

# Section 8 HCV Program

## Application for Admission

GREENCASTLE HOUSING AUTHORITY  
 309 E FRANKLIN STREET  
 GREENCASTLE IN 46135  
 (765)653-8228

APPLICATION HOURS:  
 Tuesday, Wednesday, Thursday  
 8:00am-11:00am

For Office Use Only



### I. Applicant Information

Applicant SSN \_\_\_\_\_  
 Applicant Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Telephone \_\_\_\_\_  
 Work Telephone \_\_\_\_\_  
 Message Telephone \_\_\_\_\_

Household Size \_\_\_\_\_  
 Emancipated Minor  Yes  No

Accessibility features requested?  
 Vision \_\_\_\_\_  
 Hearing \_\_\_\_\_  
 Wheelchair \_\_\_\_\_  
 Physical \_\_\_\_\_

Pet Information  
 Cats \_\_\_\_\_ Dogs \_\_\_\_\_ Other \_\_\_\_\_  
 Comments \_\_\_\_\_

### Mailing address same as current address?

YES  NO

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

### Current Information

Lived there from \_\_\_\_\_ to \_\_\_\_\_  
 Number of bedrooms \_\_\_\_\_ Rent \_\_\_\_\_

### Reason for Moving

About to be or without housing  Sub-Standard housing  Displaced Due to Government Action  Other (Please specify) \_\_\_\_\_

### Current Landlord

Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

### Current Utility Information

Gas Company \_\_\_\_\_ Deposit \_\_\_\_\_  
 Electric Company \_\_\_\_\_ Deposit \_\_\_\_\_  
 Water Company \_\_\_\_\_ Deposit \_\_\_\_\_

### II. Previous Information

#### Previous Address

City, State, Zip \_\_\_\_\_  
 Lived there from \_\_\_\_\_ to \_\_\_\_\_  
 Number of bedrooms \_\_\_\_\_ Rent \_\_\_\_\_

#### Previous Landlord

Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

#### Previously lived in Public Housing?

YES  NO

Previous HA Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
 Lived there from \_\_\_\_\_ to \_\_\_\_\_

### For Office Use Only

Waiting List Applied For	Application Number	Application Date / Time	Beds Applied

**III. Program Integrity**

1. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)?  YES  NO  
 If yes: Who? When? For What? \_\_\_\_\_
  
2. Does anyone in your household currently use a controlled or illegal drug?  YES  NO  
 If yes, please explain. \_\_\_\_\_
  
3. Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity?  YES  NO  
 If yes: Who? When? For What? \_\_\_\_\_
  
4. Does anyone outside of your household pay for any of your bills or expenses?  YES  NO  
 If yes: Who? When? For What? \_\_\_\_\_

**IV. Family Composition Information**

	Name	SSN	Student	Relation to Head	Birthday
Head					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

(mark as needed)

	Birth Place	Gender (M/F)	Race					Ethnicity				Eligibility				Alien Registration	Handicap	Disabled
			1	2	3	4	5	Hispanic?	EC	EN	IN	PV						
Head																		
2.																		
3.																		
4.																		
5.																		
6.																		
7.																		
8.																		
9.																		
10.																		
11.																		
12.																		

Eligibility Codes: EC = Eligible Citizen  
 EN = Eligible Noncitizen  
 IN = Ineligible Noncitizen  
 PV = Eligibility Pending

Race Codes: 1 = White  
 2 = Black/African American  
 3 = American Indian/Alaska Native  
 4 = Asian  
 5 = Native Hawaiian/Other Pacific Islander

## V. Employment/Income Information

Enter each type of income that any household member will have in the next year.

Family Member _____ Income Type _____ Start Date _____ How Long _____ Income Per _____ Hour _____ Week _____ Month _____ Year _____ Weeks per Year      _____ Hours per Week Income Amount _____	Source/Company _____ Position _____ Address _____ City, State, Zip _____ Telephone _____
Family Member _____ Income Type _____ Start Date _____ How Long _____ Income Per _____ Hour _____ Week _____ Month _____ Year _____ Weeks per Year      _____ Hours per Week Income Amount _____	Source/Company _____ Position _____ Address _____ City, State, Zip _____ Telephone _____
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**Income Type Codes:**

- |                      |                   |                           |                                    |
|----------------------|-------------------|---------------------------|------------------------------------|
| P = Pension          | S = SSI           | G = General Assistance    | I = Indian Trust/per capita        |
| B = Own Business     | F = Federal Wages | W = Other Wages           | N = Other Non-wage Source          |
| SS = Social Security | T = TANF          | C = Child Support         | E = Medical Reimbursement          |
| M = Military Pay     | HA = PHA Wages    | U = Unemployment Benefits | IW = Annual Imputed Welfare Income |

**VI. Asset Information**

Enter the assets that your household currently possesses, or has disposed of within the last two years for less than fair market value.  
 Enter the anticipated or actual income from each asset next to Annual Income.

Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	City, State, Zip _____
	Telephone _____
Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	City, State, Zip _____
	Telephone _____
Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	City, State, Zip _____
	Telephone _____
Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	City, State, Zip _____
	Telephone _____
Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	City, State, Zip _____
	Telephone _____

**VII. Expenses**

Enter any Medical, Child Care or Handicapped Expenses that your household currently has.

Family Member _____	Payee _____
Type of expense _____	Contact _____
Expense per _____ Week _____ Month _____ Year	Address _____
Expense Cost _____	City, State, Zip _____
	Telephone _____
Family Member _____	Payee _____
Type of expense _____	Contact _____
Expense per _____ Week _____ Month _____ Year	Address _____
Expense Cost _____	City, State, Zip _____
	Telephone _____
Family Member _____	Payee _____
Type of expense _____	Contact _____
Expense per _____ Week _____ Month _____ Year	Address _____
Expense Cost _____	City, State, Zip _____
	Telephone _____
Family Member _____	Payee _____
Type of expense _____	Contact _____
Expense per _____ Week _____ Month _____ Year	Address _____
Expense Cost _____	City, State, Zip _____
	Telephone _____
Family Member _____	Payee _____
Type of expense _____	Contact _____
Expense per _____ Week _____ Month _____ Year	Address _____
Expense Cost _____	City, State, Zip _____
	Telephone _____

### VIII. References

Enter references that can be contacted to determine housing suitability

#### Bank References

Bank 1  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Checking Account # \_\_\_\_\_  
 Savings Account # \_\_\_\_\_

Bank 2  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Checking Account # \_\_\_\_\_  
 Savings Account # \_\_\_\_\_

#### Credit References

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Account # \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Account # \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Account # \_\_\_\_\_

#### Personal References

Emergency Contact  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

### IX. Certification of Information

**WARNING!** Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant \_\_\_\_\_ Date \_\_\_\_\_

Other member over 18 \_\_\_\_\_ Date \_\_\_\_\_

Other member over 18 \_\_\_\_\_ Date \_\_\_\_\_

Other member over 18 \_\_\_\_\_ Date \_\_\_\_\_

Other member over 18 \_\_\_\_\_ Date \_\_\_\_\_

#### For Office Use Only

Management Code \_\_\_\_\_ Caseworker \_\_\_\_\_

#### Offers/Vouchers

Unit Number/ Voucher	Waiting List	Beds	Fund ID	Date Offered	Response	Response Date/Time	Initials

**Housing Choice Voucher's General Authorization**

**I/We do hereby certify** that the information given to the Greencastle Housing Authority is accurate and complete to the best of my/our knowledge and belief. **I/We also understand** that by giving false statements or information is ground for denial of assistance or termination of assistance. **I/We hereby authorize the Greencastle Housing Authority** to make any inquiries necessary to verify the statement here in. **I/We do hereby certify** that I/We do not/will not maintain a separate subsidized rental unit in another location. **I/We do hereby certify** that this will be my/our permanent residence. **I/We understand** that I/we must pay a security deposit for this apartment prior to occupancy. **I/We understand** that my/our eligibility for housing will based on HUD's income/occupancy limits as well as funding eligibility.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of co-applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_