

*Poinsett County*  
**HOUSING AUTHORITY**  
Marked Tree | Lepanto | Harrisburg | Weiner | Fisher

**870-358-2990 Phone 870-358-4537 Fax**

**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 Poinsett County Housing Authority hereinafter referred to as "PHA".

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

- Be a family as defined in PHA's Admission and Continued Occupancy policy;
- Document citizenship or eligible immigration status or pay a higher rent;
- Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA office.
- Provide documentation of Social Security numbers for all family members
- Meet or exceed the Applicant Selection Criteria;
- Pay any money owed to PHA or any other housing authority;
- Not have had a lease terminated by a PHA in the past 12 months;
- Be able and willing to comply with the PHA lease;
- 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;
- Not have any family members subject to a lifetime sex offender registration in any state.

**The Following Items must be presented at the time of Application:**

- Picture I.D. For all persons over the age of 18
- Proof of Income
- Proof of SNAP benefits
- Social Security card for all members of the household
- Rental References: Names, addresses and phone numbers for Landlord references.
- Office State Birth certificate for all members of the Household
- Marriage License, Divorce Decree, or Legal form of Separation
- Proof of assets and (2) month Bank Statements
- Proof of Child Support (even if you do not receive it)

Complete applications will be entered on the waiting list in the order received. The waiting list will then be processed in order according to unit type and size (and admission preferences if applicable). Each applicant who meets the above qualifications will receive one unit of the size and type needed. If the applicant accepts the offer, the applicant will be offered a lease. If the applicant refuses the offer without good cause, the application will be withdrawn from the waiting list and the applicant will not be permitted to reapply for 12 months will conduct a criminal record check on all adult applicants or those for whom adult records are available.

**Applicants with disabilities will be given assistance, if requested, with the completion of the application at PHA's office at the address above.**



## Family Income Information

7. Please list the source and amount of **all income expected for the coming 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.  
 Example: Wages, \$150/week, SSI, \$421/month

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

8. Do you have a checking or savings account or own any Certificates of Deposit, stocks, bonds, etc.? Yes No If yes, describe the type of asset(s) please: \_\_\_\_\_ What is the market value of all assets? \_\_\_\_\_
9. Do you own any real estate? Yes No If yes, what is the address? \_\_\_\_\_
10. Have you sold any real estate in the past two years? Yes No If yes, what was the address? \_\_\_\_\_
11. Current Landlord's name and phone # \_\_\_\_\_  
 Current Landlord's Address \_\_\_\_\_  
 Date Family Moved to this location \_\_\_\_\_
12. Most recent former address, Street, Apt. # \_\_\_\_\_  
 Most recent former City, State and Zip \_\_\_\_\_  
 Most recent former Area Code and Phone # \_\_\_\_\_

## Screening

13. Have you ever been evicted from housing? Yes No If yes, why? \_\_\_\_\_
14. Have you ever lived in public housing before? Yes No If yes, where? \_\_\_\_\_  
 Dates: From \_\_\_\_\_ to \_\_\_\_\_ Name of Lessee: \_\_\_\_\_ Do you owe any money to the housing authority? Yes No
15. Do you have any past due utility bills? Yes No If yes, please describe and give amount owed: \_\_\_\_\_  
 \_\_\_\_\_
16. Have you, or any member of the applicant household ever been arrested or convicted of a crime other than a traffic violation? Yes No If yes, please explain the problem and who was involved: \_\_\_\_\_
17. Is anyone in your household currently on parole or probation? Yes No If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

## Qualifying for Deductions in Calculating Rent

18. Is the head of household or spouse age 62 or older or a person with a disability? Yes  No If yes, please answer the following questions. If no, please skip down to question # 21

19. Does your household have any medical expenses (include insurance, Medicare deduction, doctor bills, dentist bills, hospital bills, clinic costs, medicine, therapy, supplies, medical transportation, etc.)?

Yes  No? If yes, please describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on each medical expense:

Type of expense: \_\_\_\_\_  
\_\_\_\_\_ Monthly medical expense: \$ \_\_\_\_\_ Name, address & phone # of person who can verify expense: \_\_\_\_\_

20. Do you have any expenses on behalf of a household member with disabilities so an adult in the family can work?  Yes

No If yes, describe the nature of the expense and the monthly amount: \_\_\_\_\_ Name, address & phone # of someone who can verify the expense: \_\_\_\_\_

21. Do you have childcare expenses for children under age 13 so an adult in the family can work, go to school or attend job training?  Yes  No If yes, Name, address and phone # of childcare provider:

\_\_\_\_\_ Monthly unreimbursed child care cost: \$ \_\_\_\_\_

22. Is any member of the household age 18 or older (other than family head and spouse) a full time student or person with a disability?  Yes,  No If yes, Name of the family member and name and address of someone who can verify this information: Name of family member: \_\_\_\_\_ Name, address & phone # of someone who can verify this information: \_\_\_\_\_

23. Driver's License or State ID #: Applicant: \_\_\_\_\_ Co-applicant: \_\_\_\_\_ Automobile: Year: \_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ License: \_\_\_\_\_

24. Do you want an apartment at an all elderly building?  Yes  No (Head or spouse over 62)

25. Do you want to have a pet in your apartment?  Yes  No

**PHA will be contacting all former landlords for the period three years from the date of application**

Name: \_\_\_\_\_ I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Arkansas Health and Human Services Commission, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant Signature

\_\_\_\_\_  
Date

**Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both.

## Background Check Authorization

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

SIGNATURE OF APPLICANT: \_\_\_\_\_

Is any Member of your household subject to a life time sex offender registration program in any state? \_\_\_\_\_ If yes, what state? \_\_\_\_\_

I, hereby authorize Poinsett County Housing Authority and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for housing purposes. I understand that the scope of this report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

Office use only. Do not write below this line

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Office verified ID: Yes\_\_\_\_ No\_\_\_\_

Applicant's Present Address:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature of requesting personnel: \_\_\_\_\_

Date requested: \_\_\_\_\_ Background Attached: Yes\_\_\_\_ NO\_\_\_\_