



Franklin Redevelopment and Housing Authority Application for Public Housing Assistance

General Family Information

Legal Name of Head of Household: _____

ELIGIBLE CITIZEN? Code _____

ELIGIBILITY CODES: EC = ELIGIBLE CITIZEN
EN = ELIGIBLE NON CITIZEN
IN = INELIGIBLE NON CITIZEN
PV = ELIGIBILITY PENDING

Present Street Address: _____

CITY _____ STATE _____ ZIP CODE: _____

Home Telephone _____ Work/Cell Telephone _____

IS MAILING ADDRESS SAME AS CURRENT ADDRESS? YES ___ NO ___

Other Mailing Address: _____

City, State, Zip Code: _____

Lived there from _____ to _____

YOU ARE APPLYING FOR PUBLIC HOUSING IN: (Choose Only One)

- Berkley Court
- Old Towne Terrace and Pretlow Gardens

ACCESSIBILITY FEATURES REQUESTED? CHECK BELOW

VISION _____
HEARING _____
WHEELCHAIR _____
PHYSICAL _____

YOUR CURRENT LANDLORD: _____

ADDRESS: _____ CITY _____ ZIP CODE _____

TEL. No. _____

Reason for Moving: (CHECK ONE)

___ About to be or without housing ___ Sub-Standard housing ___ Displaced Due to
Government Action ___ Other (Please specify) _____

PREVIOUS INFORMATION:

Previous Address: _____
City, State, Zip _____
Lived there from _____
Number of Bedrooms _____

Previously Lived in Public Housing? YES ____ NO ____

Previous H.A. Name _____
Address _____
City, State, Zip _____
Lived there from _____ to _____

Household Members: ALL SOCIAL SECURITY NUMBERS AND BIRTH DATES FOR FAMILY MEMBERS MUST BE FILLED IN.

Please tell FRHA the legal names of all the people who live with you. Start with the head of household, then all other family members (oldest to youngest).

Fam. Mem.	Legal Names	Relation	Sex	Age	Birth Date	Occupation/ School Name	Social Security Number	Race/Ethnicity
1.		HEAD						
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								

Do you expect anyone to move in or out of your household within the next twelve months?..... Yes No

If yes, explain _____

Program Integrity Information (These questions apply to all household members)

Has anyone in your household been arrested or convicted for the felonious use, sale, manufacture or distribution of controlled substances?..... Yes No
If yes, who? When? For what? _____

Does anyone in your household use a controlled or illegal drug?... Yes No
If yes, explain _____

Has anyone in your household ever been arrested or convicted of violent criminal activity?..... Yes No
If yes, who? When? For what? _____

Total Income Received by Family Members

List all money received or earned by everyone living in the household.

Note the employment status of all adult family members. Include all money from Employment, Self-Employment, Unemployment Compensation, Child Support, Regular Contributions, Social Security, SSI, Retirement, Disability, Works Compensation, TANF, Veterans Benefits, Alimony and all other sources.

Member #	Source (Name and Address)	Rate	Type of Income	Annual Income

INCOME TYPE CODES:

- | | | | |
|----------------------|----------------|---------------------------|------------------------------------|
| P = PENSION | S = SSI | G=GENERAL ASSISTANCE | I = INDIAN TRUST/PER CAPITA |
| B = OWN BUSINESS | F = FEDERAL | W = OTHER WAGES | N = OTHER NON-WAGE SOURCE |
| SS = SOCIAL SECURITY | T = TANF | C = CHILD SUPPORT | E = MEDICAL REIMBURSEMENT |
| M = MILITARY PAY | HA = PHA WAGES | U = UNEMPLOYMENT BENEFITS | IW = ANNUAL IMPUTED WELFARE INCOME |

Has anyone in your household applied for any benefits or money which is in the process of being approved?..... Yes No
 If yes, explain _____

Do you receive child support or alimony?..... Yes No
 If yes, from who? What amount? _____

Childcare Expenses

Do you pay childcare expenses in order to work or go to school?... Yes No

If yes: Child's Name _____ Amount: \$_____ per _____

Child's Name _____ Amount: \$_____ per _____

Child's Name _____ Amount: \$_____ per _____

Name and Address of Childcare provider: _____

Banking Information

Where do you bank? What type of accounts do you have there?

Include information about all checking and savings accounts, money market funds, stocks, bonds, annuities, savings bonds and credit union shares. This information is required from all family members, including children.

Name and Address of Institution	Account Number	Account Type	Joint/ Individual	Balance
				\$
				\$
				\$

Medical and Unusual Expenses (Elderly or disabled households only)

Type of Expense	Amount	Name and Address
Medicare	\$	
Other Health Insurance	\$	
Regular Payments (Medical)	\$	
Regular Payments (Prescriptions)	\$	
Anticipated Medical Expense (Next 12 Months)		
Other	\$	

Work History of Adult Members

Where was the last place of employment for all adult household members?

Household Member	From	To	Employer

PET INFORMATION: **CATS** _____ **DOGS** _____ **OTHER** _____

COMMENTS (IF ANY): _____

Authorizations, Representations and Certifications

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for termination of assistance.

WARNING! Title 18, Section 1001 of the U.S. Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development is guilty of a felony.

Notice: Any attempt to obtain Public Housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under Virginia State law.

I DO HEREBY CERTIFY THAT I HAVE REVIEWED ALL ANSWERS AND CERTIFICATIONS WITH APPLICANT.

FRHA
Representative
Initial here:

Signature of Head of Household _____ Date: _____

Signature of Spouse/Adult _____ Date: _____

Signature of Adult _____ Date: _____

Signature of Adult _____ Date: _____