



1000 Carthage Street  
P.O. Box 636  
Sanford, NC 27331  
919-776-7655  
[www.sha-nc.org](http://www.sha-nc.org)

## Memorandum

To: All Public Housing Applicants

Date: August 26, 2019

Subject: Site-Base Waiting List

Effective immediately, housing authorities may maintain a waiting list for public housing by establishing a system under which applicants may apply directly to a particular community in which they wish to reside. Procedures must comply with all civil rights and fair housing laws.

Please initial

Gilmore Terrace & Garden Street \_\_\_\_\_

James Street  
Walden Street  
Harrington Street  
Fields Drive

Clark Circle  
Rose Street  
Battle Avenue



6								
7								

Do you anticipate any changes in your family composition? ☐ Yes ☐ No If yes, describe?

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Primary Language Spoken: ☐ English ☐ Spanish ☐ Portuguese ☐ Chinese ☐ Other:

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1) Do you own a home? Yes No

2) At your current residence, is there a lease in your name? Yes No

a. If yes, name and address of current property / owner

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3) Are you living with another family? Yes No

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

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b. Description of apartment / house where you live:

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c. Do you have running water? Y / N

d. Do you have a private bath or a shared bath? Private / Shared

e. Do you have an outside toilet? Y / N

f. Do you have a kitchen with a sink? Y / N

g. Do you have electricity? Y / N

h. Do you have hot water? Y / N

4) How much is your monthly rent? \_\_\_\_\_ per week month. Are you without housing? Y / N

5) Has your family been asked to move by 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:

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6) Does anyone in your household have a recent history of criminal activity? Y / N

7) Are you or anyone in your family subject to a lifetime registration requirement under a state sex offender registration program? Y / N

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?

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## 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.*

- ☐ Homeless - Where the head, spouse, co-head, or sole member has been continuously homeless for twelve months.
- ☐ Homeless Veterans - Applies to members of the United States Armed Forces, Veterans, or surviving spouses of veterans who served in the active military, naval, or air service, and who was discharged or released from such service under conditions other than dishonorable who both meet the homeless and veteran definitions.
- ☐ Person age 50 or older or disabled - Where the head, spouse, co-head, or sole member is person age 50 or older, or is a person with disabilities.
- ☐ Relocation - Where the SHA head, spouse, co-head, or sole member are required to relocate as a result of SHA demolition or rehabilitation
- ☐ Domestic Violence - Applies to families referred to the SHA by domestic violence agencies
- ☐ NONE OF THE ABOVE APPLIES TO ME, MY SPOUSE, OR CO-HEAD.

## 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 27330, 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: \_\_\_\_\_



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## ELIGIBILITY SCREENING REQUIREMENTS

Photo Identification	Proof of Social Security Number	Proof of Age	Proof of Selection Preference	Proof of Income
<ul style="list-style-type: none"> <li>Valid driver's license</li> <li>Valid state photo ID card</li> <li>Valid passport</li> <li>US Military ID card</li> </ul> <p><b>Note:</b> All household members age 18 and older will need to present valid ID.</p>	<ul style="list-style-type: none"> <li>Original Social Security Card (<i>no copies will be accepted</i>)</li> </ul> <p><b>Note:</b> Each household member must submit a Social Security card.</p>	<ul style="list-style-type: none"> <li>Original Birth Certificate</li> <li>Certified Birth Certificate</li> </ul> <p><b>Note:</b> No copies will be accepted. Each household member <b>must</b> have a birth certificate. Please contact the N. C. Vital Records Unit of the Register of Deeds in the county where the child was born if you do not have an original or certified birth certificate.</p>	<ul style="list-style-type: none"> <li>Proof of disability</li> <li>Proof of SHA Relocation</li> <li>Completed Homeless Veteran Authorization Form and Self-Statement Certification</li> <li>Domestic Violence Agency referral</li> <li>Homeless Services Referral</li> </ul>	<ul style="list-style-type: none"> <li>Paystubs</li> <li>Letter from employer on company letterhead</li> <li>Self-employed affidavit</li> <li>Child support printout</li> <li>Social Security benefits letter</li> <li>Unemployment Compensation</li> <li>Pension</li> <li>Alimony</li> <li>Public assistance – TANF/Work First</li> <li>Stocks</li> <li>Bonds</li> <li>Trusts</li> <li>Other investments</li> <li>Life insurance policy</li> </ul>
Proof of Citizenship				
Citizen	Non-Citizen			
U. S. birth certificate or	If you are not a U. S. citizen, Social Security will ask to see your current U. S. immigration documents. Acceptable documents include your Form 1-551 (includes machine-readable immigrant visa with your unexpired foreign passport), 1-94 with your unexpired foreign passport; or Work permit card from the Department of Homeland Security (1-766 or 1-688B).			
U. S. consular report of birth				
U. S. passport				
Certificate of Naturalization				
Certificate of Citizenship				

In order to be considered for admission to Public Housing, an applicant **must**, at a minimum, submit the items above upon request at the time of prescreening for eligibility. The omission of any of these items may cause a delay in processing or a denial of eligibility.