

SANFORD HOUSING AUTHORITY  
 P O BOX 636 SANFORD, NC 27331  
 Office: (919) 776-7655 or INFO@SHA-NC.ORG  
 TDD: (For Hearing Impaired) 711

Date/Time: \_\_\_\_\_  
 Client #: \_\_\_\_\_  
 Bedroom Size: \_\_\_\_\_  
 Received by: \_\_\_\_\_

Circle one: TBV or PBV (Garden Street/Gilmore Terrace or Matthews Court or 226 Linden)

**Tenant Based Vouchers and Project Base Vouchers**  
**Housing Choice Voucher Preliminary Application**

**Print information in ink ONLY**

Last Name of Applicant	First Name of Applicant	Social Security # of Applicant
Address City, State & Zip Code:		Mailing Address City, State & Zip (If different)
Telephone: (    )		Email address:

**Family Information:** First list applicant, spouse, and all children (who will live with you) in order of age, starting with the oldest, then list all others who will live with you.

Last	First	MI	Social Security #	Relationship	Sex	Race & Ethnicity	Birth Date	Disabled Yes/No	Student Yes/No	Place of Birth
1.				Head of Household						
2.										
3.										
4.										
5.										
6.										

Have you or any other adult family member listed on this application ever lived in Public Housing and /or received Section 8 Housing Assistance?  Yes  No If yes, Name of Property: \_\_\_\_\_

**IF YOU ARE A FORMER RESIDENT OF SHA PUBLIC HOUSING OR HOUSING CHOICE VOUCHER PROGRAM AND OWE A RENTAL BALANCE, YOU CANNOT BE ASSISTED UNTIL THE BALANCE IS PAID IN FULL.**

**If you are requesting a reasonable accommodation, complete the questions below:**

Do you or any member of your household need an accessible unit because of disability, mobility impairment, or special feature(s) due to a disability? (Ex: wheelchair or difficulty walking)  Yes  No

**TENANCY INFORMATION**

Are You Homeless?  Yes  No

Do you owe money to SHA or any other federally subsidized housing program?  Yes  No

Details: \_\_\_\_\_

Has any household member been evicted from federally subsidized housing?  Yes  No

Details: \_\_\_\_\_

Has any household member been evicted for drug-related criminal activity, disturbing neighbors, or property destruction? If yes, please explain: \_\_\_\_\_  Yes  No

Has any household member ever been arrested or charged with any felony or misdemeanor?  Yes  No

Details: \_\_\_\_\_

Is any household member required to register on any state sex offender list?  Yes  No

**INCOME AVAILABLE TO HOUSEHOLD**

List **all** income earned or received by everyone living in the household regardless of age. List gross amounts of income (before deductions).

Family Member Name	Type of Income (Employment, SSI, Social Security, Public Assistance, etc.)	Amount Received Per Month Gross
1.		
2.		
3.		

**SELECTION PREFERENCES:**

**Check all that apply. You MUST provide documentation for any preference(s) you claim when your name reaches the top of the Waiting List.**

- Involuntary Displacement - 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. To qualify for this preference, applicants who have been displaced, must not be living in standard replacement housing.
- Homeless Veterans – 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
- Chronically Homeless – Single Elderly or Disabled who has been continuously homeless for a year or more or at least 4 episodes in three years.
- Single Elderly / Disabled – The sole member is age 62 or older or is a person with disabilities.
- Elderly/Disabled with Minor Children- The head of household is age 62 or older, or a person with disabilities, and is the parent/guardian of a minor child.
- Homeless – 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.
- In Place- Eligible applicants who reside in units at the time of the PBV property owner’s proposal selection date for Project based assistance.
- Date and Time – Applies to families who do not meet any of the above selection preferences. owner’s proposal selection date for Project

A statewide criminal check will be run on all household members over age 17. All information provided on this application and at the interview is subject to verification. **All family members age 18 or over should review the information on this form, the Federal Privacy Act and all required releases which MUST be signed to be considered for housing.**

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within ten (10) days of such changes for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse of Head of Household or Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse of Head of Household or Other Adult

\_\_\_\_\_  
Date

**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.**  
If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.

**SHA Fair Housing and Equal Opportunity Statement**

It is the policy of Sanford Housing Authority (SHA) to provide equal employment and fair housing opportunity to all persons and to prohibit discrimination because of race, color, religion, national origin, age, sex, and familial status. SHA does not discriminate on the basis of disability status in admission or access to its assisted housing programs and activities.