

Jonesboro Housing Authority Housing Choice Voucher Program P.O. Box 458, Jonesboro, GA 30237 Phone 770-478-7282 TDD 770-478-4805

INITIAL CERTIFICATION APPLICATION

CONTACT INFORMATION													
Full Name:								Date:					
Last					First			M.I.					
Mailing Address	:												
	Street Address					Apartme	ent/Unit #		City		State	Zij	o Code
Phone:							Email						
Housing Author	ity Porting Fron	n :					JHA WAITING LIS	ST FUP					
							FORMAITON						
List all persons wh being disabled. Ho	o will live or lived wever, deductions	with you in your assis to the family income	ted housii or which	ng uni persor	t. If mo ns with	re than six hou disabilities are	ısehold members, pl e entitled cannot be	ease lis	st all on a separate ed unless the appli	sheet. *App cant disclos	olicants are n ses being disa	ot required abled.	to disclose
S			Stat	Current Status/Action Requested						Check All That Apply			
First	MI	Last	Add	Remove	Resides In Home	Last 4 Digits of Social Security Number	Relastionship to Head of Household	Sex	Date of Birth	Disabled Yes/No	Employed Yes/No	Full Time Student Yes/No	U.S. Citizen
							HEAD			-	-	-	
2. Is any ho	usehold member	s (Provide Documenta in the armed service	s?	_ NO		YES If y	ves, who?						
4. Has any	person listed on t	n your family size? his application ever b his application been	een evict	ed fro	m fede	erally assisted	housing? NO	o	_ YES. If yes, wh	o?			

7. Please circle your race: Black White American Indian/Alaskan I	Native Asian/Pacific Island	der 8. Please circle your ethr	nicity: Hispanic Non-Hispanic
	COME AND ASSETS		
Please list all income, benefits or assets received by ALL members wo p you.	ho will be living with you	in your assisted housing unit	t. This includes persons not rela
INCOME/BENEFITS	Indicate the amount of income Household member(s) is receiving	Indicate frequency of pay, weekly, bi-weekly, monthly, semi-monthly or annually	Name of Household member(s) who received this income
Employment (attach Pay stubs, Letter from employer on company letterhead, or Letter of Separation			
Social Security (attach Benefit Award Letter)			
SSI (attach Benefit Award Letter)			
Disability/Workman's Compensation (attach Letter)			
Veterans Benefits/Retirement Pension (attach Letter)			
TANF (attach current Benefits letter or Printout)			
Food Stamps (attach current Benefits Letter)			
Unemployment Benefits (attach Benefits Letter Approving or Stopping Benefits)			
Child Support Recovery (6 Month printout)			
Child Support Contributions (Notarized letter from contributor)			
Self- Employment (Most recent filed IRS tax return, Statement of income and expenses)			
Regular Contributions/Gifts (attach notarized statement)			
Income from Rental Property (attach statement of earnings)			
Other (Please Specify and attach documentation)			
BANK STATEMENTS AND OTHER ASSETS	Number of Accounts	Name of Bank Intuition	Name of Household Members who have Assets

Checking Accounts/CDs
Savings Account/CDs

Stock/Bond/IRA

EXPENSES

Please list the expenses the family anticipates paying during the next 12 months	 Medical expense will be included or 	only if the Head of Household of	r spouse is disabled
or is 62 years of age or older.			

EXPENSES	Indicate the amount of payment paid out	Indicate frequency of payments made, weekly, biweekly, monthly or annually	Name of Household member(s) that paid expenses
Child Care Costs (Only if member(s) are working or furthering education) (attach notarized letter, CAPS, or provider letterhead)			
Prescriptions (attach receipts or pharmacy ledger)			
Attendant Care/Auxiliary Apparatus (attach proof)			
Medical Insurance Premiums (attach proof)			
Doctors' Visits (attach receipts)			
Other Unreimbursed medical Cost (attach proof)			

PARTICIPANT CERTIFICATION

All household members age 18 and over MUST be present for reexaminations and should review the information reported on this form and sign below. All information provided on the form is subject to verification by the Jonesboro Housing Authority.

I do hereby swear and attest that all the information provide on the application is true and correct to the best of my knowledge and that income for all household members has been reported. I understand that charges in income, assets and family composition must be reported to the Jonesboro Housing Authority **WITHIN TEN (10) BUSINESS DAYS.**

I further understand that false statements or information provided by me are punishable under federal and state law and constitute grounds for termination of my housing assistance.

Signature of Head of Household	Date	Signature of Spouse/Co-Head	Date
Signature of Other Adult	Date	Signature of Other Adult	Date
Signature of Interviewer/Housing Specialist	 Date	Signature of Other Adult	 Date

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 FRAUD STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Rev. 05/15