

# The Brunswick Housing Authority

P.O. Box 1118  
Brunswick, Georgia 31521-1118  
Telephone: (912) 265-1334  
Fax: (912) 265-1280  
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[www.brunswickpha.org](http://www.brunswickpha.org)

Angela Lemmond-Strickland, Executive Director

## PUBLIC HOUSING APPLICATION

**\*\*PLEASE PRINT CLEARLY USING INK PEN, DO NOT FILL IN FORM WITH PENCIL. DO NOT SOIL OR DAMAGE APPLICATION. APPLICATION MUST INCLUDE MAILING ADDRESS. FAILURE TO PROVIDE MAILING ADDRESS WILL RESULT IN APPLICATION NOT BEING ACCEPTED.**

The attached forms represent a preliminary application for housing. These forms must be filled out completely, *front and back*, and returned to the appropriate office before you will be received by the Admissions Counselor. The Brunswick Housing Authority uses this information to comply with Federal reporting requirements and to assure that all applicable reduction in rent which may apply to you and/or your family members is offered to you at the time you are housed.

The Brunswick Housing Authority selects applicants based upon date and time of application. Information regarding race, sex, age or physical condition is not considered in our decision to select you for housing.

Thank you for considering the Brunswick Housing Authority for your housing needs.

\_\_\_\_\_  
Date: \_\_\_\_\_ Client #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number City State Zip

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Marital Status (check appropriate): \_\_\_\_ married; \_\_\_\_ single; \_\_\_\_ separated; \_\_\_\_ divorced; \_\_\_\_ widow

How many in household? Adults \_\_\_\_\_ Children \_\_\_\_\_ Do you speak English? \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Reasonable accommodations will be made available to persons with disabilities. If you require an accommodation notify the Brunswick Housing Authority staff immediately.**

**\*\*\* 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 statement to any department or agency of the United States.**

**Household Members [begin with Head of Household (HOH)/applicant]:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ US Citizen? \_\_\_ yes; \_\_\_ no Sex: \_\_\_\_\_  
Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
Disabled?: \_\_\_\_\_ Student?: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ US Citizen? \_\_\_ yes; \_\_\_ no Sex: \_\_\_\_\_  
Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
Disabled?: \_\_\_\_\_ Student?: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ US Citizen? \_\_\_ yes; \_\_\_ no Sex: \_\_\_\_\_  
Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
Disabled?: \_\_\_\_\_ Student?: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ US Citizen? \_\_\_ yes; \_\_\_ no Sex: \_\_\_\_\_  
Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
Disabled?: \_\_\_\_\_ Student?: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

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Social Security #: \_\_\_\_\_ US Citizen? \_\_\_ yes; \_\_\_ no Sex: \_\_\_\_\_  
Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
Disabled?: \_\_\_\_\_ Student?: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ US Citizen? \_\_\_ yes; \_\_\_ no Sex: \_\_\_\_\_  
Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
Disabled?: \_\_\_\_\_ Student?: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security #: \_\_\_\_\_ US Citizen? \_\_\_ yes; \_\_\_ no Sex: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Disabled?: \_\_\_\_\_ Student?: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security #: \_\_\_\_\_ US Citizen? \_\_\_ yes; \_\_\_ no Sex: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Disabled?: \_\_\_\_\_ Student?: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security #: \_\_\_\_\_ US Citizen? \_\_\_ yes; \_\_\_ no Sex: \_\_\_\_\_

Race: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_

Disabled?: \_\_\_\_\_ Student?: \_\_\_\_\_ Relationship to HOH: \_\_\_\_\_

I certify that the information provided on this form is true to the best of my knowledge and I understand that any misrepresentation will be grounds for withdrawing my application for housing. I understand that it is my responsibility to advise the Brunswick Housing Authority of any change in circumstance, such as change in family composition and/or income increases/decreases.

I understand that it is my responsibility to update my current address and telephone numbers should they change. I understand that my application will be withdrawn if mail is returned for an incorrect or invalid address. If my application is withdrawn for any reason, I understand that I will be required to re-apply for housing assistance and that my application will be entered using the date and time of the new application.

I understand that I must provide the Brunswick Housing Authority with all requested documentation in order for my application to be processed. Failure to provide the Brunswick Housing Authority with all/any requested documentation will result in the withdrawal of my application. If my application is withdrawn for refusal to provide documentation, I understand that I will be required to re-apply for housing assistance and that my application will be entered using the date and time of the new application.

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

\_\_\_\_\_  
Signature of Spouse/Co Head \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult \_\_\_\_\_  
Date

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***APPLYING FOR HUD  
HOUSING  
ASSISTANCE??????***

***THINK ABOUT THIS..... IS FRAUD WORTH IT?***

**Do you realize?**

If you commit fraud to obtain assisted housing from HUD, you could be:

- evicted from your assisted apartment or house
- required to repay all overpaid rental assistance you received
- fined up to \$10,000
- imprisoned for up to five years
- prohibited from receiving future assistance
- subject to State and local government penalties

**Do you know?**

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on the housing assistance application and recertification forms **WILL** be checked. The local housing authority, HUD or the Office of Inspector General **WILL** check the income and asset information you provide with other Federal, State and/or local governments and with private agencies. Certifying false information is fraud.

**SO BE CAREFUL!!!**

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You **MUST** include:

- all sources of income and changes in you or any household members receive, such as wages, welfare payments, social security and veteran's benefits, pensions, retirement, family contributions, etc
- all money you receive on behalf of your children, such as child support, AFDC payments, social security for minors, etc
- any increase in income such as from wages from a new job or a pay increase
- all assets such as bank accounts, savings bonds, certificated of deposit, stocks, real estate, etc., that are owned by you or any member of your household
- all income from assets such as interest from savings and checking accounts, stock dividends, income from rental property or the sale of real estate
- any business or asset (your home) that you sold in the last two years at less than full value
- earnings from a second job or part time job
- the names of EVERYONE – adults, children, relatives, friends, non-relatives who are living with you and make up your household

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## **Signing the Application:**

**Do not sign any form unless you have read it, understand it and are sure everything is complete and accurate!!**

- when you sign the application and recertification forms you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information
- information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct

## **Recertification:**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must certify. You must report on recertification forms:

- all income changes such as pay increases or benefits, changes of job, loss of job, loss of benefits, etc for all family/household members
- any family/household member who has moved in or out
- all assets that you or your family/household member own and any asset that was sold in the last 2 years for less than its full value

**!! Important Notice for Natural Disaster Evacuees and Victims: HUD's reporting requirement MAY be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing application!!**

## **ASK QUESTIONS**

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry!! The only stupid question is the one that wasn't asked!!

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**WATCH OUT FOR HOUSING ASSISTANCE SCAMS!!**

- don't pay money to have someone fill out housing assistance application and recertification forms for you
- don't pay money to move up on a waiting list
- don't pay for anything that is not covered by your lease
- get a receipt for any money you pay
- get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges)

**REPORT FRAUD!!**

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll free Monday – Friday from 10:00 am to 4:30 pm, Eastern Time at 800-347-3735. You can fax information to 202-708-4829 or email to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:

HUD OIG Hotline, GFI  
451 7<sup>th</sup> Str., SW  
Washington, DC 20410

I have read the above Fraud statement and explanation on:

\_\_\_\_\_ Date

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

\_\_\_\_\_  
Signature of Spouse/Co Head

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Signature of Other Adult

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**LETTER OF UNDERSTANDING**

I, \_\_\_\_\_, do hereby state that I

Printed Name of Head of Household

understand my responsibilities for reporting, in writing, any change in income or family composition to the Brunswick Housing Authority’s office within ten (10) days after the change or changes have occurred.

**IMPORTANT CHANGES THAT YOU MUST NOTIFY THE BHA IN WRITING:**

1. if you or any household member gets a new job, substantial promotion or pay increase, substantial increase in hours worked weekly or decrease in hours worked weekly
2. if you or any household member begin receiving Social Security, Veteran’s or SSI Disability benefits or any other kind of pension/benefit
3. if you or any household member begin receiving child support, unemployment compensation or other new types of income or an increase of benefit income
4. if you or any household member inherits money or property
5. if someone give you or any household member any money or property on a regular basis
6. if you sell, trade or give away any real estate property
7. if a parent of any household member moves in or has been away and moves back into the household
8. if any family member moves out of the unit for any reason
9. birth, death or adoption of an individual that will reside in unit or who was residing in unit
10. if any family member is incarcerated for any reason

I understand that I must report any of the changes listed above to the Brunswick Housing Authority within ten (10) days after the change occurs. I understand that failure to report the above changes may result in a debt owed by me to the Brunswick Housing Authority for failing to pay the correct amount of resident rent on my dwelling unit. I certify that I have received, read and understand the above information:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/Co Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

**NOTICE:** The Brunswick Housing Authority has access to HUD enterprise Income Verification (EIV) for verification of Social Security Benefits, Veteran’s Benefits, retirement benefits and earned income amounts for all household members.

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**PERSONAL DECLARATION**

This form must be completed **in your own handwriting**. You must use the correct legal name for each member of your household (no nicknames). All adult members of household must sign below certifying the information pertaining to them is true and correct.

**PRINT ONLY**

Household composition; list all persons who will be living in your home, listing head of household (HOH) first.

Adults – Legal Name; no nicknames:

- 1. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ SS # \_\_\_\_\_
- 2. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ SS # \_\_\_\_\_
- 3. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ SS # \_\_\_\_\_
- 4. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ SS # \_\_\_\_\_

Children – name as appears on SS card

- 1. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ School \_\_\_\_\_

Absent Parent Name and Address (if applicable):

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

- 2. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ School \_\_\_\_\_

Absent Parent Name and Address (if applicable):

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

- 3. Name: \_\_\_\_\_ DOB \_\_\_\_\_  
Relationship to HOH \_\_\_\_\_ School \_\_\_\_\_

Absent Parent Name and Address (if applicable):

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

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4. Name: \_\_\_\_\_ DOB \_\_\_\_\_

Relationship to HOH \_\_\_\_\_ School \_\_\_\_\_

Absent Parent Name and Address (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

5. Name: \_\_\_\_\_ DOB \_\_\_\_\_

Relationship to HOH \_\_\_\_\_ School \_\_\_\_\_

Absent Parent Name and Address (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

6. Name: \_\_\_\_\_ DOB \_\_\_\_\_

Relationship to HOH \_\_\_\_\_ School \_\_\_\_\_

Absent Parent Name and Address (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

7. Name: \_\_\_\_\_ DOB \_\_\_\_\_

Relationship to HOH \_\_\_\_\_ School \_\_\_\_\_

Absent Parent Name and Address (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

If separated or divorced, list name and address of ex-spouse:

\_\_\_\_\_

\_\_\_\_\_  
Signature of HOH

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

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**TOTAL HOUSEHOLD INCOME:** List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, social security, disability payments (SSI), workers compensation, retirement, AFDC, veterans benefits, food stamps, rental property income, stock dividends, bank account interest income, alimony and all other sources.

List Amounts Below

Household Member	Employer	Total weekly wages	AFDC	Food Stamps	Child support monthly	SS/SSI please note which	Unemployment

**ASSETS:** Do you or any member of your household own or have interest in any real estate, boat and/or mobile home? \_\_\_\_\_ Have you sold any real estate in the last two years? \_\_\_\_\_ Do you or any member of your household own and stocks or bonds? \_\_\_\_\_ Do you own an automobile? \_\_\_\_\_ If yes, Make/Model \_\_\_\_\_ Do you have a checking/savings account? \_\_\_\_\_ If yes, name bank and account number(s) \_\_\_\_\_ amount in bank accounts \$ \_\_\_\_\_ Do you own a 2<sup>nd</sup> automobile? \_\_\_\_\_ Make/Model \_\_\_\_\_

1. Does anyone outside of your household pay any of your household's bills or give you money on a regular basis: \_\_\_\_\_ if yes, please explain \_\_\_\_\_
2. Have you or any other adult member(s) ever used any name(s) or Social Security number(s) other than the one your are currently using? \_\_\_\_\_ if yes, please explain \_\_\_\_\_
3. Do you or have you or any member of your household ever lived in assisted housing (other public housing or S8 programs)? \_\_\_\_\_ if yes, please explain \_\_\_\_\_
4. Have you or any member of your household ever been convicted of any crime other than a traffic violation? \_\_\_\_\_ If yes, please explain \_\_\_\_\_
5. Have you or any member of your household (minors included) ever been convicted of a crime of a sexual nature? \_\_\_\_\_ if yes, please explain \_\_\_\_\_
6. Are you or any member of your household including minors) a registered Sex Offender? \_\_\_\_\_ If yes, please list full name of offender \_\_\_\_\_
7. Are you or any member of your household currently or have ever been barred from any public housing property? \_\_\_\_\_ If yes, please, explain \_\_\_\_\_

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8. Have you ever committed fraud in a Federal assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs? \_\_\_\_\_  
If yes, please, explain \_\_\_\_\_

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I do hereby swear and attest that all of the information above regarding my household members and myself is true and correct. I also understand that **all changes** in the income and/or family status of **any household member** **MUST** be reported to the Brunswick Housing Authority in writing, ***immediately***. By signing below I am also stating that I have read and understand Georgia Code Section 26-1710 as follows:

“26-1710 Fraudulently obtaining or attempting to obtain public housing – Any person who obtains or attempts to obtain, or who establishes or attempts to establish, eligibility go, and any person who knowingly or intentionally aids or abets such person in obtaining or attempting to establish eligibility for, any public housing, or a reduction in public housing rental charges, or any rent subsidy, to which such person would not otherwise be entitled, by means of false statements, failure to disclose information, impersonation, or other fraudulent scheme or device shall be guilty of a misdemeanor, and upon conviction, shall be punished as for a misdemeanor. As used in this section, public housing shall mean housing which is constructed, operated or maintained by the State, a county, a municipal corporation, a Housing Authority, or by any other political subdivision or public corporation of the State of its subdivisions.”

I realize that if I violate Code Section 26-1710 the Brunswick Housing Authority will turn the case over to the appropriate prosecuting agency and prosecution under the Code is likely.

\_\_\_\_\_  
Signature of HOH

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

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**HOW TO BE PREPARED TO RENT**

Helpful facts to assist you to be better prepared to rent when you are offered an apartment:

When your name approaches the top of the waiting list you will be offered an apartment, according to your needs and bedroom size stated and verified on your application, for rental. When the unit is ready for occupancy you will be scheduled a Move In appointment. This may be the same day as your Unit Showing or it could be as much as a week or more after your Unit Showing. If you decide to accept the unit during your Unit Showing you must be prepared for the following:

**Security Deposit:** you will required to pay a security deposit in the amount of \$60.00. You will also be required to pay your *first month's rent* (may be prorated according to date of move in) payment must be made in form of **money order ONLY** – a separate money order is needed for your security deposit and rent – must be in 2 money orders. *No cash, checks or partial payments will be accepted.*

**Utilities -** you must provide proof that all utility services (electric, water/sewer) are in your name or an adult member of household's name (18 or over), and that services have been schedule to be turned on or transferred to the new address where you will be residing in NO MORE THAN 24 hours after Move In/Lease signing. Utilities must be in the name of an adult person who is ON YOUR LEASE – you cannot have utilities in any one's name that is not on your lease.

**NOTE – it is helpful to check with the local utility providers in advance of Unit Offer to ensure that you don't owe a previous bill and to be sure that you understand the amounts of deposit(s) you will need when the time comes for you to rent an apartment.**

**RENTING PROCEDURE** – After your Unit Showing you will have no more than two (2) days in which to schedule a Move In/Lease Signing date. No apartment will be held for longer than two (2) days. If you are unable to rent the unit within the two (2) days or you cannot have the utility services turned on in your household's name in that stated time, you MUST sign an apartment refusal in order to remain on the waiting list. Failure to sign an apartment refusal form will result in your household being removed from the Public Housing Waiting List. If your application is removed from the waiting list, you will have to fill out another application and begin the application process again.

\_\_\_\_\_  
Signature of HOH

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

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## RENTAL HISTORY

List the most recent five (5) years of rental reference:

1.

\_\_\_\_\_  
Landlord Name/ Apt Community

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Dates Rented

2.

\_\_\_\_\_  
Landlord Name/ Apt Community

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Dates Rented

3.

\_\_\_\_\_  
Landlord Name/ Apt Community

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Dates Rented

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4.

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Landlord Name/ Apt Community

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Phone number

---

Address

---

City, State, Zip

---

Dates Rented

5.

---

Landlord Name/ Apt Community

---

Phone number

---

Address

---

City, State, Zip

---

Dates Rented

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***\*\*\* the Brunswick Housing Authority will review and verify the above information in order to determine your eligibility to participate in the Public Housing rental program***

***\*\*\*Section 1001 of Title 18 of the U.S. Code makes it a CRIMINAL OFFENSE to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction. DO NOT RISK YOUR FAMILY'S HOUSING ASSISTANCE AND FACE POSSIBLE CRIMINAL PROSECUTION BY PROVIDING FALSE INFORMATION TO THE HOUSING AUTHORITY.***

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**Brunswick Housing Authority  
Rental Reference Request**

To: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

From: The Brunswick Housing Authority

Fax: 912-265-1280

Phone: 912-265-1334

I, \_\_\_\_\_ ;  
[Printed name of applicant] [signature of applicant]

Give my express consent for the release of any and all information pertaining to my rental history, as requested by the Brunswick Housing Authority.

Address: \_\_\_\_\_

Move In Date: \_\_\_\_\_ Move Out Date: \_\_\_\_\_ Lease Term \_\_\_\_\_

Notice to Vacate Given? \_\_\_\_\_ How Much? \_\_\_\_\_ Required? \_\_\_\_\_

Name(s) on Lease: \_\_\_\_\_

Others In Household: \_\_\_\_\_

Monthly Rent \$ \_\_\_\_\_ Tenant Pay Own Utilities? \_\_\_\_\_

Rent Current? \_\_\_\_\_ Amount Currently Owed? \$ \_\_\_\_\_

# of Late Payments: \_\_\_\_\_ How Late? \_\_\_\_\_ # of NSF checks? \_\_\_\_\_

What is your late policy? \_\_\_\_\_

# Pets? \_\_\_\_\_ Types of Pets \_\_\_\_\_ Problems \_\_\_\_\_

Did resident cause any damages? \_\_\_\_\_ Amount of Damage \$ \_\_\_\_\_

Damage Charges still outstanding? \_\_\_\_\_

Were Police call for Disturbance? \_\_\_\_\_ Lease Violations? \_\_\_\_\_

Did Applicant have any of the following issues?

Trouble w/management or neighbors \_\_\_\_\_

Unauthorized Occupants \_\_\_\_\_

Unauthorized Pets \_\_\_\_\_

Housekeeping issues \_\_\_\_\_

Is tenant or has tenant ever been under eviction/dispossessory process? \_\_\_\_\_

Does tenant owe any money at this time? \_\_\_\_\_ Amount \$ \_\_\_\_\_

Would you rent to this applicant/tenant again? \_\_\_\_\_

Are you a relative of this applicant/tenant? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
BHA Staff Name, Title and Signature

\_\_\_\_\_  
Date

**Reasonable accommodations will be made available to persons with disabilities. If you require an accommodation notify the Brunswick Housing Authority staff immediately.**

\*\*\* 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 statement to any department or agency of the United States.

**Authorization to Release Credit Information**

I, \_\_\_\_\_, authorize The Brunswick Housing Authority (BHA) to access my credit report to process my application for the BHA Public Housing program. I also give my permission for the BHA and partnering agencies to exchange information regarding my involvement in any Federal, State or Local Subsidized Housing Programs I may be currently or previously a participant in.

I/We authorize you to release to the Brunswick Housing Authority any and all information they request. Such information includes, but is not limited to, employment history, income, bank, money market and similar account balances, credit history, rental/payment history and verification that may include copies of income verification income tax returns. All information provided will only be used to determine my/our eligibility to receive assistance and will be retained in BHA’s files.

A faxed or emailed copy of this authorization may be accepted as an original.

**NOTICE TO PARTICIPANT** – This notice, as required by the Right-to-Financial Privacy Act of 1978, is to inform you that HUD has a right to access financial records held by financial institutions in connection or administration of assistance to you. Financial records involving your transaction will be available to HUD without further notice or authorization, but will not be disclosed or released by this institution to another government agency or department without your consent except as required or permitted by law.

I have read and understand the above information:

_____	_____
Head of Household Signature	Date
_____	_____
Spouse/CoHead Signature	Date
_____	_____
Other Adult	Date

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# AUTHORIZATION FOR RELEASE OF INFORMATION

**The Brunswick Housing Authority**  
**P.O. Box 1118**  
**Brunswick, GA 31520**

**Date:**

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Purpose: the U.S. Department of Housing and Urban Development (HUD) and the above named organization may use this authorization and the information obtained with it, to administer and enforce programs, rules and policies.

**Authorization:** I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under and of the following programs: Low Income Rental Indian Housing, Low Income Rental Public Housing, Mutual Help Homeownership Opportunity Program, Rental Assistant Program (RAP), Rent Supplement, Section 8 Housing Assistance Payments Program, Section 23 and 10(c) Leased Housing, Section 23 Housing Assistance Program, Section 202, Section 221(d) (3) Below Market Interest Rate, Turnkey III Homeownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize on HUD, and Indian Housing Authority or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies. Information covered Inquiries may be made about: Child Care Expenses, Credit History, Criminal Activity, Employment/Income/Pensions/Assets, Family Composition, Federal/State/Tribal or Local Benefits, Handicapped Assistance Expenses, Identity and Marital Status, Medical Expenses, Social Security Numbers, Residences and Rental History. This form cannot be used to request a copy of a tax return, instead use IRS form 1056, Request for Copy of Tax Form.

**Individuals and Organizations that May Release Information:** Any individual or organization including any governmental organization may be asked to release from: Banks and Other Financial Institutions, Courts, Law Enforcement Agencies, Credit Bureaus, Employers, Past and Present Landlords, Schools and Colleges, U.S. Social Security Administration, U.S. Dept. of Veterans Affairs, Utilities Companies, Welfare Agencies and providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, Pensions/Annuities.

**Computer Matching Notice & Consent:** I agree that a Public Housing Agency, Indian Housing Authority or HUD may conduct a computer matching programs with other governmental agencies including Federal, State, Tribal or other Local agencies. The governmental agencies include: U.S. Office of Personnel Management, U.S. Social Security Administration, U.S. Dept. of Defense, U.S. Postal Service, State Employment Security Agencies, State Welfare and Food Stamp Agencies and HUD EIV system. The match will be used to verify information supplied by the family.

**Conditions: I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.**

_____ Printed Name of HOH	_____ Signature of HOH	_____ SS#
_____ Printed Name of Other Adult	_____ Signature of Other Adult	_____ SS#
_____ Printed Name of Other Adult	_____ Signature of Other Adult	_____ SS#
_____ Printed Name of Other Adult	_____ Signature of Other Adult	_____ SS#

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Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other:
<input type="checkbox"/> Late payment of rent	_____
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing	

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programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)

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