

HOUSING AUTHORITY OF LANCASTER
POST OFFICE BOX 1235 ~ LANCASTER SC 29721

PHONE: (803) 285-7214

FAX: (803) 283-2049

PUBLIC HOUSING PROGRAM PRELIMINARY APPLICATION

Revised July 1, 2021

FOR OFFICE USE ONLY	
PROGRAM INFORMATION TO BE COMPLETED BY HOUSING AUTHORITY OF LANCASTER ONLY	
Date of Application: _____	Time: _____ <input type="checkbox"/> A. M. <input type="checkbox"/> P. M.
ACCOMMODATIONS REQUIRED: Bedroom Size: _____	

TO BE COMPLETED BY APPLICANT: *You must use the correct legal name for each member of your household. All adult members of the household must sign certifying the information pertaining to them is correct. **PLEASE PRINT.***

Applicant's Name: _____ Social Security Number: ____ / ____ / ____
Last First Middle

Address _____
Street/P.O. Box City State Zip

Email Address: _____

Home Phone # _____ Cell Phone # _____ Other: _____

HOUSEHOLD COMPOSITION: *List all persons (by legal name) who will be living in your home, listing the Head of Household first. No one except those listed on this form may live in the unit.*

HOUSEHOLD MEMBERS LEGAL NAME	SEX M or F	DATE OF BIRTH Month/Date/Year	SOCIAL SECURITY NUMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD (SON, DAUGHTER)	DISABLED PERSON? Yes or No	FULL-TIME STUDENT? Yes or No
		/ /	/ /	SELF/HEAD OF HOUSEHOLD		
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			
		/ /	/ /			
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		/ /	/ /			

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the admissions and occupancy specialist at 285-7214.

Do you anticipate any changes in your Family Composition? Yes No
 If yes, explain _____

Have you or any member lived in any federal assisted housing before? Yes No
 If yes, list where and when _____

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 programs? Yes No
 If yes, explain. _____

TOTAL HOUSEHOLD INCOME: List below 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 Compensation, Retirement Benefits, AFDC, Veteran's Benefits, Rental Property Income, Stock Dividends, Income from Bank Accounts, Alimony and all other sources.

HOUSEHOLD MEMBERS	EMPLOYER	WEEKLY GROSS WAGES	AFDC/F.I.	MONTHLY CHILD SUPPORT	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
		\$.	\$.	\$.	\$.	\$.	\$.
		\$.	\$.	\$.	\$.	\$.	\$.
		\$.	\$.	\$.	\$.	\$.	\$.
		\$.	\$.	\$.	\$.	\$.	\$.

Have you or anyone in your household ever been arrested, charged or convicted of any crime other than a traffic violation Yes No

If yes, explain. _____

Have you or any family member ever been required to register as a sex offender? Yes No

If yes, explain _____

Does anyone outside of your household pay for any of your bills or give you money? Yes No

If yes, explain. _____

AUTHORIZATION AND SIGNATURES:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY. ONCE YOU HAVE READ THE FOLLOWING STATEMENT, PLEASE SIGN THE PRE-APPLICATION.

WITH MY SIGNATURE BELOW, I UNDERSTAND SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES OF AMERICA AS TO ANY MATTER WITHIN ITS JURISDICTION. IN ADDITION, I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. I, DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION BEFORE ME IS TRUE AND CORRECT. I UNDERSTAND THAT ANY FALSE INFORMATION GIVEN WILL CANCEL MY APPLICATION FOR HOUSING WITH THE HOUSING AUTHORITY OF LANCASTER. I HAVE NO OBJECTION TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFYING ANY STATEMENTS MADE ON THIS PRELIMINARY APPLICATION.

WITH MY SIGNATURE BELOW, I CERTIFY THAT NO FAMILY MEMBER LISTED ON MY HOUSING APPLICATION WITH THE HOUSING AUTHORITY OF LANCASTER HAS BEEN CONVICTED OR TERMINATED FROM A HOUSING CHOICE VOUCHER (SECTION 8) OR PUBLIC HOUSING PROGRAM FOR DRUG CRIMES IN THE PAST (3) YEARS.

I, ALSO, UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE REPORTED IN WRITING WITHIN 14 DAYS TO THE HOUSING AUTHORITY OF LANCASTER. I UNDERSTAND THAT ALL NOTIFICATION ARE THROUGH THE MAIL. IF I DO NOT RESPOND OR THE MAIL CANNOT BE DELIVERED TO THE ADDRESS GIVEN, MY APPLICATION WILL BE DELETED FROM THE WAITING LIST.

Signature of Head of Household

Date

Signature of Spouse/Co-Applicant

Date

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.

