

Application for Admission

NVA

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

Applications are accepted:
Tuesday, Wednesday & Thursday
from 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 _____



NO SMOKING

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 _____

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

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 _____

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Management Code _____

Caseworker _____

Offers/Vouchers

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