



QUINCY HOUSING AUTHORITY  
PUBLIC HOUSING ADMISSION  
APPLICATION

**Amp 1A Indian Hills**  
**Amp 2B 6<sup>th</sup> & Cherry**  
**Amp 3A 29<sup>th</sup> Broadway/Spring**  
**3B Lampe**

**QHA OFFICE USE ONLY**

Date of Application \_\_\_\_\_

Time \_\_\_\_\_

No. of Bedrooms 0 1 2 3 4 5

Background Check Date \_\_\_\_\_

Eligible ( ) yes no ( )

Preference Point ( ) yes no ( )

Rent \_\_\_\_\_ TTP \_\_\_\_\_

**PLEASE PRINT**

Full Name of Head of Household \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ How Long at this Address: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Applicants Phone # \_\_\_\_\_ Cell# \_\_\_\_\_ Work # \_\_\_\_\_

E-mail Address \_\_\_\_\_

Race: ( ) Caucasian ( ) African American ( ) Hispanic ( ) Asian ( ) Indian ( ) Other

Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Single: \_\_\_\_\_ Separated: \_\_\_\_\_ How Long: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ How Long at this Address: \_\_\_\_\_

Applicant Place of Employment: \_\_\_\_\_ How Long: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Member's Place of Employment: \_\_\_\_\_ How Long \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Other Income: \_\_\_\_\_ Source: \_\_\_\_\_ Amount: \_\_\_\_\_

(i.e. self-employment, unemployment, military pay)

Persons Who Will Occupy Apartment: (*indicates a full-time student over 18 years old)					
Names (enter applicant on line #1)	Sex	Age	Social Security #	Relationship	Birth Date / State of Birth
1.				Head	
2.					
3.					
4.					
5.					
6.					
7.					

Emergency Contact: Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

**QHA OFFICE USE ONLY**

Revised 03-10-17

11-22-17

Date \_\_\_\_\_ Time \_\_\_\_\_ Result \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ Result \_\_\_\_\_

05-08-21  
06-09-21

Date \_\_\_\_\_ Time \_\_\_\_\_ Result \_\_\_\_\_

**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), workman's compensation, retirement benefits, AFDC, veterans benefits, rental property, stock dividends, bank accounts, alimony.

Name	Weekly Wages	SS Benefits	Child Support	TANF	Other
1.					
2.					
3.					
4.					
5.					

**ASSETS: (Verification Required)**

1. Do you or any household member own or have an interest in any real estate, boat and/or mobile home? ( ) Yes ( ) No
2. Have you sold any real estate in the last two (2) years? ( ) Yes ( ) No
3. Do you own any stocks or bonds? ( ) Yes ( ) No
4. Do you have a savings account? ( ) Yes ( ) No

VERIFIED Medical Expenses (Elderly/Disabled Only) \$ \_\_\_\_\_ Childcare Expenses: \$ \_\_\_\_\_

Does any minor in your household have an elevated blood level for lead? ( ) Yes ( ) No  
If yes, please provide verification.

Do you expect changes in your household income or family make up within the next year? ( ) Yes ( ) No  
If yes, please explain \_\_\_\_\_

Have you ever lived in Public Housing or Section 8 anywhere in the United States?  
( ) Yes ( ) No If so, where? City \_\_\_\_\_ State \_\_\_\_\_

Have you or anyone in your household ever lived in another state? ( ) Yes ( ) No  
If yes, who \_\_\_\_\_ where \_\_\_\_\_

Do you currently live in Public Housing or a HUD housing program? ( ) Yes ( ) No

Do you owe money to any Public Housing or other HUD housing program ( ) Yes ( ) No  
If yes, what agency? \_\_\_\_\_

Have you ever had any suits, judgments, or collections filed against you? ( ) Yes ( ) No

Have you ever been evicted or refused housing anywhere? ( ) Yes ( ) No  
If yes, where \_\_\_\_\_

Has anyone who will be living in the home ever used another social security number other than the one listed on this application? ( ) Yes ( ) No, If yes who? \_\_\_\_\_

Has anyone who will be living in the house ever used another name, other than the one they are using now? ( ) Yes ( ) No If yes, who? \_\_\_\_\_

**READ CAREFULLY**...Have you or any household member ever been arrested or **convicted** for **ANY criminal activity, misdemeanor, traffic or felony**? ( ) Yes ( ) No If yes how many times?\_\_\_\_\_ Please explain. Include who was convicted, when arrested, arresting agency, and the reason Attach a separate sheet if needed. \_\_\_\_\_

Is any household member currently using illegal drugs? \_\_\_\_\_ ( ) Yes ( ) No  
If yes, who \_\_\_\_\_

Are you or any household member currently on **parole** or **probation** or has been in the past year?  
( ) Yes ( ) No If yes, who \_\_\_\_\_  
please explain: \_\_\_\_\_

Have **YOU** or **ANY FAMILY MEMBER** of your household **EVER** engaged in the use, sale, manufacture, or distribution of marijuana, drug paraphernalia, or a controlled substance?  
( ) Yes ( ) No If yes, please explain. (Include who was arrested, when arrested, arresting agency, and the reason for arrest. Attach a separate sheet if needed \_\_\_\_\_

Have you or any member of your household ever been arrested on **any** public housing authority property?  
( ) Yes ( ) No If yes please explain. (Include who was arrested, when arrested, arresting agency, and the reason for arrest. Attach a separate sheet if needed \_\_\_\_\_

Are you or any member of your household a **registered sex offender**? ( ) Yes ( ) No If yes, please list who. \_\_\_\_\_

Have you or any member of your household been evicted from public housing or assisted housing for violent behavior or drug related activity? ( ) Yes ( ) No If yes, please explain \_\_\_\_\_

Have you ever committed any fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program?  
( ) Yes ( ) No If yes, please explain \_\_\_\_\_

#### **PUBLIC HOUSING APPLICANTS ONLY**

Do you have any pets? ( ) Yes ( ) No If yes what type? \_\_\_\_\_ Weight \_\_\_\_\_

*One dog or cat is permitted on Authority property as long as the requirements of the Pet Policy are met. You will be required to furnish complete documentation prior to being granted the privilege of having a pet in the unit. **There is a 25 pound weight restriction.***

SHOULD YOUR ADDRESS CHANGE OR THE MEANS YOU GAVE TO US OF REACHING YOU NO LONGER IS ACCURATE, YOU MUST ADVISE US OF THE CHANGE TO KEEP YOUR APPLICATION ACTIVE. MAIL RETURNED TO QHA WILL RESULT IN THE REMOVAL OF

YOUR APPLICATION FROM THE WAITING LIST. YOU CANNOT BE HELPED IF WE CANNOT LOCATE YOU.

### FEDERAL PRIVACY ACT STATEMENT

The U.S. Department of Housing and Urban Development (HUD) collects information on tenants in HUD assisted rental housing. The U.S. Privacy Act of 1974 established requirements governing HUD's use and disclosure of the information it collects on individuals and families.

Public Housing agencies (PHA's) operating such housing send HUD information on tenant's income, family composition, rent, etc. which is given by tenants to PHA's when applying or being re-examined. It is transferred to HUD forms used for data collection, which may be performed by a contractor.

USE: HUD uses the information for budget development, program evaluation and planning, reporting to the President and Congress, monitoring compliance with Federal requirements, and to verify accuracy and completeness.

PUBLIC ACCESS: Summaries of tenant data are available to the public. Disclosure of information about individuals and families is restricted by the Privacy Act of 1974. Such information is released to appropriate Federal, State, or Local agencies to verify information relevant to eligibility and rent determinations and when applicable to other civil, criminal, or regulatory matters.

The Privacy Act restricts HUD's disclosure of information on individuals and families but does not restrict the PHA from releasing such information. State and local laws or regulations may govern disclosure by the Public Housing Agency.

Information must be provided to HUD so that it can carry out its monitoring and data collection responsibilities. Failure of an individual to provide required information may result in eviction or the withdrawal of housing assistance (depending on housing program).

HUD is permitted to ask for the information by the U.S. Housing Act of 1937 as amended, 42 USC, 1437 et. Seq., the Housing and Community Development Act of 1981, Public Law 97-35, 85 Stat., 348, 408.

### APPLICANT/TENANT CERTIFICATION

Applicants/Tenants Statement:

I certify that the information given is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal and State laws. I also, understand (Title 18 Section 1001 of the U.S. Code) that false statements or information are grounds for denial of housing or assistance, termination of housing or assistance, and termination of tenancy.

This application is made with the understanding that it may be used to process both credit and character references. I have no objection to inquiries for the purpose of verification of the above statement. **THIS INCLUDES A POLICE CHECK.** It is understood that the information will be held in strict confidence.

_____ Head of Household Signature	_____ Date	_____ Signature of Other Adult	_____ Date
_____ Signature of Other Adult	_____ Date	_____ Signature of Other Adult	_____ Date