



**Preliminary Application  
for  
Public Housing  
Admission**

*Please complete and return to:*  
**Church Point  
Housing Authority  
Attn: Program Manager  
PO Drawer 313  
Church Point, LA 70525**

(CPHA Office Use Only) Control
# _____
F D E NE

If you need assistance completing the Application or have questions about the Application Process, please contact the Church Point Housing Authority at (337) 684-2195

**APPLICATION FOR PUBLIC/ PHA-OWNED HOUSING**

**This is not a Section 8 application and cannot be used for the Housing Voucher program.**

**Instructions: Please read Carefully. Incomplete applications will not be processed.**

This application is valid for all public housing properties operated by the Housing Authority of the Town of Church Point, Louisiana hereinafter referred to as "CPHA".

To be qualified for admission to public housing an applicant must:

- a. Be a family as defined in CPHA's Admission and Continued Occupancy policy;
- b. Document citizenship or eligible immigration status or pay a higher rent;
- c. Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in CPHA office;
- d. Provide documentation of Social Security numbers and Birth Certificates for all family members;
- e. Meet or exceed the Applicant Selection Criteria;
- f. Pay any money owed to CPHA or any other housing authority;
- g. Be able and willing to comply with the CPHA lease;
- h. Not have any family members engaged in any criminal activity that threatens the life, health, safety, or right to peaceful enjoyment of the premises by other residents, and not have any family members engaged in any drug-related criminal activity;
- i. Not have any family members subject to a lifetime sex offender registration in any state.

Completed applications will be entered on the waiting list in the order received. The waiting list will then be processed in the order according to unit type and size (and admission preferences if applicable).

**CPHA will conduct a criminal record check on all adult applicants or those for whom adult records are available.**

**The Church Point Housing Authority is an Equal Housing Provider**

**Families First**

# APPLICATION FOR PUBLIC HOUSING ADMISSION



Are you a current or prior CPHA resident?  Yes  No

Housing Authority of the Town of Church Point Date \_\_\_\_\_ Time \_\_\_\_\_

Full Name of Head of Household: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Telephone No. \_\_\_\_\_ Work No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Married \_\_\_\_\_ Unmarried \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ How Long? \_\_\_\_\_

Current Address, Street, Apt. # \_\_\_\_\_

Current City, State and Zip Code \_\_\_\_\_

Owner/ Manager Name \_\_\_\_\_ How Long At This Address \_\_\_\_\_

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

Previous Address, Street, Apt. # \_\_\_\_\_

Previous City, State and Zip Code \_\_\_\_\_

Owner/ Manager Name \_\_\_\_\_ How Long At This Address \_\_\_\_\_

Applicant's Place of Employment \_\_\_\_\_ How Long? \_\_\_\_\_

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

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Spouse's Place of Employment \_\_\_\_\_ How Long? \_\_\_\_\_

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

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

Other Family Member's Place of Employment \_\_\_\_\_

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

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

## For Statistical Purposes Only

Race of Head of Household:  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Other

## FAMILY INFORMATION

PERSONS WHO WILL OCCUPY APARTMENT  
(\*Indicates Full-Time Student Over 18 Years Old)

	Legal First Name & Last Name (Enter Applicant On First Line)	Date of Birth mm/dd/yyyy	Gender M or F	Social Security Number	Relationship to Head of Household	Disabled Person? Y or N	Monthly Gross Income	Ethnicity - Hispanic/ Latino Or Not- Hispanic/ Latino
H				____ _	Head			
2				____ _				
3				____ _				
4				____ _				
5				____ _				
6				____ _				
7				____ _				
8				____ _				

### Family Income Information

Please list the source and amount of **all income expected for the next 12 months** for all family members, including but not limited to all earnings and benefits received from working, TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Pension, Child Support, etc.

Family Member Name	Income Source	Amount \$	Frequency – Per
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

### Other Family Information

Medical Expenses (Elderly only) \$ \_\_\_\_\_ Childcare Expenses \$ \_\_\_\_\_

Medical Disabilities \_\_\_\_\_ Family Member \_\_\_\_\_

Medical Disabilities \_\_\_\_\_ Family Member \_\_\_\_\_

Credit References: \_\_\_\_\_

Bank \_\_\_\_\_ Account Number \_\_\_\_\_

Other \_\_\_\_\_ Account Number \_\_\_\_\_

Other \_\_\_\_\_ Account Number \_\_\_\_\_

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In Case of Emergency Notify: Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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

1. Will there be any children under 12 years of age left unattended at any time? \_\_\_\_\_
2. Do you have any pets? \_\_\_\_\_ Specify \_\_\_\_\_
3. Do you own a motorcycle or other vehicular apparatus? \_\_\_\_\_
4. Will you have any musical instruments? \_\_\_\_\_ Specify \_\_\_\_\_
5. How many cars do you have? Make \_\_\_\_\_ Model \_\_\_\_\_ License No. \_\_\_\_\_  
 Make \_\_\_\_\_ Model \_\_\_\_\_ License No. \_\_\_\_\_
6. Do you plan to keep a boat, trailer or camper on the premises? \_\_\_\_\_ Type \_\_\_\_\_
7. Have you ever had any suits, judgments or collections filed against you? \_\_\_\_\_
8. Have you ever been convicted of a felony? \_\_\_\_\_
9. Have you ever had a house or car repossessed? \_\_\_\_\_
10. Have you ever been evicted or refused housing elsewhere? \_\_\_\_\_

**Preferences Information**

I. DISPLACED

- A.  By Government Action \_\_\_\_\_
- B.  By Federally Declared Disaster \_\_\_\_\_

II. LIVING IN SUBSTANDARD HOUSING

- A.  Dilapidated Housing.
- B.  Does Not Have Operable Indoor Plumbing.
- C.  Does Not Have Flush Toilet Inside.
- D.  Does Not Have Useable Bathtub Or Shower Inside For Exclusive Use Of Tenant.
- E.  Does Not Have Electricity, Or Has Inadequate Or Unsafe Electrical Service.
- F.  Does Not Have Safe Or Adequate Source Of Heat.
- G.  Should, But Does Not Have A Kitchen.
- H.  Living Unit Has Been Declared Unfit For Habitation By An Agency Or Unit Of Government.

III. RENT

- A. Present Rent Is \$ \_\_\_\_\_ Which Is 50 Percent Or More Of Gross Income.

IV. OTHER PREFERENCES: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 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 (PHAs) operating such housing send HUD information on tenants' income, family composition, rent, etc., which is given by tenants to PHAs 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 REQUIREMENTS:** Giving a Social Security number to HUD or the PHA is mandatory; failure to do so does not affect eligibility or amount of payment. HUD uses the Social Security numbers as identifiers in computer-matching to check the eligibility and rent determinations made by the PHA.

Other 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 the housing program).

**AUTHORITY:** 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

## Applicant(s)/Tenant(s)'s Statement

I certify that the information given in this application 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 that false statements or information are grounds for denial of housing or assistance, termination of housing assistance and termination of tenancy.

This application is made with the understanding that it is to be processed for 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 above information will be held in strict confidence. I also understand this application is good for only 12 months from date of application. I must renew this application every 12 months thereafter if I desire my application to remain active.

Head of Household (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Spouse (Signature) \_\_\_\_\_ Date \_\_\_\_\_

CREDIT BUREAU \_\_\_ APT. ASSOCIATION \_\_\_ POLICE DEPT. \_\_\_ CHECKED BY \_\_\_

Date Cancelled \_\_\_\_\_

Date Renewed \_\_\_\_\_ Date Renewed \_\_\_\_\_

Date Renewed \_\_\_\_\_ Date Renewed \_\_\_\_\_

Date Renewed \_\_\_\_\_ Date Renewed \_\_\_\_\_

Date Renewed \_\_\_\_\_ Date Renewed \_\_\_\_\_