

Application for Brunswick Housing Authority Locally Owned Units

Date _____

Client # _____

Applicant Name _____

Current Address _____

Home phone number _____

Work # _____

Cell # _____

Email address _____

Marital Status: _____ single; _____ married; _____ divorced; _____ separated

Current Address: _____

Landlord name: _____

Landlord address: _____

Landlord phone # and email address: _____

Previous Address #1: _____

Previous Landlord name, address and phone number:

Reason for leaving: _____

Previous Address #2: _____

Previous Landlord name, address and phone number:

Reason for leaving: _____

Current Employer: _____

Employer Address: _____

Hourly wage: \$ _____ Paid how often? _____

Average gross amount earned each pay period: \$ _____

Have you ever received a dispossessory warrant (eviction)? _____ Yes; _____ no
Have you ever been convicted of a felony? _____ Yes; _____ no
Have you ever been convicted of a misdemeanor? _____ Yes; _____ no
Are you a registered sex offender? _____ Yes; _____ no

Name, address and phone number of nearest relative NOT living with you:

LIST EVERYONE THAT WILL OCCUPY THE UNIT:

Last Name: _____ First Name: _____

Male/Female (circle one) DOB: ____ / ____ / ____ Race: _____

SS#: _____ Relationship: _____

Last Name: _____ First Name: _____

Male/Female (circle one) DOB: ____ / ____ / ____ Race: _____

SS#: _____ Relationship: _____

Last Name: _____ First Name: _____

Male/Female (circle one) DOB: ____ / ____ / ____ Race: _____

SS#: _____ Relationship: _____

Last Name: _____ First Name: _____

Male/Female (circle one) DOB: ____ / ____ / ____ Race: _____

SS#: _____ Relationship: _____

List all monthly income amounts for the household:

SSI/SS benefits \$ _____ Pension \$ _____

Child Support \$ _____ TANF \$ _____

Employment \$ _____ Unemployment \$ _____

Other (explain): \$ _____

List three credit references (bank, finance company, store cards/credit, etc.) include name and contact info:

- 1. _____

- 2. _____

- 3. _____

List your last three employers, include company name, contact name and contact info:

- 1. _____

- 2. _____

- 3. _____

Housing Choices (check your preference)

1 bedroom \$375 monthly rent _____

2 bedroom \$415 monthly rent _____

3 bedroom \$475 monthly rent _____

Hopkins Annex _____

Brooklyn Annex _____

I do hereby swear and attest that the above information is true and correct.

Signature of Applicant

Date

Signature of Spouse or Other Adult

Date

Signature of Other Adult

Date

THE HOUSING AUTHORITY, CITY OF BRUNSWICK, GA
ADMINISTRATION BUILDING
1126 ALBANY STREET - P. O. BOX 1118
BRUNSWICK, GA 31521-1118
TELEPHONE: (912) 265-1334
FAX: (912) 265-1280
TDD: (800) 255-0056

CLIENT NUMBER: 001212

CONSENT FORM

I hereby authorize THE HOUSING AUTHORITY OF THE CITY OF BRUNSWICK, GEORGIA to receive any Criminal History Record Information pertaining to me which may be in the files of any State or Local Criminal Justice Agency in Georgia.

I expressly release the Brunswick Police Department from any and all liability claim relating to the acquisition and release of any information pertaining to me.

Full Name Printed

Address

Sex (F-Female M-Male)

RACE (1-WHITE, 2-BLACK, 3-AM IND,
4-ASIAN, 5- HAWAIIAN)

Birthdate

Social Security Number

Signature

Date

Notary Public

Expiration Date

10. HAVE YOU EVER USED OR BEEN KNOWN BY ANY OTHER NAME?

____ YES ____ NO

IF YES, LIST NAMES USED: _____

I UNDERSTAND THAT THE ABOVE INFORMATION IS REQUIRED TO DETERMINE MY ELIGIBILITY FOR PUBLIC HOUSING AND/OR SECTION 8. I CERTIFY THAT MY ANSWERS TO THE ABOVE QUESTIONS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MAKING FALSE STATEMENTS ON THIS FORM IS GROUNDS FOR REJECTION OR TERMINATION OF MY LEASE. I AUTHORIZE BRUNSWICK HOUSING AUTHORITY TO VERIFY THE ABOVE INFORMATION, AND I CONSENT TO THE RELEASE OF THE NECESSARY INFORMATION TO DETERMINE MY ELIGIBILITY.

I HEREBY AUTHORIZE LAW ENFORCEMENT AGENCIES TO RELEASE CRIMINAL RECORDS AND/OR SEX OFFENDER REGISTRATION INFORMATION TO THE BRUNSWICK HOUSING AUTHORITY, TO CONDUCT CRIMINAL BACKGROUND CHECKS.

APPLICANT'S SIGNATURE

NOTARY PUBLIC

EXPIRATION DATE

AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER