living with parents or other family members, do not list them unless they will be living with you in assisted housing (on the program).*
2. Fill out your current physical address and your current mailing address.
3. **Answer all questions, do not leave blanks.** If you expect changes, explain what the change is and when you expect to happen.
4. If you work, give employer's address, phone number, & name. Proof of income will be requested at the time you reach the top of the Waiting List. Failure to provide information may result in denial of your application.
5. You must tell us about **all** income your family receives & the amount (e.g.: Work First, SSI, Social Security, Child Support, Alimony, Unemployment Benefits, gifts, pensions &/or any income in lieu of earnings).
6. Attach copies of requested documentation (Birth Certificates, Social Security Cards, Photo IDs) as required for each member of your household that will be living with you in an assisted unit.
7. Incomplete applications will be rejected. If you have questions about completing the application, call PCHA at (910) 259-1208.

Be sure you provide the correct contact information. If you contact information changes, notify the Housing Department in writing within 10 days. Pre-applications will be reviewed and purged periodically. Applicants that do not respond to our request for confirmation will be dropped from the waiting list. The Housing Department does NOT give position on the waiting list. It is against our policy to give that information. All applicants will be contacted when we reach their names at the mailing address we have on file. It is your responsibility to keep your mailing address up-to-date in our records.

REMEMBER, YOUR COMPLETED APPLICATION MUST BE DEPOSITED IN OUR BLUE DROP BOX BETWEEN 9 AM AND 4 PM ON THE FIRST BUSINESS DAY OF THE MONTH IN ORDER TO BE ACCEPTED. WE WILL NOT ACCEPT APPLICATIONS SENT BY FAX OR E-MAIL. THANK YOU!!



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SECTION 8 HCV PROGRAM WAITING LIST PRE-APPLICATION

COMPLETE ALL OF THE INFORMATION REQUESTED ON THIS FORM. DO NOT LEAVE BLANKS. INCOMPLETE APPLICATIONS WILL BE REJECTED.

TELL US ABOUT YOURSELF (HEAD OF HOUSEHOLD):			
Name:	Social Security #:	Date of Birth: / /	U. S. Citizen? YES NO
Street Address:			
Mailing Address (if different):			
How long at this address? _____ (check one) MOS YRS	Name of Landlord or Mortgage Company:	Preferred Phone Number:	
E-mail Address:	Driver's License #:	State Issued:	Preferred Language:
Are you working?	Are you a student?	Are you a Veteran?	

MARITAL STATUS: SINGLE MARRIED SEPARATED DOMESTIC PARTNERSHIP (unmarried)

TELL US ABOUT YOUR FAMILY

PROVIDE INFORMATION FOR ALL **OTHER** PEOPLE (adults & children) INCLUDED IN YOUR HOUSEHOLD. **ATTACH COPIES OF SOCIAL SECURITY CARDS & BIRTH CERTIFICATES FOR EVERY PERSON LISTED ON THIS FORM. ATTACH COPIES OF CURRENT PHOTO IDENTIFICATION CARDS FOR EACH ADULT. ATTACH PROOF OF LEGAL CUSTODY FOR ALL CHILDREN IN YOUR CARE WHO ARE NOT THE BIOLOGICAL CHILDREN OF A MEMBER OF YOUR HOUSEHOLD.**

FAMILY MEMBER NAME	BIRTHDATE	AGE	SOCIAL SECURITY #	RELATIONSHIP TO YOU (spouse, daughter, son, mother, father, etc)	WORKING? (ANSWER YES OR NO)	STUDENT? (ANSWER YES OR NO)	U S CITIZEN? (ANSWER YES OR NO)



TELL US ABOUT HOUSEHOLD INCOME, EXPENSES AND ASSETS

(LIST ALL JOBS, INCOME & ASSETS OF ALL HOUSEHOLD MEMBERS, USE A SEPARATE SHEET OF PAPER IF NECESSARY)

NAME OF EMPLOYED HOUSEHOLD MEMBER: _____

EMPLOYER NAME _____

HOW LONG EMPLOYED? _____ (check one) WKS MOS YRS HOURS WORKED PER WEEK _____

RATE OF PAY \$ _____ PER (check one) HOUR WEEK MONTH YEAR

NAME OF EMPLOYED HOUSEHOLD MEMBER: _____

EMPLOYER NAME _____

HOW LONG EMPLOYED? _____ (check one) WKS MOS YRS HOURS WORKED PER WEEK _____

RATE OF PAY \$ _____ PER (check one) HOUR WEEK MONTH YEAR

DO YOU RECEIVE ANY OF THE FOLLOWING?

TYPE	YES	NO	IF YES, HOW MUCH?
TANF/Work 1 st /OAP/AND			\$
CHILD SUPPORT/ALIMONY			\$
UNEMPLOYMENT BENEFITS			\$
SOCIAL SECURITY/SSI/SSDI			\$
PENSION/VA BENEFITS, GIFTS OR ANY OTHER INCOME NOT LISTED ABOVE			\$
What is the source of income? Explain:			

DO YOU OR ANY PERSON (ADULT OR CHILD) LISTED ABOVE HAVE ASSETS SUCH AS CHECKING ACCOUNTS, SAVING ACCOUNTS, BONDS, REAL ESTATE, ETC.? YES NO

IF YES, LIST THE ACCOUNT TYPE AND BALANCE/CURRENT VALUE. (YOU MUST LIST ALL ACCOUNTS/ASSETS EVEN IF THE BALANCE IS LESS THAN \$50 OR THE VALUE IS NOT KNOWN)

Account type/Asset Type (checking/savings/CD/Land/etc)	Current Balance or Value	Name of Bank/ Financial Institution (if any)
	\$	
	\$	
	\$	

HAVE YOU GIVEN AWAY ANY ASSETS IN THE LAST 2 YEARS FOR LESS THAN FAIR MARKET VALUE?

YES NO IF YES, PLEASE EXPLAIN: _____

DO YOU PAY FOR CHILD CARE? NO YES - COST: \$ _____ PER (choose one) WK MO

ARE YOU CLAIMING A PREFERENCE AS A SENIOR CITIZEN OR A PERSON WITH A VERIFIED DISABILITY (PER THE FEDERAL DEFINITION)

YES - *IF YOU WOULD LIKE TO CLAIM THIS PREFERENCE AS A DISABLED INDIVIDUAL, PLEASE MAKE SURE THAT PROOF OF YOUR STATUS IS ATTACHED.*

NO

IF YES, DO YOU HAVE ANY SPECIAL **HOUSING** NEEDS AS A RESULT OF YOUR AGE OR DISABILITY? IF YES, PLEASE DESCRIBE:

DO YOU CONSIDER YOURSELF TO BE HOMELESS AT THIS TIME? YES NO

OTHER FAMILY INFORMATION

HAS ANY MEMBER OF YOUR HOUSEHOLD EVER PARTICIPATED IN OR BEEN CITED FOR, ARRESTED OR CONVICTED OF CRIMINAL ACTIVITY (INCLUDING BUT NOT LIMITED TO A VIOLENT OR DRUG-RELATED CRIMINAL ACTIVITY)?
Criminal background does not disqualify a person from assistance. Circumstances are reviewed case-by-case.

NO YES - NAME THE HOUSEHOLD MEMBER, THE ACTIVITY AND WHEN IT OCCURRED?

HAS THE PERSON NAMED ABOVE SUCCESSFULLY COMPLETE ALL PROBATION/PAROLE/COUNSELING OR ANY OTHER REQUIREMENTS RELATED TO THE CHARGES AND ANY RESULTING CONVICTIONS?

NO

YES – *ATTACH SUPPORTING DOCUMENTATION/LETTERS OF SUPPORT/ETC THAT CAN HELP US UNDERSTAND THE SITUATION.*

ARE YOU LIVING IN RENT ASSISTED HOUSING NOW?

YES, I current receive rental assistance from: _____

NO

IF NO, HAVE YOU EVER PARTICIPATED IN A RENTAL ASSISTANCE PROGRAM?

NO YES, **Give dates and location:** _____

DO YOU EXPECT ANY CHANGES IN YOUR HOUSEHOLD IN THE NEXT 12 MONTHS? YES NO

IF YES, PLEASE EXPLAIN:

FAMILY DEMOGRAPHICS

THE INFORMATION REGARDING RACE, NATIONAL ORIGIN, AND SEX DESIGNATION SOLICITED ON THIS APPLICATION IS REQUESTED IN ORDER TO ASSURE THE FEDERAL GOVERNMENT THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICANTS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, FAMILIAL STATUS, AGE, AND HANDICAP ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY.

I/We do not wish to provide this information.

SEX OF HEAD OF HOUSEHOLD: MALE FEMALE

RACE: ASIAN BLACK/AFRICAN AMERICAN WHITE
AMERICAN INDIAN/ALASK NATIVE NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER

ETHNIC GROUP: HISPANIC or LATINO NOT HISPANIC/LATINO

HOW DID YOU HEAR ABOUT THE HOUSING PROGRAM? NEWSPAPER BULLETIN FLYER
RESIDENT BROCHURE OTHER

WARNING: BY SIGNING THIS APPLICATION, I/WE CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I /WE HEREBY AUTHORIZE THE PENDER COUNTY HOUSING AUTHORITY (OR IT’S AGENT), TO CONTACT AND OBTAIN ANY INFORMATION REQUIRED FROM ANY OF THE INDIVIDUALS OR ENTITIES LISTED ON THIS APPLICATION, OR FROM ANY OTHER INDIVIDUALS OR ENTITIES AS MAY BE REQUIRED TO VERIFY ELIGIBILITY BASED ON THIS APPLICATION. I DECLARE UNDER PENALTY OF PERJURY (AND BEING SUBJECT TO PROSECUTION UNDER THE N. C. GENERAL STATUTES) THAT THE INFORMATION IS TRUE AND CORRECT. I HAVE READ AND UNDERSTAND THE STATEMENTS ON THIS FORM.

I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KEEP MY CONTACT INFORMATION CURRENT. ALL CHANGES IN MAILING ADDRESS MUST BE REPORTED TO PCHA IN WRITING.

BY SIGNING BELOW, I CERTIFY I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT.
(All adult household members must sign the application.)

APPLICANT: _____ DATE _____

CO-APPLICANT: _____ DATE _____

OTHER ADULT HH MEMBER: _____ DATE _____

OTHER ADULT HH MEMBER: _____ DATE _____

FOR PCHA OFFICE USE ONLY:	DATE-TIME STAMP:
APPLICATION IS COMPLETE: NO YES --PROCCEED TO NEXT QUESTION.	
APPLICANT APPEARS TO MEET BASIC ELIGIBILITY REQUIREMENTS BASED ON CURRENT INCOME LIMITS? YES NO	REVIEWER INITIALS: