



HCV-PBV  
Preliminary  
Application for  
Admission

Please complete and return to:  
Sanford Housing Authority  
Attn: HCV Department  
P.O. Box 636  
Sanford, NC 27331

(SHA office use only)  
Control #  
  
App ID#\_\_\_\_\_  
  
Staff Initials\_\_\_\_\_

If you need assistance completing the Application or have questions about the Application process, please contact the SHA HCV Department at (919) 776-7655.

Please print neatly in ink. All fields are required.

Are you a current or prior SHA resident?

☐ Yes☐ No



HEAD OF HOUSEHOLD

Last Name:

First Name:

Middle Initial:

Social Security Number (SSN):

-

Address (include Apt. #) (best place for SHA to reach you by mail):

Date of Birth - month/date/year

City:

State:

Zip:

Source of Income:

Monthly Gross:

Specify Other Income Source and Amt.:

Race:

☐ White☐ Black☐ American Indian/ Alaskan☐ Asian☐ Native Hawaiian/ Pacific Islander☐ Other

Ethnicity:

☐ Hispanic(1)☐ Non-Hispanic(2)

Gender ☐ Male ☐ Female

Primary Phone:

Alternate Phone:

Phone Type: ☐ Home ☐ Cell ☐ Other

Phone Type: ☐ Home ☐ Cell ☐ Other

Email: \_\_\_\_\_

Marital Status: Married/Single/Widow(er)/Divorced \_\_\_\_\_ Spouse Name: \_\_\_\_\_

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

EMERGENCY CONTACT

Name:

Name:

Address:

Address:

City/State/Zip:

City/State/Zip:

Phone: ☐ Home ☐ Cell ☐ Other

Phone: ☐ Home ☐ Cell ☐ Other

LIST ALL MEMBERS WHO WILL LIVE IN THE UNIT OTHER THAN THE HEAD OF HOUSEHOLD:

Legal Name	Race	Hispanic/ Non-Hispanic	SSN	Relationship to Head of Household	Date of Birth	Gender M/F	Monthly Gross Income	Source of Income
1				Spouse or Co-Tenant				
2								
3								
4								
5								
6								

- 1) Do you own or rent a home/apt/condo/townhome? Yes No / Own Rent
- 2) At your current residence, is there a lease in your name? Yes No

a. If yes, name and address of current property / owner
- 3) Are you living with another family? Yes No

a. If yes, list the name of the Head of Household with whom you live:

\_\_\_\_\_

4) Name, address, email and telephone number of your current landlord:

- a. Do you have a cell phone? Y / N
- b. Do you have cable? Y / N
- c. Do you have internet? Y / N
- d. Do you have a private bath or a shared bath? Private / Shared
- e. Do you have a kitchen with a sink? Y / N
- f. Do you have electricity? Y / N
- g. Do you have hot water? Y / N
- h. Do you have utility service(s) in your name? Y / N
- Provider Name/Acct. # \_\_\_\_\_

5) How much is your monthly rent? \_\_\_\_\_per week or month? Are you without housing? Y / N

6) Has your family been asked to move by the owner or an agency through no fault of your own? Y / N

a. If Yes, please explain why and the type of notice you received, i.e. 30 day notice to vacate:

\_\_\_\_\_

\_\_\_\_\_

7) Has anyone in your household ever been convicted for criminal activity? Y / N

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

\_\_\_\_\_

8) Have you ever lived in Public Housing or Federally-Assisted Housing? Y / N Section 8/HCV? Y / N

a. If Yes, where and when?

\_\_\_\_\_

9) Are you or anyone in your household subject to a state imposed requirement under a sex offender registration program? Y / N

10) Have you ever used any other name or social security number other than the one you are using now? Y / N If Yes, please list the name and explain: \_\_\_\_\_

\_\_\_\_\_

SELECTION PREFERENCES

Check ALL of the following situation(s) that apply:

*Please note that when your name reaches the top of any waiting list, you will be required to provide verification of the preference(s) selected.*

<input type="checkbox"/> <b>Involuntary Displacement</b> - applicants who have vacated housing because of one of the following occurrences: disaster, government action, domestic violence, fear of reprisals, victims of hate crimes, mobility impairment/unit accessibility or the disposition of HUD multi-family housing. In order to qualify for this preference, applicants who have been displaced, must not be living in standard replacement housing.
<input type="checkbox"/> <b>Homeless Veterans</b> - Members of the US Armed Forces, Veterans, or surviving spouses of Veterans who served in active military, naval, or air service, and have been discharged or released from such service under conditions other than dishonorable who meet both the homeless and Veteran definitions. Also includes families with one or more children under age 18 of a deceased veteran.
<input type="checkbox"/> <b>Chronically Homeless</b> - Single Elderly or Disabled who has been continuously homeless for a year or more or at least4 episodes in three years.
<input type="checkbox"/> <b>Single Elderly / Disabled</b> - The sole member is age 62 or older, or is a person with disabilities.
<input type="checkbox"/> <b>Elderly/Disabled with Minor Children</b> - The head of household is age 62 or older, or a person with disabilities, and is the parent/guardian of a minor child.
<input type="checkbox"/> <b>Homeless</b> - Families that include minor children who are identified by a Social Service Agency providing shelter or law enforcement who lacks a fixed permanent night-time residence, resides in a supervised public or private shelter or public or private place not used as sleeping accommodations for human beings.
<input type="checkbox"/> <b>In Place</b> - Eligible applicants who reside in units at the time of the PBV property owner's proposal selection date for Project-based assistance.
<input type="checkbox"/> <b>Date and Time</b> - Applies to families who do not meet any of the above selection preferences.

REASONABLE ACCOMMODATIONS

If you or a family member are disabled and require accessibility features or another reasonable accommodation, please complete this section. If you do not require an accommodation, skip this section.

Household Member	Mobility (M)	Hearing (H)	Vision (V)	Communication (C)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please describe in detail any other accommodations that you require.

NOTICE OF NONDISCRIMINATION

The Sanford Housing Authority does not discriminate on the basis of race, religion, sex, color, national origin, age, disability or familial status. We provide equal access to persons with disabilities to our programs, services and activities.

NOTIFICATION OF APPLICANT RESPONSIBILITY

It is the responsibility of each applicant to notify the Sanford Housing Authority, 1000 Carthage Street, PO Box 636, Sanford, NC 27331, **in writing and in person within 10 days of the occurrence**, each time the address changes for the applicant family. Failure to keep this office informed of any and all changes of address will prevent contact by mail, and will leave us no alternative but to withdraw the application and remove the family from the Wait List. In the event this happens, if the Wait List is open, it will be necessary for the applicant to submit a new application, which will automatically assign the family a new application position. SHA will take affirmative steps to communicate with people who need services or information in a language other than English.

If a letter is mailed and returned by the post office, the application will be withdrawn automatically, unless a forwarding address is listed. When a forwarding address is listed the SHA will re-mail the letter.

IDENTIFICATION VERIFICATION POLICY

Sanford Housing Authority (SHA) is required by Federal Law to obtain, verify and record information that identifies each individual who does business with us. When you visit us, we will ask for your name, address and other information that will allow us to identify you such as photo identification, social security number, and date of birth. SHA will collect this information to verify each member of the assisted family and property owner/agent.

APPLICANT CERTIFICATION

***I understand that this form is not an offer of housing.*** Based on this form, I understand that I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform the Sanford Housing Authority of any change of address, income, reasonable accommodation, preference and/or family composition or my application will be withdrawn. I certify that the information I have given on this document is true and correct. I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that false statements or information are grounds for rejection of my application or termination of tenancy or program participation. WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Applicant Signature:

Date:

Co-Head Signature:

Date:

Rev: 08/18