



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT
DEPARTMENT OF LEASED HOUSING and SECTION 8

ATTENTION

HURRICANES KATRINA/RITA APPLICANTS

- Read all of the information provided on the application carefully
- Fill in all of the information in the spaces provided
- All applications must be filled out in blue or black ink (NO PENCILS ALLOWED)
- Please be sure to sign and date the application
- DO NOT drop off applications at the Section 8 Office or any Housing Authority of the Birmingham District (HABD) office. (NO APPLICATIONS WILL BE ACCEPTED AT ANY HABD OFFICE LOCATION)
- All applications must be mailed through the U. S. Postal Service in an envelope marked "Section 8 Application – Katrina/Rita". All Section 8 applications must be postmarked by Wednesday, December 8, 2010, and received by HABD no later than Monday, December 13, 2010.
- Mail applications to the address provided below:

**HABD Section 8 Application
P. O. Box 55906
Birmingham, AL 35255-5906**

***** We ask that you do not call to inquire about your application because it will take time away from staff processing the waiting list.**

The Housing Authority of the Birmingham District will establish a waiting list for a total of 257 families that qualify as being displaced by Hurricanes Katrina or Rita. Waiting list applicants will be notified through U. S. Postal Service.



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT
DEPARTMENT OF LEASED HOUSING and SECTION 8

Rental Assistance Eligibility
HURRICANES KATRINA/RITA WAITING LIST APPLICANTS ONLY

TO BE FILLED OUT BY APPLICANT **IN INK**. FOR QUESTIONS THAT DO NOT APPLY TO YOU, ANSWER **NO** OR **NONE**. **DO NOT LEAVE BLANKS**.

Ethnicity: () White () Black () Asian () Native American () Latino () Other _____

APPLICANT _____					
	Last	First	M.I.		
CURRENT ADDRESS _____					
	Street	City	State	Zip	Apt. #
MAILING ADDRESS _____					
	P. O. Box	City	State	Zip	
Home Phone # _____		Work Phone # _____		Other # _____	

MARITAL STATUS: (CHECK ONE PLEASE) _____ Single _____ Married _____ Widowed _____ Divorced _____ Separated

Name of Current Landlord _____					
Mailing Address of Landlord _____					
	Street/P. O. Box	City	State	Zip	Apt. #
Present Monthly Rent \$ _____		Number of Bedrooms _____		Number of Persons Presently in Household _____	
If you pay for your utilities, indicate the utilities paid by you and the amount: If you do not pay for any of the utilities listed check N/A					
Electricity \$ _____	Gas \$ _____	Water \$ _____	Phone \$ _____	Cable TV \$ _____	N/A <input type="checkbox"/>
How long have you lived at the address listed above? Years _____ and Months _____					
Do you owe any money to the landlord listed above? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount owed \$ _____					
List City, State and Year of locations where you have lived for the past five years. _____					

HOUSEHOLD COMPOSITION: List all persons who will live in the rental unit while you are on this program

Print Full Name(s)	Relation To Head of Family	Date of Birth	Age	Sex	Social Security Number	Occupation/Name of School Attending	Place of Birth City, State, County
1)	HEAD						
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							

Military Service: Is there any member of your household (listed above) now serving in military service (Army, Air Force, Marines, Navy, etc.)?

If yes, give the following information on each military service person:

Name	Rank:	Address	Service

Are you or any member of your household disabled or handicapped? Yes No If yes, who? _____

Identify any special housing needs required as a result of the disability or handicap. _____

FILL IN THESE BLANKS FOR YOU OR EACH PERSON IN YOUR UNIT WHO IS WORKING.

Worker	Employer's Name & Address	Dates Worked		Pay Rates	
		From:	To:	\$	Per
1.					
2.					
3.					
4.					
5.					

If you or any person in your unit receives income from any of the following sources check the source(s) and fill in the blanks.

- Welfare Assistance/Food Stamps
 Retirement/Pension
 Supplemental Security Income (SSI)
 Unemployment Compensation
 VA Benefits
 Child Support
 Social Security
 Other

Received by (Name)	Received From (Source)	Amount
		\$ _____ Per
		\$ _____ Per
		\$ _____ Per
		\$ _____ Per

****ALL BANK INFORMATION/ LIFE INS. POLICIES:** List any checking, savings, credit union and/or certificate of deposit accounts; life insurance policies

Type of Account	Bank/Life Provider's Name & Address	Account Number	Amount

Stocks & Bonds Yes No If yes, current value \$ _____

Savings Bond Yes No If yes, current amount \$ _____

Do you NOW own real estate? Yes No if yes, what is the value? _____

Have you EVER owned real estate? Yes No If yes, when? _____

CHILDCARE EXPENSES:

Do you pay for baby-sitting while a family member is employed? Yes No

If yes, list childcare provider's name, address and telephone number. _____

Baby-sitting Cost per week? \$ _____ or per month? \$ _____

MEDICAL EXPENSES: (ELDERLY OR DISABLED ONLY)

Are you receiving Medicare Benefits? Yes No If yes, Monthly amount of Benefits \$ _____

Are you receiving Medical Assistance through the Welfare Department (DHR)? Yes No If yes, monthly amount \$ _____

Do you pay for any medical insurance/hospitalization (such as Blue Cross)? Yes No

If yes, indicate amount of premium paid and how often paid. Weekly \$ _____ or Bi-Weekly \$ _____ or Monthly \$ _____

Are you making payments on outstanding medical bills? Yes No If yes, amount paid per month \$ _____

Do you take prescription drugs on a regular basis? Yes No If yes, your cost per month \$ _____

HANDICAP ASSISTANCE EXPENSES: (DISABLED ONLY)

DO YOU PAY FOR A CARE ATTENDANT OR FOR ANY EQUIPMENT FOR THE HANDICAP MEMBER(S) OF THE FAMILY NECESSARY TO PERMIT THAT PERSON OR SOMEONE ELSE IN THE FAMILY TO WORK? YES NO IF YES, DESCRIBE EXPENSES

PROGRAM INFORMATION:

HAVE YOU OR ANY FAMILY MEMBER, LISTED ON THE FRONT, EVER BEEN ARRESTED FOR ANY OFFENSE AGAINST THE LAW? YES NO

HAVE YOU OR ANY FAMILY MEMBER, LISTED ON THE FRONT, EVER HAD A WARRANT ISSUED FOR AN ARREST? YES NO

HAVE YOU EVER BEEN IN TROUBLE WITH THE LAW? FOR EXAMPLE, TRAFFIC CITATION OR ANY OTHER SITUATION? ANSWER? YES NO

IF YOU ANSWERED YES TO ANY OF THE QUESTIONS IN THIS SECTION EXPLAIN: _____

Notice!!! You are reminded that all your answers will be verified and giving false information is considered Fraud.

MARITAL STATUS/HISTORY:

Have you ever been married? Yes No How many times? _____ Maiden Name _____

Date From Whom Street Address City State Zip Comments: _____

Separated? _____

Divorced? _____

Widowed? _____ SS# of Deceased: _____

Absent Parent Information:

Family Member _____ Father's/Mother's Name _____

Street Address _____ City _____ State _____ Zip _____

Comments/Last Contact _____

OTHER:

Have you ever applied for Public Housing or Section 8 Housing? Yes No

Have you ever lived in Public Housing or Section 8? Yes No

Have you ever lived in housing that is referred to as the "PROJECTS"? Yes No

Are you currently homeless? (Lacks a fixed, regular and adequate nighttime residence) Yes No

Involuntary displacement due to recognized natural disaster or Government Action (Hurricanes Katrina or Rita)? Yes No

Have you recently or will be leaving FEMA temporary housing units or Katrina cottages? Yes No

If you have or currently live in Public Housing (Projects) and/or Section 8 Assisted Housing or housing where the amount of rent you paid was based on your income, complete the following:

Where (Address) _____ When (Dates) _____

Do you owe any money to the Public Housing Project and/or Section 8 Housing? Yes No If yes, Amount \$ _____

WARNING: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

I/ We **certify** that all information given to the Housing Authority of the Birmingham District (HABD) in this application is correct. I/We understand that if these facts are not true, housing assistance or housing will not be provided and I/We will be declared ineligible. I understand that after the information in this application is verified that the information will be submitted to the U. S. Department of Housing and Urban Development (HUD) on Form HUD-50058. See the Federal Privacy Act Statement for additional information concerning the authorized use of this information. I also understand that staff of the Housing Authority of the Birmingham District will verify this information and I authorize the Housing Authority of the Birmingham District to submit inquiries necessary for the purpose of verifying the facts herein stated.

Signature of Head of Household

Date

Signature of Spouse

Date

Signature of Other Adult

Date

Housing Authority of the Birmingham District Representative

Date

Note: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-669-9777 of the GGHA will provide you with a HUD Housing Discrimination Complaint Form, HUD-903. This form can be completed to report discrimination to the HUD Office of Fair Housing and Equal Opportunity.

Applicant: Do Not Write in this Section

Housing Authority of the Birmingham District Use Only

Family Status

- 1. Head/Spouse 62 or over _____
- 2. Head/Spouse Disabled _____
- 3. Number in Family _____
- 4. Number of Minors _____
- 5. Age of Head _____
- 6. Sex of Head F M
- 7. Husband & Wife Present (Y or N) _____
- 8. Spouse Deceased (Y or N) _____
- 9. Separated (Y or N) _____
- 10. Divorced (Y or N) _____

Eligible Ineligible