



**HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT
APPLICATION FOR AFFORDABLE HOUSING PROGRAM HOMEOWNERSHIP**

Date _____

Full Name _____ Social Security # _____

Present Address _____

Previous Address _____

Birthdate ___/___/___ Phone Number _____ Are You A Registered Voter? __Yes __No

Landlord _____ Phone Number _____

Address _____

Have You Ever Owned A Home ? _____ When/How Long? _____

Reason You No Longer Own Home? _____

Have You Ever Filed For Bankruptcy? _____ No _____ Yes _____ When?

Have You Ever Had A Judgment Filed Against You? _____ No _____ Yes _____ When?

Marital Status _____ Single _____ Married _____ Divorced _____ Separated

Spouse's Name _____ Birthdate ___/___/___ Social Security # _____

Number of Persons In Family _____ Adults _____ Boys _____ Girls

Do You Have Any Handicap Requirements? _____ No _____ Yes _____ Other

List of Persons To Live In The Household

Name	Age	Date of Birth	Social Security #	Relation



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT

Page 2

Application for HOMEOWNERSHIP

REFERENCES

(Other than Relatives or Employers)

Name	Address	Telephone#

EDUCATION BACKGROUND

School	Degree(s) Earned	Special Skills and Training

INCOME DATA

Present Employer _____ Phone# _____
 (Name & Address)

Wages/Salary _____ Number of years Employed There _____
 (Please indicate Weekly or Monthly Gross Salary)

Spouse's Employer _____ Phone# _____
 (If Presently Married)

Wages/Salary _____ Number of years Employed There _____
 (Please indicate Weekly or Monthly Gross Salary)

Previous Employer (Self) _____
 (Name & Address/Phone)
 (Spouse) _____

ASSETS

Bank & Branch _____

Savings _____ Yes _____ No _____ Balance
 Checkings _____ Yes _____ No _____ Balance

Automobile: (Year/Make/Model) _____

Other Assets: _____ Yes _____ No Type _____ Amount _____



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT

Page 3

Application for HOMEOWNERSHIP

Are You Currently Receiving Any of the Following?

Type	Amount	How Often	Date Began
Social Security			
S.S.I.			
A.D.C.			
Retirement			
VA Benefits			
Unemployment			
Worker's Comp.			
Child Support			
Other			
Total Monthly Housing Income From All Sources			\$

Current Household Expenses:

Type of Expense	Amount or Average	Weekly/Monthly/Quarterly
Rent		
Electricity		
Gas		
Heat (If other than Elec or Gas)		
Telephone		
Water/Garbage		
Life Ins./Med. Hospitalization		
Auto Repair/Gasoline		
Food		
Clothes		
Medical/Dental		
Other (church/lunches/etc.)		
Total Monthly Household Expenses		\$



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT

Page 4

Application for HOMEOWNERSHIP

Payment on Loans and Charge Accounts Including Automobile and Personal

Company or Individual	Monthly Payment	Remaining Balance	Purpose of Loan
Total Monthly Payments: Loans/Charge Accounts/Automobiles		\$	

Do You Owe A Student Loan? _____ No _____ Yes _____ Balance

Are Student Loan Payments Current? _____ No _____ Yes

Medical Data

Are you (and/or any other person in your household) presently under treatment or taking medication for any illness? Please explain:

Physician(s)

Phone Number



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT

Page 5

Application for HOMEOWNERSHIP

Do You Have Rental/Apartment Insurance? _____ No _____ Yes

Have You Ever Had A Fire In Your Home? _____ No _____ Yes

Do You Agree To Become A Member In The Homeowners Association? _____ No _____ Yes

Do You Agree To Use Your Home As Your Principal Place of Residence? ___ No ___ Yes

Do You Agree To Participate In Training, Counseling, etc., Programs If Selected To Participate In The Lease-Purchase Homeownership Program? _____ No _____ Yes

State Briefly Your Reasons For Wanting To Own A Home:

I understand that if any of the above information has been intentionally misrepresented, this application may be invalidated making me ineligible for the program. I hereby authorize the Housing Authority of the Birmingham District to make all necessary inquiries for the purpose of verifying the facts herein stated.

Signature of Applicant _____

Date _____

Signature of Applicant _____

Date _____

Signature of Witness _____

Date _____

NOTE:

If you should need assistance in understanding or in completing this application, please call Sarita Jackson-Womack, Housing Counselor at (205) 521-0686 between the hours of 8:00 am and 5:00 pm, Monday through Friday.



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT

Page 6
Application for HOMEOWNERSHIP

PERSONAL DECLARATION

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household as it appears on the social security card. All adult members of the household must sign below certifying the information pertaining to them.

PLEASE PRINT

Household Composition: *List all persons who will be living in your home listing head of household first.*

Adults (Legal Name)	Date of Birth	Relation to Head of Household	Social Security#	Marital Status* and Year
1.				Yr.
2.				Yr.
3.				Yr.
4.				Yr.

**S=Single M=Married D=Divorced Sep=Separated*

Children (Name as on SS card)	Date of Birth	Relation to Head of Household	School Name	Absent Parent's Name	Absent Parent's Address
1.					
2.					
3.					
4.					
5.					
6.					

If separated or divorced, list name and address of spouse/ex-spouse as follows:

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

SS# (if known) _____

SS# (if known) _____



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT

Page 7

Application for HOMEOWNERSHIP

HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT
HOMEOWNERSHIP CONVERSION
AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (legal name), do hereby authorize any agencies, offices, groups, organizations or business firms to release to the Housing Authority of the Birmingham District any information or materials which are deemed necessary to complete and verify my application for participation in and/or to maintain my continued assistance under the Section 8 Housing Assistance Program, Section 8 Voucher Program, and/or Low-Income Housing Programs. *The information needed may include verification or inquiries regarding my identity, household members, employment and income, assets, health, residency, and allowances or preferences I have claimed.* These organizations are to include, but are not limited to: financial institutions; Employment Security Commission; past or present employers; Social Security Administration; welfare and food stamp agencies; Veterans Administration; court clerks, utility companies; Worker’s Compensation payers; physicians and health institutions; public and private retirement systems; law enforcement agencies, and credit providers.

I understand that the Department of Housing and Urban Development (HUD) may conduct computer-matching programs in order to verify the information supplied on my application or recertification. It is understood and agreed that this authorization, or the information obtained with its use, may be given to and used by HUD in the administration and enforcement of program rules and regulations and that HUD may, in the course of its duties, obtain such information from other federal, state or local agencies, including State Employment Security Agencies; Department of Defense; Office of Personnel Management; the Social Security Administration, and state welfare and food stamp agencies.

It is with my understanding and consent that a photocopy of this authorization may be used for the purposes stated above.

Signed _____

Date _____

Social Security# _____



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT

Page 8
Application for HOMEOWNERSHIP

REQUEST FOR CRIMINAL HISTORY NCIC CHECK

In accordance with Public Law 104-120, the Agreement between the U.S. Department of Housing and Urban Development and the U.S. Department of Justice, a copy of which is on file with this Housing Authority and this law enforcement agency, and the agreements between this Housing Authority and the Alabama Criminal Justice Information Center (ACJIC) relating to access to the National Crime Information Center (NCIC) data, the Housing Authority of the Birmingham District hereby requests that this law enforcement agency conduct a name test to determine whether or not:

Name _____ **Race** _____ **Sex** _____

Date of Birth _____ **Social Security#** _____

has a criminal history record indexed in the Interstate Identification Index (III). A copy of the consent form signed by the above-named person is attached.

Applicant/Tenant

PHA Representative

Date Sent to Law Enforcement: _____

**TO BE COMPLETED BY LAW ENFORCEMENT
AND RETURNED TO THE HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT**

_____ There is no information in the NCIC for the above-named person.

_____ There may be a criminal history record of the named person and the Housing Authority of the Birmingham District should refer the named person to a state or local law enforcement agency for fingerprinting and further checks with the FBI through the Identification Division of the Alabama Department of Public Safety.

Law Enforcement Representative

Date



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT

Page 9

Application for HOMEOWNERSHIP

REQUEST FOR RENTAL HISTORY

TO: LANDLORD _____

RE: APPLICANT _____

The above identified person has applied for residency at the Housing Authority of the Birmingham District and indicated to us that you now have (or recently had) this applicant as a tenant in your property located at:

As indicated by the signature noted below, the applicant consents to the release of information pertaining to his/her rental history to the Housing Authority of the Birmingham District. We would greatly appreciate your cooperation.

Please answer the following questions regarding the applicant's rental history.

1. How long has the above name applicant resided at this address? _____ No.
Bedrooms? _____
2. Monthly rent? _____ Any Past Due Now? _____ If So, Amount Due? \$ _____
3. Has the applicant ever been behind in monthly rent payments? _____
4. Does applicant maintain desirable living conditions (i.e., well-kept home)? _____
5. Does applicant get along with neighbors in area? _____
6. Is applicant destructive to property? _____
7. The applicant's overall conduct while residing at your property would be:
_____ Excellent _____ Good _____ Fair _____ Poor
8. If applicant moved and reapplied in the future, would you rent to him/her again? _____
If not, Why? _____
9. Did applicant own a pet _____ Any problems? _____
10. Additional comments _____

Signature	Title	Date	Telephone#
Applicant's Signature _____			



HOUSING AUTHORITY OF THE BIRMINGHAM DISTRICT

Page 10

Application for HOMEOWNERSHIP

AUTHORIZATION FOR CREDIT CHECK

I _____ (legal name) do hereby authorize the Housing Authority of the Birmingham District to run a check of my credit history and background and further authorize any agency, office, group, organization or business firm to release to the Housing Authority of the Birmingham District any information deemed necessary to complete and verify my credit history and background.

It is my understanding and with my consent that a photocopy of this authorization may be used for the purpose stated above.

Signed _____ Date _____

Social Security# _____