

**BELMONT HOUSING AUTHORITY**  
**Application for Public Housing**  
**Instructions for Completing and Submitting the Application**

The completed application can be either:

**Completed in its entirety and mailed to the Belmont Housing Authority**  
**or**  
**Date stamp and drop in wooden box in lobby.**

The instructions for completing the application are as follows:

1. Complete the application in its entirety. You must provide ALL requested information or your application will not be accepted. If a question does not apply to you, put NA in the block.
2. Applicant and co-applicant (if applicable) sign and date the Applicant Certification (page 7);
3. Complete, sign and date a Permission Form Authorizing Credit History Check for each applicant and co-applicant (if applicable). (page 8);
4. Complete, sign and date a Permission Form Authorizing Applicant/Tenant Screening and Criminal Records Check for **every** adult that will reside in the public housing property. Each adult must sign his/her form (page 9):
5. Complete, sign and date ALL three Landlord Verification Forms (pages 11-13);
6. Complete the Authorization for the Release of Information/Privacy Act Notice as explained on page 14;
7. Complete the Supplement to Application for Federally Assisted Housing as explained on page 15; and
8. Return the completed application with all signed forms to:

Mail:  
Belmont Housing Authority  
PO Box 98451  
Belmont, NC 28012

Hand Delivery: Date stamp and drop in wooden box in lobby.  
Property manager at 51 Flowers Court

**BELMONT HOUSING AUTHORITY  
Public Housing Application**

Name of head of household: \_\_\_\_\_  
Last
First
Middle

Name of adult co-head of household: \_\_\_\_\_  
Last
First
Middle

Current Address: \_\_\_\_\_  
City, State, Zip

Mailing Address: \_\_\_\_\_  
City, State, Zip

Phone number where you can be reached: \_\_\_\_\_

Emergency Contact Information: (please list name/address/phone number):

\_\_\_\_\_

Name Address Phone

**For Statistical Purposes Only:**

Place a check in each of the boxes below to indicate the **race** and **ethnicity** of each person who will reside in public housing

**Race**

	HOH	Co-HOH	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8
Caucasian/White										
African American/Black										
Asian/Pacific Islander										
Native American/Alaskan Native										
Mixed race										

**Ethnicity**

	HOH	Co-HOH	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	Child 7	Child 8
Hispanic/Latino										
Non-Hispanic/Non-Latino										

HOH – Head of Household

Co-HOH – Co-Head of Household



**Family Income Information**

Please list the source and amount of all income expected for the next 12 months for each family member, including you. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child support, etc. *Example: Name, wages, \$150/week or name, wages, SSI, \$421/month.*

Family Member Name	Income Source	Amount \$	Frequency-Per
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year
			___ Week ___ Month ___ Year

Does your household receive food stamps? \_\_\_ yes \_\_\_ no

If yes, list amount? \$ \_\_\_\_\_/month

Does anyone outside your household help pay for any of your bills or give you money? If so, give name and address:

\_\_\_\_\_

Reason: \_\_\_\_\_

Do you have a checking or savings account or own any Certificates of Deposit, stock, bonds, etc.

\_\_\_ Yes \_\_\_ No

If yes, describe the type of asset(s): \_\_\_\_\_

Do you own now or have you owned in the last two years, land, mobile home, or a house? \_\_\_ Yes \_\_\_ No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Rental History**

***The Belmont Housing Authority will contact all former landlords for the period of three years before the date of this application.***

List all addresses for previous three (3) years. If you have lived with family or friends, please list their name, there relationship to you, his/her telephone number and how long you have lived with them.

**Current Landlord's** name and phone number: \_\_\_\_\_

Name

Phone

Address of unit rented: \_\_\_\_\_

How long at this address? From \_\_\_\_\_ To: \_\_\_\_\_

Month/Year

Month/Year

**Previous Landlord's** name and phone number: \_\_\_\_\_  
Name Phone

Address of unit rented: \_\_\_\_\_

How long at this address? From \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

**Prior Landlord's** name and phone number: \_\_\_\_\_  
Name Phone

Address of unit rented: \_\_\_\_\_

How long at this address? From \_\_\_\_\_ To: \_\_\_\_\_  
Month/Year Month/Year

**Screening Questions**

A "Yes" answer will not necessarily disqualify you for admission.

Have you ever been evicted or asked to vacate a unit? \_\_\_\_ Yes \_\_\_\_ No (If yes, When and Why?)

\_\_\_\_\_

Have you ever received housing assistance through public housing or through Section 8 Housing Choice Voucher Program? \_\_\_\_ Yes \_\_\_\_ No When? \_\_\_\_\_

(If yes, please list the name of the head of household, the unit address or location or the name of the housing authority)

\_\_\_\_\_

Do you owe money to any housing authority? \_\_\_\_ Yes \_\_\_\_ No

If yes, how much? \$ \_\_\_\_\_

Do you have any *past due* utility bills? \_\_\_\_ Yes \_\_\_\_ No If yes, please describe and give amount owed.

\_\_\_\_\_

Have you or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain the nature of the offense including the county and state, the date of the charge and the name of the family member involved.

\_\_\_\_\_

\_\_\_\_\_

Is anyone in your household currently on parole or probation within the last three years? \_\_\_\_ Yes \_\_\_\_ No

(If yes, please explain and list the name of your probation officer and his/her telephone number)

\_\_\_\_\_

Name of probation officer

Phone

**Qualifying for Deductions in Calculating Rent**

Is the head of household or spouse age 62 or older or a person with a disability \_\_\_\_ Yes \_\_\_\_ No  
(If yes, please answer the following questions. If no, skip to question #28.)

Does your household have any medical expenses (include insurance, Medicare deduction, doctor visits, hospital, therapy, supplies, medical transportation, etc.)? \_\_\_\_ Yes \_\_\_\_ No

(If yes, please describe the type of expense (not your medical condition) and the un-reimbursed amount you spend per month on all medical expenses)

Monthly medical expense: \$ \_\_\_\_\_

Type of Expense: \_\_\_\_\_

\_\_\_\_\_

Please give the name, address & phone # of someone who can verify the expense:

\_\_\_\_\_

Name

Phone

Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work, go to school or attend job training? \_\_\_\_ Yes \_\_\_\_ No

Monthly medical expense: \$ \_\_\_\_\_

Type of Expense: \_\_\_\_\_

\_\_\_\_\_

Please give us the name, address & phone number of someone who can verify the expense:

\_\_\_\_\_

Name

Phone

Do you have childcare expenses for children under age 13 or receive benefits so an adult in the family can work, go to school or attend job training? \_\_\_\_ Yes \_\_\_\_ No

If yes, Monthly un-reimbursed child care cost: \$ \_\_\_\_\_

Please list the name address and phone number of your childcare provider:

\_\_\_\_\_

Name

Address

Phone

Driver's License or State ID number: Applicant: \_\_\_\_\_

Driver's License or State ID number: Co-Applicant: \_\_\_\_\_

Automobile: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

License Plate #: \_\_\_\_\_

## Applicant Certification

I have read and understand the information contained in the Application Fact Sheet, the Instructions for Completing the Application and the Notice to All Applicants regarding reasonable accommodations for Applicants with Disabilities and have received a copy of this information.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

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**Applicant Signature**

**Date**

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**Co-applicant Signature**

**Date**

*Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.*

**BELMONT HOUSING AUTHORITY**

51 Flowers Court  
PO Box 98451  
Belmont, NC 28012

**Permission Form  
Applicant/Tenant Screening and Criminal Records Check**

I, \_\_\_\_\_ hereby give permission to the Belmont Housing Authority to obtain a nation-wide criminal history on my behalf as a part of the employment screening and criminal records check process for the purpose of determining eligibility for participation in the Public Housing program.

Applicant's Full Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Maiden Name: \_\_\_\_\_

Other Name (s) Known by: \_\_\_\_\_

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

City: \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ City of Birth: \_\_\_\_\_  
(month) (date) (year)

Race: 1-White 2- Black 3- American Indian/Alaskan 4- Asian/Pacific Islander  
***(Please circle the appropriate race)***

Ethnicity: 1- Hispanic 2- Non Hispanic *(Please circle the appropriate ethnicity)*

Gender: 1- Male 2- Female *(Please circle the appropriate gender)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BELMONT HOUSING AUTHORITY**

51 Flowers Court  
PO Box 98451  
Belmont, NC 28012

**Permission Form Authorizing  
Credit History Check**

I, \_\_\_\_\_ hereby give permission to the Belmont Housing Authority to obtain a credit history check on my behalf as apart of the application screening process.

Applicant's Full Name: \_\_\_\_\_  
(last) (first) (Middle Initial)

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

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ATTENTION APPLICANT**

**DO NOT COMPLETE the Landlord Verification Forms on the following pages**

**INSTEAD**

**SIGN AND DATE**

**the Applicant Release section at the bottom of the form(s)**

**AND RETURN TO**

**BELMONT HOUSING AUTHORITY**

51 Flowers Court  
PO Box 98451  
Belmont, NC 28012

**The Belmont Housing Authority will submit the signed forms to the landlords**

**LANDLORD VERIFICATION FORM**

The Belmont Housing Authority is required by federal regulations to verify previous residencies of applicants for public housing. We ask your cooperation by providing the following information and will use the information you provide only to determine eligibility and will maintain your responses in strict confidence.

Name of Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

I am the: Current Landlord \_\_\_\_\_ Previous Landlord \_\_\_\_\_ Other \_\_\_\_\_

Dates of Applicant's Tenancy: From \_\_\_\_\_ To \_\_\_\_\_

**1. Rent Payment**

A. Amount of monthly rent: \_\_\_\_\_ \$ \_\_\_\_\_

B. Does (did) applicant pay rent on time?  YES  NO

C. Have (had) you ever begun/completed eviction for non-payment?  YES  NO

D. Do you provide any of the utilities for the unit?  YES  NO

E. Have tenant-paid utilities ever been disconnected?  YES  NO

**2. Caring for the Unit**

A. Does (did) the applicant keep the unit clean, safe and sanitary?  YES  NO

B. Will (did) you keep any security deposit?  YES  NO

**3. General**

A. Is (was) the applicant listed on the lease for the unit?  YES  NO

B. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis?  YES  NO

Describe: \_\_\_\_\_

C. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants?  YES  NO

If yes, Describe: \_\_\_\_\_

D. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity?  YES  NO

If yes, Describe: \_\_\_\_\_

E. Would you rent to this applicant again?  YES  NO

If not, why? \_\_\_\_\_

F. Does Applicant have a balance due?  YES  NO

If yes, amount? \_\_\_\_\_

Name of authorized project staff \_\_\_\_\_ Phone \_\_\_\_\_

Landlord Signature \_\_\_\_\_ Date \_\_\_\_\_

**Applicant Release**

I, \_\_\_\_\_ hereby authorize the release of the requested information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LANDLORD VERIFICATION FORM**

The Belmont Housing Authority is required by federal regulations to verify previous residencies of applicants for public housing. We ask your cooperation by providing the following information and will use the information you provide only to determine eligibility and will maintain your responses in strict confidence.

Name of Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

I am the: Current Landlord \_\_\_\_\_ Previous Landlord \_\_\_\_\_ Other \_\_\_\_\_

Dates of Applicant's Tenancy: From \_\_\_\_\_ To \_\_\_\_\_

**1. Rent Payment**

A. Amount of monthly rent: \_\_\_\_\_ \$ \_\_\_\_\_

B. Does (did) applicant pay rent on time?  YES  NO

C. Have (had) you ever begun/completed eviction for non-payment?  YES  NO

D. Do you provide any of the utilities for the unit?  YES  NO

E. Have tenant-paid utilities ever been disconnected?  YES  NO

**2. Caring for the Unit**

A. Does (did) the applicant keep the unit clean, safe and sanitary?  YES  NO

B. Will (did) you keep any security deposit?  YES  NO

**3. General**

E. Is (was) the applicant listed on the lease for the unit?  YES  NO

F. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis?  YES  NO

Describe: \_\_\_\_\_

G. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants?  YES  NO

If yes, Describe: \_\_\_\_\_

H. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity?  YES  NO

If yes, Describe: \_\_\_\_\_

E. Would you rent to this applicant again?  YES  NO

If not, why? \_\_\_\_\_

F. Does Applicant have a balance due?  YES  NO

If yes, amount? \_\_\_\_\_

Name of authorized project staff \_\_\_\_\_ Phone \_\_\_\_\_

**Landlord Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant Release**

I, \_\_\_\_\_ hereby authorize the release of the requested information

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LANDLORD VERIFICATION FORM**

The Belmont Housing Authority is required by federal regulations to verify previous residencies of applicants for public housing. We ask your cooperation by providing the following information and will use the information you provide only to determine eligibility and will maintain your responses in strict confidence.

Name of Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

I am the: Current Landlord \_\_\_\_\_ Previous Landlord \_\_\_\_\_ Other \_\_\_\_\_

Dates of Applicant's Tenancy: From \_\_\_\_\_ To \_\_\_\_\_

**1. Rent Payment**

A. Amount of monthly rent: \_\_\_\_\_ \$ \_\_\_\_\_

B. Does (did) applicant pay rent on time?  YES  NO

C. Have (had) you ever begun/completed eviction for non-payment?  YES  NO

D. Do you provide any of the utilities for the unit?  YES  NO

E. Have tenant-paid utilities ever been disconnected?  YES  NO

**2. Caring for the Unit**

A. Does (did) the applicant keep the unit clean, safe and sanitary?  YES  NO

B. Will (did) you keep any security deposit?  YES  NO

**3. General**

I. Is (was) the applicant listed on the lease for the unit?  YES  NO

J. Does (did) the applicant permit persons other than those on the lease to live in the unit on a regular basis?  YES  NO

Describe: \_\_\_\_\_

K. Does (did) the applicant, family members or guests interfere with the rights and quiet enjoyment of other tenants?  YES  NO

If yes, Describe: \_\_\_\_\_

L. Have the applicant, family members or guests engaged in any criminal activity, including drug-related criminal activity?  YES  NO

If yes, Describe: \_\_\_\_\_

E. Would you rent to this applicant again?  YES  NO

If not, why? \_\_\_\_\_

F. Does Applicant have a balance due?  YES  NO

If yes, amount? \_\_\_\_\_

Name of authorized project staff \_\_\_\_\_ Phone \_\_\_\_\_

**Landlord Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Applicant Release**

I, \_\_\_\_\_ hereby authorize the release of the requested information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Authorization for the Release of Information/Privacy Act Notice Form HUD-9886**

Complete the Authorization for the Release of Information/Privacy Act Notice as follows:

1. Write in the date that you completed and mailed this application package
2. Complete the Consent information in its entirety.

**Failure to complete this form in its entirety (and all other requested information  
in this application packet) will delay your application**

**Belmont Housing Authority**

**Notice to ALL Applicants/Residents**

**Supplement to Application for Federally Assisted Housing  
HUD -92006**

The Belmont Housing Authority must provide applicants and tenants the opportunity to include information on an individual or organization that may be contacted to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services that you may require. Examples of persons or organizations include: family members, friends, social and case workers, mental health care workers, advocacy groups, or other organizations. The contact information provided is Confidential and will only be used as allowed by the tenant or applicable law.

If you wish to provide this contact information, please read the Instructions on the attached form and complete the requested information. You must sign and date the form. You do not have to provide this information. If you do not want to provide the information, please check the box at the bottom of the form indicating that you “choose not to provide the contact information” and sign and date the form.

Applicants and residents will be able to update, remove, or change the information on this form at admission and annual re-examination. At that time, you will also be given a chance to complete the form if you have previously chosen not to do so. However, you may update, remove, or change the information you provide at any time during the application process or tenancy. It is your responsibility to ensure that we have the correct information on file.

If you have any questions regarding this notice, please speak to the Property Manager when you turn in your application or during your annual re-examination process.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

Form HUD- 92006