



St. Charles Parish Housing Authority
200 Boutte Drive, P.O. Box 448, Boutte, LA 70039
(985) 785-2601, Fax (985) 785-6238

PRE-APPLICATION FOR ADMISSION TO LOW RENT PROGRAM

DATE/TIME STAMP

Applicant's Name: _____
(Head of Household)

In order for the Housing Authority to be able to determine your eligibility and your position on the waiting list, you must provide all of the information requested in this pre-application and return it in person to the project office on any Tuesday between 8am and 12 noon, or Thursday between 12 noon and 4pm.

FIRST READ THE FOLLOWING:

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) which operating such housing send HUD information on their tenants' income, family composition, rent, etc. This information was already given by the tenants to the PHAs when applying or being re-examined. It is transferred to HUD forms used for data collection. The forms may be sent to a contractor who keypunches the information in preparation for processing by HUD computers.

USE: HUD uses the information for budget development, program evaluation, and planning, and reports to the President and Congress. HUD also uses the information to monitor compliance with Federal requirements on eligibility and rent and to verify the accuracy and completeness of the income information.



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. There may be State and local laws or regulations that govern disclosure by the public housing agency.

INFORMATION REQUIREMENTS: Giving your Social Security number to HUD or the PHA is voluntary. Failure to give it does not affect your eligibility or the amount of your payment. HUD uses the Social Security number as an identifier in computer-matching to check the eligibility and rent determinations made by the PHA.

The other information must be provided to HUD so that it can carry out its monitoring and data collection responsibilities. Failure to do so 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 U.S.C., 1437 et. Seq, the Housing and Community Development Act of 1981, Public Law 97-35, 85 Stat., 348, 408.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hotline at 800-424-8590.

APPLICANT'S STATEMENT

I certify that the information given to the Housing Authority of St. Charles Parish on this Pre-Application for Admission on household composition, income, assets, allowances, deductions, and preferences is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal Law and may also be punishable under State Law. I have no objection to inquiries for the purpose of verifying the facts herein stated. I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

My pre-application is made with the understanding that it is to be processed for both credit and character references. I have no objections to inquiries for the purpose of verification of my statements. **THIS INCLUDES A POLICE CHECK.** It is understood that the information will be held in confidence.

I also understand that my name will remain on the waiting list for only twelve (12) months from the date of the housing authority's receipt of this pre-application and that if I desire my pre-application to remain active beyond that time I must come in to the Housing Authority office and re-new my pre-application in writing during the same month next year as the month that I am giving this pre-application to the Housing Authority.



Failure to renew my pre-application will result in the removal of my name from the waiting list and my loss of my position on the waiting list. I also understand that it is my responsibility to come in to the Housing Authority office to inform the Housing Authority in writing whenever there is a change in my address, telephone numbers, household composition, income, assets, allowances, deductions and preferences because such changes could affect my eligibility, bedroom size and position on the waiting list.

PLEASE SIGN BELOW:

MY SIGNATURE BELOW ACKNOWLEDGES THAT I HAVE READ ALL OF THE ABOVE.

Head of Household Signature

Spouse Signature

Social Security Number

Social Security Number

Date

Date

SCPHA PRE-APPLICATION FOR ADMISSION TO THE PROJECTS (LOW RENT PROGRAM)

PLEASE PRINT ALL INFORMATION

Applicant's Name: _____
Social Security No.: _____

Whenever **YES** or **NO** answer is required, please **CIRCLE** the correct answer.

Head of Household: _____
Race: _____

Mailing Address: _____
Phone #: _____
Phone #: _____



Applicant's Name: _____ Social Security No.: _____

PROVIDE THE FOLLOWING INFORMATION ON ALL PERSON WHO WILL BE LIVING IN THE HOUSEHOLD

NAME	AGE	SEX	DATE OF BIRTH	SOC SEC#	RELATIONSHIP
					HEAD

Is anyone listed above handicapped or disabled? **YES NO** If **YES**, who and explain?

Does anyone listed above use a wheelchair? **YES NO**

Is anyone listed above blind? **YES NO**

Is anyone listed above 18 years or older AND ALSO a full-time student? **YES NO**

If **YES** list person's name, name of school, type of program and date person will finish.

Does anyone in the house pay for childcare so that a family member can work? **YES NO**

If **YES**, list who works, who pays, how much, to whom, for which child.



Applicant's Name: _____ Social Security No.: _____

ANSWER THE FOLLOWING THREE QUESTIONS ONLY IF THE HEAD OF HOUSEHOLD OR THE SPOUSE LISTED ABOVE IS 62 YEARS OR OLDER OR HANDICAPPED OR DISABLED

Will you or your spouse pay for health, hospitalization, or Medicare insurance during the next 12 months?

YES NO

If **YES**, state how much per month \$ _____

Will you or your spouse pay medical bills during the next 12 months? **YES NO**

If **YES**, state how much per month \$ _____

Will you or your spouse pay for prescription drugs during the next 12 months? **YES NO**

If **YES**, state how much per month \$ _____

LIST ALL ASSETS OWNED CURRENTLY BY ANY PERSON LISTED ON PAGE TWO AS A MEMBER OF THE HOUSEHOLD, AND ANY ASSETS WHICH HAVE BEEN DISPOSED OF DURING THE PAST TWO YEARS. (ASSETS INCLUDE CHECKING AND SAVINGS ACCOUNTS, REAL ESTATE, STOCKS, BONDS, CASH VALUE OF LIFE INSURANCE, ETC.) ALSO LIST THE OTHER INFORMATION REQUESTED ABOUT ASSETS

NAME	DESCRIBE THE ASSET	VALUE	ANNUAL YIELDED	INCOME
		\$	\$	



Applicant's Name: _____ Social Security No.: _____

LIST BELOW THE ANTICIPATED INCOME FOR THE NEXT TWELVE MONTHS OF EACH PERSON LISTED ON PAGE ONE AS A MEMBER OF THE HOUSEHOLD

NAME OF RECIPIENT	WAGES/SALARIES	SOC SEC/SSI/BENEFITS/PENSIONS	WELFARE ASSISTANCE	OTHER INCOME
	\$	\$	\$	\$

Have you ever lived in one of the low rent units owned or managed by the Housing Authority of St. Charles Parish? **YES NO**

If **YES**, state name of site location, name of head of household, and year moved out.

Have you ever been assisted in St. Charles Parish's Section 8 Program? **YES NO**

If **YES**, state name of head of household and the year Section 8 assistance was terminated.



Applicant's Name: _____ Social Security No.: _____

REFERENCES

Who should be notified in case of emergency?

Name: _____ Relationship: _____

Address: _____ Telephone #: _____

Your present house address: _____

Landlord's Name: _____

Address: _____

Phone #: _____ How long at this address? _____ months/years

Reason for moving: _____

Your previous house address: _____

Landlord's Name: _____

Address: _____

Phone #: _____ How long at this address? _____ months/years

Reason for moving _____

LIST CREDIT REFERENCES SUCH AS BANKS AND COMPANIES WHERE YOU HAVE CREDIT:

BANK: _____

ACCT#: _____

OTHER: _____

ACCT#: _____

OTHER: _____

ACCT#: _____



Applicant's Name: _____ Social Security No.: _____

LIST NAME OF EACH MEMBER OF THE FAMILY WHO IS EMPLOYED AND THE NAME OF THE EMPLOYER:

FAMILY MEMBER: _____

EMPLOYER: _____

FAMILY MEMBER: _____

EMPLOYER: _____

FAMILY MEMBER: _____

EMPLOYER: _____

HAVE ANY SUITS, JUDGEMENTS, OR COLLECTIONS EVER BEEN FILED AGAINST YOU OR YOUR SPOUSE? **YES NO**

If **YES**, describe details.

HAVE YOU OR YOUR SPOUSE EVER HAD A HOUSE OR CAR REPOSSESSED? **YES NO**

If **YES**, describe details.

Applicant's Initials: _____ *PRE-APPLICATION FOR ADMISSION TO LOW RENT PROGRAM SCPA*



Applicant's Name: _____ Social Security No.: _____

Have you or your spouse ever been evicted? **YES** **NO**

If **YES**, describe details.

Have you, your spouse or any member of your household ever been convicted of a felony? **YES** **NO**

If **YES**, provide the following information:

Name of Person Convicted	Month/Year	Crime	Parish/State

PLEASE REVIEW ALL INFORMATION PROVIDED IN THIS APPLICATION CAREFULLY

Applicant's Initials: _____ *PRE-APPLICATION FOR ADMISSION TO LOW RENT PROGRAM SCPA*