



Please complete and return to:
Housing Authority of the City of Lumberton
Attn: Occupancy Outreach
407 N. Sycamore St.
Lumberton, NC 28358
(910) 671-8200

PRELIMINARY APPLICATION FOR ADMISSION

Head of Household

Phone

Physical Address

City

State

Zip

RACE AND ETHNICITY OF HEAD OF HOUSEHOLD

Race:

- ☐ White ☐ Black/African American ☐ American Indian/ Alaskan Native
☐ Asian ☐ Native Hawaiian/ Pacific Islander ☐ Other

Ethnicity:

- ☐ Hispanic
☐ Non-Hispanic

INFORMATION ABOUT MEMBERS OF HOUSEHOLD:

List all persons (head/spouse/co-head regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

Name	Relation to Head	Sex M/F	Date of Birth	Race	Social Security Number

EMERGENCY CONTACT:

Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:

BACKGROUND INFORMATION:

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

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.

Has any household member received rental assistance in Public Housing or HCV (Section 8)? ____ Yes ____ No

If yes, when? (Please specify in years) _____ Housing Agency Name: _____

Who was head of household? _____

PRESENT AND PREVIOUS HOUSING INFORMATION:

Current Landlord Name: _____ Phone# _____

Address: _____ How Long _____

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"/>

NOTICE OF NONDISCRIMINATION

The Housing Authority of the City of Lumberton 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 Housing Authority of the City of Lumberton, 613 King Street, Lumberton, NC 28358, **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. HACL 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 HACL will re-mail the letter.

IDENTIFICATION VERIFICATION POLICY

Housing Authority of the City of Lumberton (HACL) 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. HACL will collect this information to verify each member of the assisted family and property owner/agent.

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.

SELECTION PREFERENCES	
<input type="checkbox"/>	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. Applicants who were evicted or homes were foreclosed do not qualify for this preference. To qualify for this preference, applicants who have been displaced, must not be living in standard replacement housing.
<input type="checkbox"/>	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.
<input type="checkbox"/>	Working: At least one family member who has been continuously employed for at least 3 months and working an average of 15 hours per week.
<input type="checkbox"/>	Disabled Family: Families whose head, spouse or sole member is elderly or disabled or to families where the head of household is the primary caregiver to a disabled family member.
<input type="checkbox"/>	Single Elderly / Disabled: A one person household who is age 62 or older, or is a person with disabilities.
<input type="checkbox"/>	Rent Burden: Applies to families paying more than 50% of their income for rent and utilities for the past 3 months. Applicants residing in low-income subsidized or public housing do not qualify for this preference.
<input type="checkbox"/>	HCV Program Termination: HCV participants who have been terminated due to over leasing or lack of federal funding.
<input type="checkbox"/>	Date and Time: Applies to all applicants.

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

Application Taken and Reviewed By:

Date