



# Preliminary Application for Admission

Please complete and return to:  
**Sanford Housing Authority**  
 Attn: Eligibility Unit  
 PO Box 636  
 Sanford, NC 27331

(SHA office use only)  
Control

**HCV 2023**

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

*Please print neatly in ink. All fields are required.*

Are you a current or prior SHA resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Property: _____		

HEAD OF HOUSEHOLD																					
Last Name:	First Name:	Middle Initial:	Social Security Number (SSN): <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td><td style="width: 5%;"></td> </tr> </table>																		
Home Address (include Apt. #)			Date of Birth - month/date/year																		
City:	State:	Zip:	Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Mailing Address (If different from above, best place for SHA to reach you by mail):																					
City:	State:	Zip:																			
Race: <input type="checkbox"/> White (1) <input type="checkbox"/> Black(2) <input type="checkbox"/> American Indian/ Alaskan(3) <input type="checkbox"/> Asian (4) <input type="checkbox"/> Native Hawaiian/ Pacific Islander(5) <input type="checkbox"/> Other			Ethnicity: <input type="checkbox"/> Hispanic(1) <input type="checkbox"/> Non-Hispanic(2) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female																		
Primary Phone:		Alternate Phone:																			
Email: _____																					

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

Legal Name	Relationship to Head of Household	Social Security Number	Date of Birth mm/dd/yyyy	Gender (M or F)	Race	Ethnicity Hispanic/ Non-Hispanic	Disabled Yes/No	Student Yes/No	Place of Birth
1	Spouse or Co-Tenant								
2									
3									
4									
5									

**TENANCY INFORMATION**

- 1) Are You Homeless?     Yes     No
- 2) Do you owe money to SHA or any other federally subsidized housing program?     Yes     No
- 3) Has any household member been evicted from federally subsidized housing?     Yes     No
- 4) Has any household member been evicted for drug-related criminal activity, disturbing neighbors, or property destruction?  
 Yes     No    If yes, please explain: \_\_\_\_\_
- 5) Has any household member ever been arrested or charged with any felony or misdemeanor?     Yes     No  
 If yes, please explain: \_\_\_\_\_
- 6) 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, SS, Public Assistance, etc.)	Amount Received Per Month Gross
1		
2		
3		

### SELECTION PREFERENCES

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

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

- 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. In order 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 veteran.
- 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** - 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.

### NOTIFICATION OF APPLICANT RESPONSIBILITY

It is the responsibility of each applicant to notify the Sanford Housing Authority, 1000 Carthage St, 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 Waiting List. In the event this happens, if the Waiting 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 misrepresentation 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: \_\_\_\_\_

Spouse/Co-Head Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Other Adult Signature: \_\_\_\_\_

Date: \_\_\_\_\_