

You may submit your completed, signed, and dated application to GHA using one of the following methods:

1. Print and mail to Graham Housing Authority, P.O. Box 88, Graham, NC 27253
2. Print and place pages in Dropbox outside GHA office at 109 E. Hill St. Make sure pages are secured.
3. Save as PDF and email it to: applications@grahamhousing.com

Voice/TDD# (336) 229-7041

READ & FOLLOW ALL INSTRUCTIONS WHEN COMPLETING THIS APPLICATION - IF ANY PART OF THIS APPLICATION DOES NOT APPLY TO YOU, PLEASE WRITE "NONE" OR "N/A" (NOT APPLICABLE) –DO NOT LEAVE ANY SECTION(S) BLANK.

FAILURE TO COMPLETE THE APPLICATION PROPERLY MAY CAUSE DELAYS IN PROCESSING AND/OR REJECTION OF YOUR APPLICATION.

FOR OFFICE USE ONLY	
Date/ time Received	
Application Complete	
Yes	No

I. APPLICANT Head of Household INFORMATION: PLEASE PRINT LEGIBLY (NEATLY) IN BLACK OR BLUE INK.

HEAD of HOUSEHOLD

Social Security Number - -	Date of Birth: M / D / YEAR	Gender Optional Ref pg2 Male Female	Race Ref pg 2	Are you Disabled? YES NO	Q*-Are you a U.S. Military Veteran? YES NO
Last Name		First Name		Middle Initial	Q*-Are you seeking housing as a result of a presidentially declared disaster? YES NO If YES, provide explanation
List any other LAST NAMES you have used in the past					
IS ALAMANCE COUNTY YOUR CURRENT LEGAL RESIDENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No IF NO, LIST YOUR CURRENT LEGAL RESIDENCE ----->			State:	City:	County:
Physical Address			City:	State:	Zip:
Mailing Address (REQUIRED for Correspondence)			City:	State:	Zip:
<input type="checkbox"/> Same as Physical Address			City:	State:	Zip:
Home Phone	Cell Phone	<input type="checkbox"/> I have no phone) Message Phone			
Email Address					

II. HOUSEHOLD COMPOSITION: list ALL OTHER HOUSEHOLD MEMBERS who will live with you ****REQUIRED****

*RELATION TO HEAD: (SP) Spouse/Partner (*O) Other Adult-Specify relation (S) Son (D) Daughter (Y) Other Youth/Dependent, (F) Foster Child (L) Live-in Aide

#	* Relation To Head*	Last Name	First Name & Initial	Social Security Number (REQUIRED)	Date of Birth mm/dd/Year	Gender Optional Ref pg2 (M F)	Race Ref pg 2	Claims Disability (Y/N)	U.S. Military Veteran (Y/N)
2									
3									
4									
5									
6									

If you have more than SIX household members, please check here and list them on a separate FULL SIZE sheet of paper

List names of all household members who are of **HISPANIC ETHNICITY**: (this will NOT negatively ability to receive housing assistance)

List ALL states or countries where ALL household members have ever lived. (Use corresponding # of household member to identify person.)

III. INCOME (for all listed household members):

List monthly amount of income for all household members; Only one income source and household member per line please *		
Household Member Name	Monthly Gross Income	*List your Employer/Company name for wages or other type of Income WORK FIRST, SSI, SS, DUAL ENTITLEMENT BENEFITS, CHILD SUPPORT, UNEMPLOYMENT, PERIODIC PAYMENTS, PENSION/RETIREMENT INCOME, CONTRIBUTIONS FROM PERSONS NOT LIVING IN THE HOUSEHOLD, etc.
	\$	
	\$	
	\$	
	\$	

If you need additional space, please check here and list monthly gross income & source on a separate FULL SIZE sheet of paper.



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GHA Hsg Application February 9, 2024



Barrier Free



IV. ASSETS List assets (SAVINGS, STOCKS, BONDS OR OTHER FORMS OF CAPITAL INVESTMENTS) for all persons on application:

Household Member Name	Account Balance	Type of Account (savings, checking, bonds, stocks, etc.....)
	\$	
	\$	
	\$	

- Has anyone listed on application disposed of any assets (sold a car, boat, house, antiques, etc) in the last 6 months YES NO
 - Does anyone own property? IE house, boat, land, etc. YES NO

If Yes for either, explain:

V. Please answer the following questions for all persons listed on application and provide an explanation where applicable :

Citizenship Declaration *By law, only U.S. citizens and eligible noncitizens can receive federal rental assistance.* I understand that if GHA schedules my household for a determination of eligibility appointment, I will be required to provide proof of citizenship status for all household members.

~I hereby certify that all household members listed on this application are **United States citizens** or a **noncitizen with eligible immigration status**. Yes No If "No", list noncitizens

~Does any member(s) without Social Security Number qualify for any of the following? Yes No Does not apply

- Ineligible, Non-citizen – NOT contending eligible immigration status? *IF YES, WHO?*
- Members 62 years old as of January 31, 2010 and whose initial determination of eligibility began before January 31, 2010
~ *IF YES, WHO?*
- Members under the age of 6 who are added to applicant household **within six months prior to move-in** (eligible for a 90-day extension to provide their SSN) *IF YES, WHO?*

>HAS ANYONE LISTED ON THIS APPLICATION BEEN CONVICTED FOR METHAMPHETAMINE PRODUCTION? YES NO
If yes, Who?

>ARE YOU OR ANY OTHER PERSON(S) LISTED ON THIS APPLICATION SUBJECT TO A LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT IN ANY STATE? YES NO *If yes, Who?*

>HAS ANYONE EVER BEEN ARRESTED & FOUND GUILTY FOR DRUG RELATED OR ANY OTHER CRIMINAL ACTIVITY:
YES NO *If yes, Who?*

PREVIOUS & CURRENT HOUSING ASSISTANCE: (THIS APPLIES TO ALL PERSONS LISTED ON APPLICATION)

>IS ANYONE **CURRENTLY** Receiving Housing Assistance? YES NO *(If yes, please provide the following information)*
 NAME OF HOUSING AUTHORITY City & State
 Phone # & Address of PHA

>HAS ANYONE **PREVIOUSLY** Received Housing Assistance? Yes No *(If yes, please provide the following information)*
 NAME OF HOUSING AUTHORITY City & State
 When did you move out (Year/Month)? Reason for Moving:

>DOES ANYONE ON THIS APPLICATION OWE MONEY TO A GOVERNMENT ASSISTED HOUSING PROGRAM (Public Housing, Section 8, etc.)? Yes No *(If yes, please provide the following information)*
 NAME OF HOUSING AUTHORITY City & State
 Phone # & Address of PHA

>HAS ANY ADULT HOUSEHOLD MEMBER EVER: Committed Fraud to Obtain Housing (misrepresent information)?
 Been Evicted from a Federally Assisted Housing Program? Owed Money to ANY Landlord? *If yes, please explain:*

This Owner/Agent does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. If you are disabled and would like to request an accommodation or if you have difficulty understanding English, please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs. It is the policy of this Housing Authority to provide housing on an equal opportunity basis. This Owner/Agent does not discriminate against applicants or tenants based on any of the following classifications: race, color, national origin, sexual orientation, gender identification, disability, religion, familial status, or age (unless dictated by specific program eligibility requirements). Q*-All otherwise eligible families, regardless of ACTUAL OR PERCEIVED SEXUAL ORIENTATION, GENDER IDENTITY OR MARITAL STATUS will have the opportunity to participate in HUD programs.



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VI. APPLICANT APPLICATIONS ARE CURRENTLY BEING ACCEPTED FOR THE FOLLOWING PROGRAMS –

Check the program(s) you wish to apply for (you are REQUIRED to select at least one). IF ELIGIBLE, YOUR NAME WILL BE PLACED ON THE WAITING LIST(S) BASED ON THE DATE AND TIME YOUR APPLICATION IS RECEIVED.

<input type="checkbox"/> PUBLIC HOUSING (13 SITES IN GRAHAM NC RANGING FROM 1~5 BEDROOM)
<input type="checkbox"/> SENIOR/DISABLED HOUSING RALPH CLAYTON HOMES Only check if Head of household is at least 62 years of age or disabled.
<input type="checkbox"/> HOUSING CHOICE VOUCHER (Section 8 Alamance County)

VII. Application Terms, Consent/Authorization of Release, Certification and Signatures

1. I/we understand that if I am not eligible for a list I have chosen, I will not be added to that waiting list.
2. I/We understand that the completion of an application, placement on the waiting list and selection from the waiting list does not guarantee approval for housing and that approval for housing occurs only after all of my/our information is reviewed for eligibility. This form is not an offer of housing; based on this form, I will not make any plans to move or end my present tenancy.
3. I/We understand that while on the waiting list, it is my responsibility to notify GHA IN WRITING of any changes of my address, household income, reasonable accommodation and/or change of person(s) on application or my application could be withdrawn.
4. I/We understand that GHA may contact me by mail to confirm my continued interest in the program/s that I/we have applied for and that I must respond within the requested time-frame.
5. I/We understand that a criminal background check, landlord references, verification of income and household composition is ALL part of the eligibility process
6. I/We understand and agree that HUD or the PHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course its duties exchange such automated information with other Federal, State or local agencies.
7. I/We authorize Graham Housing Authority to perform credit and criminal record check and to obtain landlord reference for previous and/or current tenancy.
8. I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for as long as my application(s) remain active. I understand I have the right to review my file and correct any information that I can prove is incorrect.
9. I/We authorize and direct any Federal, State or local agency, organization, business or individual to release to GRAHAM HOUSING AUTHORITY (PHA) any information or materials needed to complete and verify my eligibility for and continued participation in a Federal housing assisted program. I understand and agree that this is authorization or any information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.
10. I/We consent for HUD or the PHA to release information from my file about my rental history to HUD, Credit Bureaus, Collection Agencies or future landlords. This includes records on my payment history and any violations of my lease or PHA policies.
11. I/We understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in housing assisted programs.
12. I/We certify that the information I have given on these application documents is true and complete. I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that false statement or information are grounds for rejection of my application or termination of tenancy or program participation. I certify that I have attained the age of eighteen and therefore have full legal capacity to act on my own behalf in the matter of contracts
13. I understand that this application will only be accepted and entered to the waitlist if it is submitted as indicated on page 1; if I send it in any other way or to any email other than the specified application email address, my application may be discarded without further notice.

****REQUIRED**** By signing below, I/We agree to all terms listed on this application.

	Print Name	Signature	Date
Head of Household			
Spouse/Partner OR Co-Head			
Other Adult			
Other Adult			



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SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Your Info here	Applicant Name:	
	Mailing Address:	
	Telephone No:	Cell Phone No:
Emergency Contact	Name of Additional Contact Person or Organization:	
	Address:	
	Telephone No:	Cell Phone No:
	E-Mail Address (if applicable):	
	Relationship to Applicant:	
	Reason for Contact: (Check all that apply)	
	<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.		
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.		
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.		

Check this box if you choose not to provide the contact information.



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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

