

APPLICATION FOR ADMISSION

SOUTH PITTSBURGH HOUSING AUTHORITY  
 214 Elm Avenue, South Pittsburg, TN 37380

Date of Appl. \_\_\_\_\_  
 Time of Appl. \_\_\_\_\_  
 Prospective Lessee \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Race \_\_\_\_\_

1. FAMILY COMPOSITION:

A. Persons Who Will Move Into The Project:

1. Family Member	2. Name of Family Members	3. Relation To Family Head	4. Date of Birth	5. Age	6. Sex	7. Occupation	8. Social Security No.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

B. Anticipated Changes in Family Composition \_\_\_\_\_

2. ASSETS:

Family Member	Asset Description	Value	Disposed (Yes/No)	Income
A. Total Net Family Assets		A.	.....	.....
B. Total Actual Asset Income .....				B.
C. IF line 3 is greater than \$5000, multiply line 3 by .055 and enter result here; otherwise, leave blank.				C.

3. ANTICIPATED ANNUAL INCOME:

Family Member	a. Wages/Salaries	b. Benefits/Pensions	c. Public Assistance	d. Other Income	e. Asset Income
Totals	a.	b.	c.	d.	e.

Enter total of items 3a. through 3e. .... f.  
 This is Annual Income.

4. Have you disposed of any real property or assets in the last 2 years? YES\_\_ NO\_\_ (Check)  
 5. Did you receive an Earned Tax Credit? YES\_\_ NO\_\_ (If YES - Explain) \_\_\_\_\_

6. APPLICABLE INCOME LIMIT (Use Low Increase Due To DOFA Before 10/1/81) \_\_\_\_\_

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7.

Computing Total Tenant Payment

1) Annual Income (PS. 1-3f)	1)		
2) Number of family members (except head or spouse under 18, disabled, handicapped or full-time students.	2)		
3) Multiply line 2 by 480.			3)
4) Child care deduction.			4)
If this family has Handicapped Assistance Expenses or if this family is elderly, proceed with line 5); otherwise, skip to line 13).			
5) Enter Handicapped Assistance Expense.	5)		
6) Multiply line 1 by .03.	6)		
7) Subtract line 6 from line 5; if negative, enter 0.	7)		
8) Enter amount earned by family members which were dependent upon the Handicapped Assistance Expenses.	8)		
9) Enter the lesser of lines 7 or 8. This is the <u>Handicapped Assistance Allowance</u> .			9)
*** Fill in lines 10 through 12 for elderly families only. ***			
10) Enter total medical expenses.	10.		
11) If line 7 is greater than 0, copy the amount on 10 to this line; otherwise, add line 5 to line 10 and subtract line 6.			11)
12) Enter \$400.			12)
13) Add lines 3, 4, 9, 11 and 12			13)
14) Subtract line 13 from line 1. This is the <u>Adjusted Income</u> .			14)
15) Divide line 14 by 12 and multiply the result by .3.	15)		
16) Divide line 1 by 12 and multiply the result by .1.	16)		
17) Enter the welfare rent if it applies.	17)		
18) Enter the largest of lines 15, 16, and 17. This is the computed Total Tenant Payment.			18)

8. Are you related to anyone who is or has been a SOUTH PITTSBURG HOUSING AUTHORITY resident? YES\_\_ NO\_\_ If YES, give name, relationship and present address \_\_\_\_\_

9. EMERGENCY CONTACT: (Names of Persons who could be notified in case you cannot be reached)

	<u>NAME</u>	<u>RELATION TO FAMILY</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

10. CRIMINAL HISTORY: Have you or any other family member been convicted of any offenses other than a minor traffic violation YES\_\_ NO\_\_ (If YES, which member, what year and what offenses? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is any family member currently on Probation or Parole status YES\_\_ NO\_\_ (If YES, which member - explain) \_\_\_\_\_

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11. At present residence, do you Rent \_\_\_\_\_ Own \_\_\_\_\_ How long at this address \_\_\_\_\_  
If renting at present, landlord's name, address, and telephone number.

12. Marital Status: Is Head of House MARRIED\_\_ DIVORCED\_\_ SINGLE\_\_ SEPARATED\_\_ WIDOWED\_\_

13. Place of Birth: List city and state of birth for all family members listed above:  
If not born in United States, list city and country of birth.

FAMILY MEMBER

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

14. Unit size requirement: \_\_\_\_\_ BR. - Gross Rent \_\_\_\_\_, Contract Rent \_\_\_\_\_

15. Income & Family Eligibility Status: Eligible: YES\_\_ NO\_\_

I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

\_\_\_\_\_  
(Name of Applicant)

Date \_\_\_\_\_

Interviewed by \_\_\_\_\_

16. CERTIFICATION:

On the basis of the determinations set forth above, the applicant family named herein has been found to be:

Eligible for admission

Ineligible for admission

Signed \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

17. LEASING:

A. Project Number \_\_\_\_\_

B. Unit Number \_\_\_\_\_

C. Unit Size Assigned \_\_\_\_\_

D. Date Assigned \_\_\_\_\_

E. Lease Effective \_\_\_\_\_