



**BACKGROUND INFORMATION:**

*These questions apply to you and all members of your household.*

1. Has any household member ever engaged in, been arrested or convicted of any criminal activity?  
\_\_\_Yes \_\_\_No

If yes, who \_\_\_\_\_ How many times \_\_\_\_\_  
Please explain circumstances regarding arrest. Attach a separate sheet if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has any household member received rental assistance in public housing or HCV? \_\_\_Yes \_\_\_No  
If yes, when? (Please specify in years)

\_\_\_\_\_ Housing Agency Name: \_\_\_\_\_

Who was head of household? \_\_\_\_\_

**PRESENT AND PREVIOUS HOUSING INFORMATION:**

*List your current landlord information.*

**Current Landlord Name:** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**Address:** \_\_\_\_\_ **How Long** \_\_\_\_\_

**HOUSEHOLD INCOME INFORMATION**

1. Do you or any family member receive any of the following or expect to receive any of the following in the next 12 months?

Wages, Salaries, Tips, Fees, or Commissions from employers (full or part-time)	Household Member:	Pay per Hour: _____ How Often Paid: _____ Hours Worked Per Week: _____
Social Security	Household Member:	Monthly Amount: _____
SSI Disability	Household Member:	Monthly Amount: _____
Unemployment Compensation	Household Member:	Monthly Amount: _____
VA Disability	Household Member:	Monthly Amount: _____ Disability Percentage: _____
Self-Employment Income	Household Member:	Monthly Amount: _____ Monthly Expenses: _____

**SELECTION PREFERENCES:**

The Housing Authority of the City of Lumberton has established seven local preference groups for selecting applicants from its waiting list. Families who qualify for any local preference move ahead of families on the list who does not qualify for any local preference. Read each preference description carefully as each applicant will have to provide documentation to support the preference selection. Failure to provide documentation at the time of wait list selection will result in your application being placed back on the HCV Waitlist.

<b>SELECTION PREFERENCES</b>	
<input type="checkbox"/>	<b>Involuntarily Displaced:</b> Families who have been involuntarily displaced: Involuntarily displaced means families who have been displaced due to a natural disaster, other national emergency or governmental action. The HACL will require documentation from the governmental agency who declared the disaster or emergency or who enacted the governmental action causing the displacement.
<input type="checkbox"/>	<b>Veteran:</b> Members of the US Armed Forces, Coast Guard, 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 Veteran definition. Also, includes families with one of more children under 18 of a deceased veteran. ____ I am a veteran; ____ I am a surviving spouse of a veteran
<input type="checkbox"/>	<b>Working:</b> A preference for "working" families, where the head, spouse, co-head, or sole member is employed. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given this benefit of working preference [24 CFR 930.206(b)(2)]. ____ I (and my spouse) am/are at least 62 years old or older; ____ I (and my spouse) am/are a person with disabilities; and/or ____ I (and/or my spouse) am/are working at least 20hr/wk. ____ I (and/or my spouse) am/are working less than 20hr/wk.
<input type="checkbox"/>	<b>Victim of Domestic Violence:</b> Families of domestic violence: Domestic violence is defined as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. Domestic violence can be physical, sexual, emotional, economic, or psychological actions or threats of actions that influence another person.
<input type="checkbox"/>	<b>Date and Time:</b> Date and time application received. Preference applies to all families. Families that do not meet any of the above ranking preferences will typically have a longer waiting period on the HCV Wait List.

**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 out or end my present tenancy. I understand that it is my responsibility to inform the Housing Authority of the City of Lumberton of any change of address, income, reasonable accommodation, preference and/or family composition or my application will be withdrawn. I certify the information provided on this document is true and correct. Additionally, I understand that any false statement of 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 IF THE UNITED STATES CODE, STATES: A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY OR WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse/Co-Head

\_\_\_\_\_  
Date





**HOUSING AUTHORITY**  
of the City of Lumberton  
PO Drawer 709  
Lumberton, North Carolina 28359  
[www.hacl014.com](http://www.hacl014.com)

**COMMISSIONERS**  
Timothy C. Locklear, Chairman  
Danny K. Martin, Vice-Chairman  
Barbara Brown, Commissioner  
Pam Hunt, Commissioner  
Paul G. Matthews, Commissioner  
Jay Britt, Commissioner  
Brad Martin, Commissioner

## Authorization for the Release of Information

I do hereby authorize the Housing Authority of the City of Lumberton (HACL) to obtain information about me or my family that is pertinent to eligibility and suitability for participation in the Housing Choice Voucher (HCV) Program.

I further authorize HACL to obtain information on wages or unemployment compensation from State Employment Agencies.

This authorization specifically allows HACL to make inquiries about me and members of my household in any one or more of the following areas:

<b>Child Care Expenses/Benefits</b>	<b>Citizenship Status</b>
<b>Credit History</b>	<b>Criminal Activity/History</b>
<b>Family Composition</b>	<b>Employment, Income, Pensions and Assets</b>
<b>Federal, State, Tribal or Local Benefits</b>	<b>Handicapped Assistance Expenses</b>
<b>Identity and Marital Status</b>	<b>Medical Expenses</b>
<b>Social Security Numbers and Benefits</b>	<b>Residences and Rental History</b>
<b>Utility Providers</b>	<b>Student Status</b>

I agree that photocopies of this authorization may be used for the purposes stated above.

I have signed this authorization for the purposes of assisting HACL to verify information that I provided on my application.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Co-Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult

\_\_\_\_\_  
Date

**Please submit a copy of Photo ID and Social Security Card of individuals ages 18 and older.**

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