



**II. Housing History:**

**1. Are you currently living or have you ever lived in a Federally Subsidized housing unit?**

\_\_\_\_\_ yes \_\_\_\_\_ no (If yes, please provide the following information)

Name of Complex: \_\_\_\_\_

Name of Manager: \_\_\_\_\_

Manager's Phone Number: \_\_\_\_\_

Dates resided at this complex: From: \_\_\_\_\_ to: \_\_\_\_\_

**2. Current Housing Information**

Current Landlord Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Date residency began \_\_\_\_\_

**3. Please provide your previous address below.**

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

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

Landlord Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_

**4. Current living Conditions.**

Renting an apartment or house \_\_\_\_\_

Living with family or friends \_\_\_\_\_

Transitional Housing \_\_\_\_\_

Homeless \_\_\_\_\_

Includes on the street, or in a shelter etc.

**5. Prior Living Conditions (past 3 years).**

Renting \_\_\_\_\_ Homeowner \_\_\_\_\_

Homeless \_\_\_\_\_ How long? \_\_\_\_\_

Living with family or friends but not on lease \_\_\_\_\_

Transitional or supportive housing but came from the street \_\_\_\_\_

**III. Income Information**

Please provide the Name and Address of your most recent past employer.

Name: \_\_\_\_\_ Date hired: \_\_\_\_\_ Date terminated: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Phone # \_\_\_\_\_

(Please answer each of the following questions by circling your response. For each "yes," provide details in the blanks below that question.)

Yes/No 1. **Are you presently employed or do you expect to work for any period during the next year?**

Place of employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Date hired: \_\_\_\_\_

\_\_\_\_\_ Hourly? (Check one) \_\_\_\_\_ Salary?  
\_\_\_\_\_ # hours worked per week \$ \_\_\_\_\_ Annual Gross Income  
\$ \_\_\_\_\_ rate of pay per hour

Yes/No 2. **Do you expect a leave of absence from work due to lay off, medical or maternity leave?**

Yes/No 3. **Do you own your own business?**

\$ \_\_\_\_\_ Gross Annual Income  
\$ \_\_\_\_\_ Annual Business Related Expenses

Yes/No 4. **Do you receive or expect to receive payments from pensions or disability payments?**

| <u>Amount</u> | <u>Payment Frequency</u> | <u>Source</u> |
|---------------|--------------------------|---------------|
| \$ _____      | _____                    | _____         |
| \$ _____      | _____                    | _____         |

Yes/No 5. **Do you receive or expect to receive Social Security benefits?**

\$ \_\_\_\_\_ Payment before deductions

Yes/No 6. **Do you receive or expect to receive unemployment compensation, disability compensation, workers' compensation, or severance pay?**

| <u>Amount</u> | <u>Payment Frequency</u> | <u>Source</u> |
|---------------|--------------------------|---------------|
| \$ _____      | _____                    | _____         |
| \$ _____      | _____                    | _____         |

Yes/No 7. **Do you now receive or expect to receive public assistance (welfare)?**

\$ \_\_\_\_\_ Monthly Amount

Yes/No 8. **Do you now receive or expect to receive alimony or child support?**

| <u>Amount</u> | <u>Payment Frequency</u> | <u>Source</u> |
|---------------|--------------------------|---------------|
| \$ _____      | _____                    | _____         |
| \$ _____      | _____                    | _____         |

Yes/No 9. **Do you have an entitlement to receive alimony or child support that is not currently being received?**

Amount                      Payment Frequency  
\$ \_\_\_\_\_

Yes/No 10. **Is anyone in your household currently paying or will be paying alimony or child support?**

Amount                      Payment Frequency                      Source  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Yes/No 11. **Do you now receive or expect to receive regular contributions from individuals or organizations?**

Amount                      Payment Frequency                      Source  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Yes/No 12. **Do you receive or expect to receive payments from annuities, insurance policies, retirement funds, death benefits, or similar type of periodic receipt?**

Amount                      Payment Frequency                      Source  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Yes/No 13. **Do you receive or expect to receive income from rental property?**

\$ \_\_\_\_\_ Gross Monthly Income

Yes/No 14. **Do you now receive or expect to receive relocation payments in accordance with Title II of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970?**

Amount                      Payment Frequency  
\$ \_\_\_\_\_

Yes/No 15. **Did you receive or do you expect to receive an earned income tax credit?**

\$ \_\_\_\_\_ Amount of income tax refund

Yes/No 16. **Is anyone in your household a full-time student who is 18 years old or older and earning employment income?**

Place of employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone #: \_\_\_\_\_

\_\_\_\_\_ hourly?                      (check one)                      \_\_\_\_\_ salary?  
\_\_\_\_\_ # hours worked per week                      \$ \_\_\_\_\_ Annual Gross Income  
\$ \_\_\_\_\_ rate of pay per hour

**IV. Asset Information**

(Please answer each of the following questions by circling your response. For each "yes," provide details in the blanks below that question.)

Yes/No 1. **Do you have a savings account, checking account, and/or a safe deposit box?**

| Bank Name | Account # | Average Balance for last 6 months | Interest Rate Type of Acct. |
|-----------|-----------|-----------------------------------|-----------------------------|
| _____     | _____     | _____                             | _____                       |
| _____     | _____     | _____                             | _____                       |
| _____     | _____     | _____                             | _____                       |

Yes/No 2. **Do you possess any revocable trusts?**

\$ \_\_\_\_\_ Amount held in trust  
 \$ \_\_\_\_\_ Penalty for early withdrawal

Yes/No 3. **Do you own stocks, bonds, treasury bills, certificates of deposit (CDs), and/or money market accounts?**

| <u>Amount</u> | <u>Payment Frequency</u> | <u>Source</u> |
|---------------|--------------------------|---------------|
| \$ _____      | _____                    | _____         |
| \$ _____      | _____                    | _____         |

Yes/No 4. **Do you have a retirement or pension fund?**

| <u>Amount</u> | <u>Payment Frequency</u> | <u>Source</u> |
|---------------|--------------------------|---------------|
| \$ _____      | _____                    | _____         |
| \$ _____      | _____                    | _____         |

Yes/No 5. **Do you have a Life Insurance policy (ies)?**

Name of Policy Holder: \_\_\_\_\_  
 Address of Policy Holder: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_  
 Amount of policy: \$ \_\_\_\_\_

Yes/No 6. **Do you own personal property that is held as an investment (e.g., gems, jewelry, coin collections, or antique cars)?**

| <u>Investment Item</u> | <u>Fair Market Value</u> |
|------------------------|--------------------------|
| _____                  | \$ _____                 |
| _____                  | \$ _____                 |
| _____                  | \$ _____                 |
| _____                  | \$ _____                 |

Yes/No 7. **Do you hold a mortgage or deed of trust?**

Yes/No 8. **Have you sold or given away real property or other assets in the past two years?**

| <u>Item sold/given away</u> | <u>Fair Market Value</u> | <u>Amount received for item</u> |
|-----------------------------|--------------------------|---------------------------------|
| _____                       | \$ _____                 | \$ _____                        |
| _____                       | \$ _____                 | \$ _____                        |
| _____                       | \$ _____                 | \$ _____                        |

## V. Allowance Information

Yes/No 1. **Are there any members of your household other than the head, co-head, spouse, foster children, foster adults, live-in attendants, unborn children, or children not residing with the family, even if Legal custody is currently being pursued, who are either:**

- a.) under the age of 18, or
- b.) 18 and older, who are handicapped, disabled, or a full-time student.

Yes/No 2. **Are you currently paying or expect to pay within the next 12 months child care expenses?**

| <u>Children in child care</u> | <u>Age(s)</u> | <u>Total Amount of child care per month</u> |
|-------------------------------|---------------|---|
| _____                         | _____         | _____                                       |
| _____                         | _____         | _____                                       |

Yes/No 3. **Are you currently paying for care/apparatus for a handicapped or disabled family member?**

Yes/No 4. **Do you currently have or expect to incur medical expenses that are not prepaid or reimbursed by an outside source?**

| <u>Medical Bill</u> | <u>Amount</u> |
|---------------------|---------------|
| _____               | _____         |
| _____               | _____         |
| _____               | _____         |
| _____               | _____         |

Yes/No 5. **Have arrangements been made to repay the above debt?**

\$ \_\_\_\_\_ Monthly payment

Yes/No 6. **Do you have Medicare/Medicaid?**

\$ \_\_\_\_\_ Monthly premium

Yes/No 7. **Do you have any other kind of medical insurance?**

Name of Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Address: \_\_\_\_\_ Monthly Premium: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

**VI. Household Composition**

Please complete the table below for **all** members who would be living with you if you are accepted to reside in any residence operated by ACRA.

| Family Member        | Last Name | First Name | M.I. | Sex (M\F) | Birth date (MM/DD/YY) | Age | Soc. Sec.# |
|----------------------|-----------|------------|------|-----------|-----------------------|-----|------------|
| Head (Applicant)     |           |            |      |           |                       |     |            |
| Co-Head              |           |            |      |           |                       |     |            |
| Spouse               |           |            |      |           |                       |     |            |
| Adult Co-Tenant      |           |            |      |           |                       |     |            |
| Children             |           |            |      |           |                       |     |            |
|                      |           |            |      |           |                       |     |            |
| Foster Children      |           |            |      |           |                       |     |            |
|                      |           |            |      |           |                       |     |            |
| Live-In Caretaker    |           |            |      |           |                       |     |            |
| Other Family Members |           |            |      |           |                       |     |            |
|                      |           |            |      |           |                       |     |            |
| No Relation Members  |           |            |      |           |                       |     |            |

Are you or any member of your household a Veteran? Yes/No      Is yes who \_\_\_\_\_

Are you a citizen by birth, a naturalized citizen or a national of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

**If no you'll need to complete a Declaration form, please request from the office manager.**

**ACRA does business in Accordance with the Federal Fair Housing Law and does not discriminate against any person because of Race, Color, Religion, Sex, Handicap, Familial Status, or National Origin.**

**Anyone who feels they have been discriminated against may contact 1 800 669-9777 or 1 800 924-9275 (TDD)**

**Applicant Certification**

I certify that if selected to receive assistance, the unit I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility. I authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or local agencies. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Return This Application and Verification of Disability To:**

ACRA  
 Admission Materials  
 PO BOX 25265  
 Durham, NC 27702-5265

email to: applications.acra@gmail.com  
 fax: 919 321-2193