

PRELIMINARY APPLICATION FOR PUBLIC HOUSING ASSISTANCE

FOR OFFICE USE ONLY

DATE _____ TIME _____ CLIENT # _____

PLEASE PRINT CLEARLY

First Name Middle Int. Last Name Home Phone Number

Current Street Address Apt. # City, State Zip Code

Email Address Cell Phone

List all persons who will be living in your home, beginning with the oldest person (*include yourself*)

Name	Relationship to you	Age	Birth Date	Sex	Social Security Number
1.	SELF				
2.					
3.					
4.					
5.					

(Note: If additional space is needed, please use the back of this form)

Do you or any person listed above receive any of the following (check all that apply and list the amount):

FIFS _____ Social Security _____ Supplemental Social Security (SSI) _____
Unemployment _____ Child Support _____ Working _____ Hours per/wk _____

- Are you a victim of domestic violence? Yes No
- Have you been displaced by government action or has your home been extensively damaged or destroyed as a result of a disaster declared or formally recognized pursuant to Federal Disaster Relief Law? Yes No
- Are you a homeless Veteran? Yes No
- Would you like information on the VASH program? Yes No

Applicants are considered for housing without regard to race, color, religion, sex, or national origin. To help us comply with Federal/State record keeping, reporting, and other legal requirements, please check the appropriate box(es):

White Black Hispanic American Indian/Alaskan Native Asian/Pacific Islander

Are you: (check all that apply* for preference)

- U.S. Citizen
- A Veteran
- *Elderly (62 & up)
- *HOH Receiving SSI

Do you need any of the following accommodations?

- Unit for Mobility Impaired yes no
- Unit for Sensory Impaired yes no
- Flat unit yes no
- Others yes no

Have you ever been arrested, charged, or convicted of a crime? Yes No. If yes, When? _____

HAVE YOU OR ANY MEMBER OF YOUR FAMILY COMPOSITION PREVIOUSLY RESIDED IN PUBLIC HOUSING FEDERALLY SUBSIDIZED APARTMENT IN THIS OR ANY OTHER STATE? YES NO

IF YES, WHERE AND WHEN? _____

Signature _____

Date _____



Release of Information For Housing Consideration



Date: ___/___/___

I authorize the Charleston Police Department or any other Law Enforcement Agency to release to the Housing Authority of the City of Charleston or its representatives, any and all records on file. I understand that the information may prove unfavorable to me. I agree not to hold any of these agencies responsible for any incorrect information reported, but request assistance to rectify the problem. I release all persons and agencies from any liability resulting from the request of my background records check.

The Charleston Police Department is not responsible for placing or denying housing. Placement lies with the Housing Office. The Housing Office follows HUD guidelines to make their final decisions.

PLEASE COMPLETE ALL HIGHLIGHTED SECTIONS

Applicant's Full Name (Including Maiden) _____

Soc. Sec. # _____ **D.O.B.** ___/___/___ **DL/ID #** _____

Race _____ **Sex** _____ **Height** _____ **Weight** _____ **Eyes** _____ **Hair** _____

Present Address/Phone _____

Housing Facility Address/Phone 550 MEETING STREET, CHARLESTON, SC 29403

PLEASE INCLUDE FULL NAMES

Additional Family Member (14 years old and above) _____

Soc. Sec. # _____ **D.O.B.** ___/___/___ **DL/ID #** _____

Race _____ **Sex** _____ **Height** _____ **Weight** _____ **Eyes** _____ **Hair** _____

Additional Family Member (14 years old and above) _____

Soc. Sec. # _____ **D.O.B.** ___/___/___ **DL/ID #** _____

Race _____ **Sex** _____ **Height** _____ **Weight** _____ **Eyes** _____ **Hair** _____

Additional Family Member (14 years old and above) _____

Soc. Sec. # _____ **D.O.B.** ___/___/___ **DL/ID #** _____

Race _____ **Sex** _____ **Height** _____ **Weight** _____ **Eyes** _____ **Hair** _____

HAVE YOU OR ANY MEMBERS OF YOUR HOUSEHOLD FAMILY COMPOSITION EVER BEEN ARRESTED OR CHARGED IN A CRIMINAL OFFENSE? YES NO

IF YES, PLEASE EXPLAIN INCLUDING CHARGES AND APPROXIMATE DATES (USE BACK IF NECESSARY)

HAVE YOU OR ANY MEMBER OF YOUR FAMILY COMPOSITION PREVIOUSLY RESIDED IN PUBLIC HOUSING, SECTION 8 OR ANY FEDERALLY SUBSIDIZED APARTMENT IN THIS OR ANY OTHER STATE? YES NO

IF YES, WHERE AND WHEN? _____

I DO HEREBY AFFIRM THAT THE ABOVE INFORMATION IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT GIVING FALSE INFORMATION IN REGARDS TO ANY PART OF THIS APPLICATION WILL CONSTITUTE GROUNDS OF DENIAL OF PLACEMENT AND CRIMINAL PROSECUTION IN ACCORDANCE WITH APPLICABLE LAWS AND HUD REGULATIONS.

APPLICANT SIGNATURE _____ **DATE** _____

Authorizing/Interviewer Signature _____

The Housing Authority of the City of Charleston
Housing Applications Office
550 Meeting Street
Charleston, South Carolina 29403
Telephone (843) 720-3684 Fax (843) 720-5348
TDD: (843) 720-3685
Donald J. Cameron-Executive Director

Preliminary Determination of Eligibility

The City of Charleston Housing Authority has made preliminary determination of eligibility for:

Applicant's Name: _____

As of today's date, he/she has been placed on the ____ bedroom size waiting list according to household composition for the Public Housing Program.

The estimated time of occupancy for this applicant is _____ months.

Note: The applicant's eligibility is contingent upon verification of the family's updated income and other circumstances prior to occupancy.

The estimated date of occupancy is subject to several factors that may be beyond the City of Charleston Housing Authority's control.

PHA Representative

Applicant

Date

Date

(Your Initials) _____ A security deposit of \$150.00 in the form of a money order is required along with the first month's rent.

(Your Initials) _____ Provide verification that SCE& G light and gas services can be established in your name, which may require a deposit of \$150.00.

