** POCAHONTAS PUBLIC HOUSING AGENCY **

BLACK RIVER AREA DEVELOPMENT CORPORATION

1403 Hospital Drive, Pocahontas, AR 72455

 (870) 892-4547 ext#1363

870-892-0707 fax

**NOTICE TO THE APPLICANT**

**THIS IS NOT AN EMERGENCY PROGRAM. THERE IS NO IMMEDIATE ASSISTANCE REGARDLESS OF YOUR CIRCUMSTACES.**

You have completed an application for the Housing Choice Voucher Program. Filling out this application places you on the **WAITING LIST** to receive future rental assistance. **YOU WILL NOT RECEIVE ANY ASSISTANCE AT THIS TIME.** Once we reach your name on the waiting list, you will be notified by mail that we have an opening for you on our program. The length of time you remain on the waiting list will depend on the length of the list. It is your responsibility as the applicant to keep all information and addresses current. If we mail you correspondence and you do not respond, you will be removed from the waiting list.

HOW THE PROGRAM WORKS:

1. When your name comes up on the waiting list, we will notify you by mail at the address on your application. We will ask you to come to our office for an interview.
2. At the interview, we will verify all the information about your family and income to determine if you are eligible for the program. To be eligible for the program you must meet the term of family and meet the income guidelines that are in effect at the time of your interview.
3. If you are determined eligible for the program, you will be given a voucher which explains to you and any landlord you wish to rent from that if you find an appropriate unit, the PHA will be able to assist you with your rent according to your income. (WE CANNOT ASSIST YOU WITH YOUR RENT UNTIL YOUR NAME COMES UP ON THE WAITING LIST, EVEN IF YOU ALREADY HAVE A RENTAL UNIT.)
4. Once you find housing and the owner is willing to rent it to you, the PHA will do an inspection and determine if the rent is reasonable through this program and if the unit passes housing quality standards.
5. If the unit passes, or once the unit is brought up to pass the inspection, the PHA will sign a contract with the landlord and you will sign a lease. You will be responsible for a portion of the rent calculated using a HUD formula (basically 30% of your adjusted income) and the PHA will pay the balance of the rent to your landlord.

**\*NOTE\*** You must NOT receive housing choice voucher program housing assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

Thank you for your interest in the Housing Choice Voucher Program. Please keep this page for your information and return the completed application to the address at the top of the page.

Thank you,

*Amanda Trevillion*

Housing Director

 **POCAHONTAS PUBLIC HOUSING AGENCY**

**Office Use ONLY**

Date Received:\_\_\_\_\_\_\_\_\_\_\_

Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 BLACK RIVER AREA DEVELOPMENT CORPORATION

 Equal Opportunity Employer

 1403 Hospital Drive, Pocahontas, AR 72455

  **(870) 892-4547 ext#1363 870-892-0707 fax ** HOUSING CHOICE VOUCHER PROGRAM PRE-APPLICATION ****

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

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

CITY, STATE, ZIP CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

1. List the Head of Household and all other members who will be living in the unit.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full Name | Relationship to Head of Household | Race | Birth Date | Age | Gender | Social Security # |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

2. Is any member of your household disabled? \_\_\_\_\_\_\_\_\_ If yes, whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please identify any special housing needs your household has: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you or have you ever lived in public/subsidized housing? \_\_\_\_\_\_\_\_

 If yes, When & Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Have you ever been evicted from public/subsidized housing? \_\_\_\_\_\_\_\_

 If yes, When & Where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Have you or any other person residing in your household ever been arrested for illegal use of a controlled substance or activities related to abuse of alcohol? \_\_\_\_\_\_\_\_\_\_

 If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Name and address of current landlord: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. How much per month are you now paying for rent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Name and address of previous landlord: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INCOME AND ASSEST INFORMATION Does any member of your household:

\_\_\_\_YES \_\_\_\_\_NO 1. Work full-time, part time, or seasonally?

\_\_\_\_YES \_\_\_\_\_NO 2. Work for someone who pays him or her cash?

\_\_\_\_YES \_\_\_\_\_NO 3. Now receive or expect to receive alimony?

\_\_\_\_YES \_\_\_\_\_NO 4. Now receive or expect to receive Social Security benefits?

\_\_\_\_YES \_\_\_\_\_NO 5. Have an entitlement to receive child support that he/she is not now receiving?

\_\_\_\_YES \_\_\_\_\_NO 6. Now receive or expect to receive public assistance (TEA)?

\_\_\_\_YES \_\_\_\_\_NO 7. Now receive or expect to receive income from a pension or annuity?

\_\_\_\_YES \_\_\_\_\_NO 8. Now receive or expect regular contributions from organizations or from individual’s not living in the unit?

\_\_\_\_YES \_\_\_\_\_NO 9. Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property?

\_\_\_\_YES \_\_\_\_\_NO 10. Own real estate or any assets (checking account, savings account, cash, stocks, bonds, etc)

\_\_\_\_YES \_\_\_\_\_NO 11. Have you sold or given away real property or other assets (including cash) in the past two years?

|  |  |  |
| --- | --- | --- |
| Household Member Name | Source of Income | Monthly Income |
|  |  |  |
|  |  |  |

ASSETS

1. List all checking and savings accounts (including IRA’s, Keough accounts, and Certificates of Deposit) of all household members.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Household Member | Bank Name | Type of Account | Account Number | Balance |
|  |  |  |  |  |
|  |  |  |  |  |

EXPENSES

\_\_\_\_YES \_\_\_\_\_NO 1. Do you have any expenses for child care of a child aged 12 or younger?

 If yes, Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_YES \_\_\_\_\_NO 2. Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work?

ELDERLY FAMILIES ONLY

\_\_\_\_YES \_\_\_\_\_NO 1. Do you have Medicare?

\_\_\_\_YES \_\_\_\_\_NO 2. Do you have any other kind of medical insurance?

\_\_\_\_YES \_\_\_\_\_NO 3. Do you have any outstanding medical bills that you are presently making payments on?

APPLICANT CERTIFICATION

I/we certify that the information given to Pocahontas Public Housing Agency/BRAD on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law. I/we also understand that false statements of information are grounds for termination of housing assistance and termination of tenancy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Head of Household Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Spouse/Other Adult Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of PHA Representative Date

NOTE TO APPLICANTS: If you believe that you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at (800) 424-8590.