

# MARTIN HOUSING AUTHORITY APPLICATION

This form must be completed **IN YOUR OWN HANDWRITING.** You must use the correct legal name for each member of your household who will be residing with you as it appears on their social security card. **All adult** members of the household must sign this form certifying the information pertaining to them. **PLEASE PRINT.**

**Race:**  White  Black  American Indian/Alaska Native  Asian/Other Pacific Islander

**Ethnicity:**  Hispanic  Non-Hispanic

Head of Household		Marital Status	Sex M/F	Social Security No.	Birth Date	Birthplace City/State	U.S. Citizen
Other Adults		Relation to Head	Sex M/F	Social Security No.	Birth Date	Birthplace City/State	U.S. Citizen
Minor	Absent Parent Name	Relation to Head	Sex M/F	Social Security No.	Birth Date	Birthplace City/State	U.S. Citizen

Are you expecting a baby? \_\_\_\_\_ Due date \_\_\_\_\_ **Verification must be provided.**

Street address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Rent amount \$ \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Current landlord's name & address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for wanting to move:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you or any member of your family claim any type of disability for the purpose of qualifying for reasonable accommodation in Housing Authority rules or policies, modification of the housing unit, or specific housing needs? (Yes/No)** \_\_\_\_\_

**If yes, please describe:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL HOUSEHOLD INCOME:** List ALL money earned or received by everyone who will be living in your household. This includes money from wages, self-employment, child support, Social Security, SSI, Worker's Compensation, retirement benefits, Families First, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and all other sources. **VERIFICATION MUST BE PROVIDED AT APPLICATION INTERVIEW.**

Household Member	Employer and Address	Hourly wage & hours worked weekly	VA SS/SSI	Child Support	Other income	Food Stamps

If employed, when did employment begin? \_\_\_\_\_

Dept of Human Services Caseworker \_\_\_\_\_

If you receive child support, please list name of absent parent and **child support case number**.  
\_\_\_\_\_

If employed or attending school, do you pay for childcare?  
**Yes / No** Weekly amount paid \$ \_\_\_\_\_  
Sitter's name, address, and telephone number  
\_\_\_\_\_

**If elderly or disabled, do you have any out of pocket medical expenses?** (Prescription drugs, hospitalization insurance, etc) If yes, please provide verification of these expenses.

**ASSETS:** Do you have checking or savings account or certificates of deposit? \_\_\_\_\_. If yes, please provide account numbers. Do you own any stocks or bonds? \_\_\_\_\_. Do you or any household member own or have an interest in any real estate and/or mobile home? \_\_\_\_\_. Have you sold any real estate in the last two years? \_\_\_\_\_. Do you own a vehicle? \_\_\_\_\_. Year/Model \_\_\_\_\_ Tag Number \_\_\_\_\_

What money do you receive from any and all sources to pay your bills and living expenses?

Does anyone outside of your household pay any of your bills or give you money? **Yes / No** If yes, explain below.

Have you or any other adult members ever used any name or Social Security number other than the one you are currently using? **Yes / No** If yes, explain below.

Have you or any members lived in any assisted housing (Public Housing, Section 8, etc.)? **Yes / No** If yes, list where and when below.

Have you or anyone in your household ever been arrested by a law enforcement agency or involved in any illegal drug-related activity? **Yes / No** If yes, explain below.

Have you ever committed any fraud in a Federal assistance housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? **Yes / No** If yes, explain below.

~~~~~  
I do hereby swear and attest that all of the information above about my household members and me is true and correct. I understand that **ALL CHANGES** in the income of any member of the household as well as **ANY CHANGES** in the household members must be reported to the Housing Authority in **WRITING IMMEDIATELY**.

\_\_\_\_\_  
Head of Household Date

\_\_\_\_\_  
Spouse or Other Adult Date

\_\_\_\_\_  
Other Adult Date

## Rental History

Please list **ALL** previous landlords in order of dates resided.

| Landlord's name | Landlord's address/phone # | Date of residency | Reason you moved |
|-----------------|----------------------------|-------------------|------------------|
|                 |                            |                   |                  |
|                 |                            |                   |                  |
|                 |                            |                   |                  |

Please list the name, address and telephone number of two personal references that are not related to you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List current expenses:

| Expense Item  | Amount | Paid Current? |    | Amount Paid? |
|---------------|--------|---------------|----|--------------|
|               |        | Yes           | No |              |
| Rent          | \$     |               |    | \$           |
| Car payment   | \$     |               |    | \$           |
| Electric bill | \$     |               |    | \$           |
| Phone bill    | \$     |               |    | \$           |
| Cable bill    | \$     |               |    | \$           |
| Other         | \$     |               |    | \$           |
|               | \$     |               |    | \$           |

Are you a college student?  Yes/ No

If yes, have you established a separate household for at least one year?  Yes/ No

If yes, do your parents claim you on IRS tax return?  Yes/ No

Do you receive an athletic scholarship that includes over \$5000.00 a year for housing costs?  Yes/ No

## Please list two credit references: (required for eligibility)

Creditor: \_\_\_\_\_  
Address \_\_\_\_\_

Creditor: \_\_\_\_\_  
Address \_\_\_\_\_

## Family History

Nearest Relative \_\_\_\_\_

Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Are you related to anyone who is now renting an apartment from Martin Housing Authority? YES / NO If yes, please provide names and address.

\_\_\_\_\_

\_\_\_\_\_

**Title 18, Section 1001 of the United States Code, states that a person is guilty of a Felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.**

I affirm that the information that I have provided is accurate and true to the best of my knowledge, belief and ability.

\_\_\_\_\_

Head of household Date

\_\_\_\_\_

Spouse or Other Adult Date

# Martin Housing Information

Developments are located in **Martin, Dresden, Gleason, Greenfield** and **Sharon**.

**Martin** apartments are located on East Heights Circle, Hillsboro St., Lakeview Circle, Lester Lane, Manley St. and East Heights Drive.

**Dresden** apartments are located on North Fuller Street, Park Street, Jeter Street and North Street.

**Gleason** apartments are located on Circle Drive and West Street.

**Greenfield** apartments are located on East Main Street and East Main Cove.

**Sharon** apartments are located on North Martin Avenue and West Moore Street.

**ALL** apartments are furnished with a stove and refrigerator and most have gas central heat (some electric heat in Dresden). Apartments in **Gleason, Greenfield and Dresden** have central air. **Some** apartments in Sharon and Martin have central air. All other apartments are wired with a 220 outlet for a window air conditioner if you have one. Most apartments have washer hookup, some have dryer hookup.

**Please circle the city or cities where you would like to reside.**

**Martin**

**Dresden**

**Gleason**

**Greenfield**

**Sharon**

**Federal regulation requires that every non-exempt resident of Martin Housing Authority complete 8 hours of community service per month. Residents who are at least 62 years of age or are receiving disability or are the primary caregiver of a homebound elderly or disabled person or are employed or attending school or are participating in the Families First program are exempt residents.**