

# TUPELO HOUSING AUTHORITY

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

Home Telephone:(\_\_\_\_)\_\_\_\_\_ Cell Phone:(\_\_\_\_)\_\_\_\_\_

FAMILY SIZE \_\_\_\_\_ ADULTS \_\_\_\_\_ CHILDREN \_\_\_\_\_

INCOME SOURCES \_\_\_\_\_

PREFERRED AREA: \_\_\_ CANAL ST \_\_\_ PARK HILL EAST \_\_\_ PARK HILL WEST  
\_\_\_ TIMBER RIDGE \_\_\_ FIRST AVAILABLE

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

---

## APPOINTMENT

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

NUMBER BEDROOMS: \_\_\_\_\_

INITIAL: \_\_\_\_\_

---

APPOINTMENT KEPT \_\_\_\_\_ YES \_\_\_\_\_ NO

NOTES:

**THE HOUSING AUTHORITY OF THE CITY OF TUPELO, MS  
MANAGEMENT AND RENTAL OFFICE  
1624 NORTH GREEN STREET  
TUPELO, MS 38804  
PHONE: 662-841-0006, FAX: 662-841-2354**

**APPLICATIONS ARE ACCEPTED TUESDAY, WEDNESDAY AND THURSDAY FROM 10:00 A.M. TIL 3:00 P.M.**

**INSTRUCTIONS: PLEASE READ CAREFULLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

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

- Be a family as defined in the THA's Admission and Continued Occupancy Policy;
- Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in the THA's offices.
- Meet or exceed the Applicant Selection Criteria as outlined in the THA's ACO Policy;
- Be able and willing to comply with the Housing Authority lease.
- The THA will conduct a criminal record check on all applicants age eighteen (18) and older.

**ITEMS TO BRING IN WITH APPLICATION**

1. We must verify all family income regardless of its source. Bring verification of all income. Be prepared to furnish your employer's name, complete mailing address, and telephone numbers.
2. We must have a photocopy of the Social Security card for all household members, a valid state issued photo identification card for all household members over the age of eighteen (18) and the birth certificate for all household members.
3. If you or your spouse has ever been divorced—we must have a complete copy of your final divorce decree(s).
4. If you pay a child care provider while you work or attend school, bring verification of attendance and cost for care.
5. If you are elderly and/or disabled and have out-of-pocket medical expenses, bring verification of these expenses.
6. Bring proof of school enrollment for all full-time students over the age of eighteen (18).
7. Bring name, complete mailing address, and phone number for your landlord(s) for the previous three (3) years.
8. The 1998 Quality Housing and Work Responsibility Act for Community Service/Self-Sufficiency is a requirement for Public Housing. Please read the policy that is posted on our bulletin board.
9. Any other items that may be requested from the THA staff.

Complete applications will be entered on the waiting list in the order received. We try to process every application speedily. Once all information requested is received, the application will be presented to the housing manager for consideration immediately. We appreciate your interest in our housing program.



November 2004

# Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application forms.

---

**Purpose** This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

---

**Penalties for Committing Fraud** The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house:
- Required to repay all overpaid rental assistance you received:
- Fined up to \$10,000:
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance.

Your State and local governments may have other laws and penalties as well.

---

**Asking Question** When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.

---

**Completing The Application** When you answer application questions, you must include the following information:

- Income**
- All sources of money you or any member of your household receive (wages, welfare payments, alimony, social security, pension, etc.):
  - Any money you receive on behalf of your children (child support, social security for children, etc.);
  - Income from assets (interest from a savings account, credit union, or certificate of deposit; dividends from stock, etc.);
  - Earnings from second job or part time job;
  - Any anticipated income (such as a bonus or pay raise you expect to receive)

- Assets**
- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.. that are owned by you and any adult member of your family's household who will be living with you.
  - Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.
  - The names of all of the people (adults and children ) who will actually be living with you, whether or not they are related to you.

---

**Signing the Application**

- Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate.
- When you sign the application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.
- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State, or private agencies to verify that it is correct.

---

**Recertifications**

You must provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You must report on recertification forms:

- All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members.
- Any move in or out of a household member; and,
- All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.

---

**Beware of Fraud**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application;
- Do not pay any money to move up on the waiting list;
- Do not pay for anything not covered by your lease;
- Get a receipt for any money you pay; and,
- Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).

---

**Reporting Abuse**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.

I certify that I have read and understand the contents herein:

---

Head of Household

---

Date

---

Spouse/Other Adult

---

Date

---

Other Adult

---

Date



**TUPELO HOUSING AUTHORITY  
APPLICATION FOR PUBLIC HOUSING**

**PART A: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD**

List all **persons age 18 or older** (head/spouse/cohead regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

NAME	Relation To Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #
1.	<b>HEAD</b>					
2.						
3.						
4.						
5.						

**CHILDREN 17 AND YOUNGER**

List all children who will be living in the home, oldest to youngest.

NAME	Relation To Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #	School Name
6.							
7.							
8.							
9.							
10.							

**RACE AND ETHNICITY OF HEAD OF HOUSEHOLD**

**Race: Check the appropriate race. (More than one category can be entered if applicable.)**

White     
  Black/ African American     
  American Indian/Alaskan Native  
 Asian     
  Native Hawaiian/Other Pacific Islander     
  Hispanic or Latino     
  Not Hispanic or Latino

**Answer the following questions about all members of the household:**

- Has any adult who will live in the home previously lived in a State other than this State?       Yes       No  
 If yes, which family member(s)? \_\_\_\_\_ State lived? \_\_\_\_\_  
 \_\_\_\_\_ State lived? \_\_\_\_\_
- Does anyone other than an adult who will live in the home share custody of any of the children listed?  
 Yes     No      If yes, who? \_\_\_\_\_
- Does anyone who will be living in the home have a divorce decree or court order as the result of a divorce or legal separation?     Yes     No    If yes, who? \_\_\_\_\_
- Is anyone who will be living in the home expecting a child?  
 Yes     No      If yes, who? \_\_\_\_\_
- Is there anyone not listed on the application who is temporarily absent from the home?  
 Yes     No      If yes, who? \_\_\_\_\_
- 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 home ever used another name, other than the one they are using now?  
 Yes     No      If yes, who? \_\_\_\_\_
- Is there anyone who will be living in the home who is 18 or over and a full-time student?  
 Yes     No      If yes, who? \_\_\_\_\_
- Does anyone in your household require any type of accommodations to fully utilize our programs and services?  
 Yes     No      If yes, who? \_\_\_\_\_  
 What do they require? \_\_\_\_\_

**TUPELO HOUSING AUTHORITY  
APPLICATION FOR PUBLIC HOUSING**

---

**CONTACT INFORMATION:** *List the names, addresses and telephone numbers of two relatives or friends who live in the area and generally know how to contact you.*

1. **Contact Name** \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_
2. **Contact Name** \_\_\_\_\_ Phone# \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

**PART B: PRESENT AND PREVIOUS HOUSING INFORMATION**

*List your current address and landlord information. Then list all prior addresses and landlords for the past three (3) years.*

- Current landlord** \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ How long? \_\_\_\_\_
- Previous landlord** \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ How long? \_\_\_\_\_
- 2nd Previous landlord** \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ How long? \_\_\_\_\_
- 3rd Previous landlord** \_\_\_\_\_ Phone: \_\_\_\_\_  
Your Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ How long? \_\_\_\_\_

**PART C: CRIMINAL BACKGROUND AND OTHER INFORMATION**

*These questions apply to you and all of the members of your household.*

1. Has any household member ever been arrested for any crime?.....  Yes  No  
If yes, how many times? \_\_\_\_\_ Please explain. (Include when arrested, where arrested and the reason for the arrest.  
Attach a separate sheet if needed) \_\_\_\_\_  
\_\_\_\_\_
2. Has any household member ever been convicted of any crime?.....  Yes  No  
If yes, how many times? \_\_\_\_\_ What crime(s)? \_\_\_\_\_
3. Is any household member a subject to lifetime sex offender registration?.....  Yes  No  
If yes, who? \_\_\_\_\_ In what State(s)? \_\_\_\_\_
4. Is any household member currently using illegal drugs?  Yes  No If yes, who? \_\_\_\_\_
5. Has any household member ever been evicted from any type of housing?.....  Yes  No  
If yes, explain when, where and for what reason. \_\_\_\_\_  
\_\_\_\_\_
6. Does any household member abuse alcohol in a way that threatens the health, welfare or safety of other persons?  
 Yes  No If yes, Explain \_\_\_\_\_  
\_\_\_\_\_
7. Has any household member received rental assistance in public housing or Section 8?.....  Yes  No  
If yes, when? Year(s) \_\_\_\_\_ Housing Agency Name \_\_\_\_\_  
Under what name? \_\_\_\_\_ Who was Head of Household? \_\_\_\_\_
8. Do you owe any money to this or another Housing Authority?.....  Yes  No
9. Have you ever committed fraud in any housing assistance program or been requested to repay money for failing to report information?.....  Yes  No

**TUPELO HOUSING AUTHORITY  
APPLICATION FOR PUBLIC HOUSING**

**PART D: INFORMATION ABOUT THE INCOME OF MEMBERS OF THE FAMILY.**  
*(Income includes money or contributions from any and all sources paid to or on behalf of a family member.)*

1. Did you or any family member file a federal income tax return for the past year?.....  Yes  No  
If yes, who? \_\_\_\_\_
2. Do you or any member of the family receive any of the following or expect to receive any of the following during the next Twelve (12) months?
- Wages, salaries, tips, fees or commissions from an employer? (full or part time).....  Yes  No
  - Compensation for personal services?.....  Yes  No
  - Income from the operation of a business or profession?.....  Yes  No
  - Interest, dividends or other income from real or personal property?.....  Yes  No
  - Payments from Social Security or SSI? .....  Yes  No
  - Payments from annuities?.....  Yes  No
  - Payments from insurance policies?.....  Yes  No
  - Payments from retirement funds?.....  Yes  No
  - Payments from pensions?.....  Yes  No
  - Payments from disability benefits?.....  Yes  No
  - Payments from death benefits?.....  Yes  No
  - Lump sum payments for the delayed start of periodic payments?.....  Yes  No
  - Unemployment compensation?.....  Yes  No
  - Disability compensation?.....  Yes  No
  - Worker's compensation?.....  Yes  No
  - Severance pay?.....  Yes  No
  - SNAP (Food Stamp) assistance payments?.....  Yes  No
  - TANF payments?.....  Yes  No
  - Alimony payments?.....  Yes  No
  - Child support payments?.....  Yes  No
  - Regular contributions or gifts from anyone?.....  Yes  No
  - Money from self employment?.....  Yes  No
  - Regular or special military pay?.....  Yes  No
  - Regular contributions from anyone?.....  Yes  No
  - Financial assistance to attend school.....  Yes  No
3. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources.

Family Member Name	Income Source	Amount \$	Frequency – (Circle one)		
			Week	Month	Year

**TUPELO HOUSING AUTHORITY  
APPLICATION FOR PUBLIC HOUSING**

**PART E: INFORMATION ABOUT THE ASSETS OF ALL MEMBERS OF THE FAMILY**

*(An asset is something of value that can be converted to cash)*

1. Do you or any family member own or have access to any of the following?

Savings account?.....  Yes  No      Checking account?.....  Yes  No

Certificate of deposit?.....  Yes  No      Money market account?.....  Yes  No

Family Member Name	Bank Name	Account Number	Balance

2. Do you or any family member own or have access to any of the following?

Stocks?.....  Yes  No      Bonds?.....  Yes  No

Real property (land)?.....  Yes  No      Trust funds?.....  Yes  No

Pensions?.....  Yes  No      Individual retirement accounts?.....  Yes  No

Inheritances?.....  Yes  No      Life insurance policies?.....  Yes  No

Any other type of capital investment?.....  Yes  No

Explain any "Yes" answers below.

Family Member Name	Type of Asset	Account Number	Value

**PART F: INFORMATION ABOUT HOUSEHOLD EXPENSES**

1. Does any family member have expenses for child care of a child age 12 or younger?.....  Yes  No

Minor's Name	Care Provider			Amount Monthly
	Name	Address	Phone Number	

2. Is any portion of these childcare expenses reimbursed from an outside agency or person?.....  Yes  No  
If yes, how much is reimbursed per month? \$\_\_\_\_\_

3. Do you pay a care attendant to provide care for a disabled family member so that an adult family member can work?  
(Could be the person with disabilities)  Yes  No      If yes, complete the following:

Care Attendant			Amount Monthly
Name	Address	Phone Number	

4. Are you paying for any type of equipment for a disabled family member that enables an adult member to work?  
(Could be the person with disabilities).....  Yes  No  
If yes, what is the anticipated monthly cost? \$\_\_\_\_\_

**TUPELO HOUSING AUTHORITY  
APPLICATION FOR PUBLIC HOUSING**

5. Indicate the dollar amount for your monthly living expenses as listed below:

Item	Monthly Amount	Last Date Paid	Paid By Whom
Rent			
Electric			
Gas			
Water			
Telephone			
TV Cable			
Car payment(s)			
Car Insurance			
Gas for car			
Life Insurance			
Health Insurance			
Loan			
Rentals			
Furniture			
Food			
Credit Cards			

**Medical Expenses** (These questions only apply if the head, spouse or cohead is 62 years or older or is disabled)

Do you or any member of the family pay for any of the following items?

- Medical insurance premiums? .....  Yes  No
- Long term care insurance? .....  Yes  No
- Out of pocket prescription expenses?.....  Yes  No
- Past due medical bills?.....  Yes  No
- Other anticipated medical expenses?.....  Yes  No

Please list the type and amount of the medical expenses for all family members that you anticipate paying over the next 12 months:

Family Member Name	Type of Expense	Monthly Amount

**TUPELO HOUSING AUTHORITY  
APPLICATION FOR PUBLIC HOUSING**

APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION

**EMPLOYER:**

NAME	Telephone Number	
MAILING ADDRESS	Fax Number	
CITY	STATE	ZIP

**CREDIT REFERENCES (I.E., CAR PAYMENTS, LOANS, ETC.):**

1) _____ NAME _____ MAILING ADDRESS _____ CITY, STATE, ZIP	2) _____ NAME _____ MAILING ADDRESS _____ CITY, STATE, ZIP
3) _____ NAME _____ MAILING ADDRESS _____ CITY, STATE, ZIP	4) _____ NAME _____ MAILING ADDRESS _____ CITY, STATE, ZIP
5) _____ NAME _____ MAILING ADDRESS _____ CITY, STATE, ZIP	6) _____ NAME _____ MAILING ADDRESS _____ CITY, STATE, ZIP

PLEASE LIST YOUR WORK HISTORY FOR THE PAST THREE (3) YEARS. USE ADDITIONAL PAPER, IF NECESSARY.

1) Present Employer: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

2) Previous Employer: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

3) Next Previous Employer: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

4) Next Previous Employer: \_\_\_\_\_  
FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Does anyone in the household own or are you purchasing or have use of a vehicle? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, complete the following: Make & Model \_\_\_\_\_ Year \_\_\_\_\_ Tag Number \_\_\_\_\_

**TUPELO HOUSING AUTHORITY  
APPLICATION FOR PUBLIC HOUSING**

---

**Certification of the Applicant**

I hereby certify that all of the information I have provided on this application is true and complete. I understand that I am required to notify the housing authority in writing (within 5 days) if any member of the family moves out of the unit, and that I cannot permit anyone to move into my unit without prior approval of the housing authority. I understand that I must notify the housing authority in writing of any changes to the household due to birth, adoption or court-awarded custody. I also understand that any person who attempts to obtain housing assistance or rent reduction by making false statements, by impersonation, by failure to disclose or intentionally concealing information, or any act of assistance to such attempt is a crime under Federal and State law.

**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 FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.**

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Cohead

\_\_\_\_\_  
Date

**Certification of PHA Representative**

I hereby certify by my signature that I have explained all questions on this application form and reviewed the answers provided with the head of household to ensure that these questions were fully understood and fully answered.

\_\_\_\_\_  
Signature of PHA Representative

\_\_\_\_\_  
Date