

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING
THIS WAITING LIST APPLICATION FOR ADMISSION FORM**

The Waiting List Application for Admission Form was designed to better serve those applicants applying for Housing Assistance through the Housing Authority of the City of Decatur, Georgia. This form must be filled out in its entirety. **If this Waiting List application is not complete, it will not be processed.** If an item does not apply to you, write "N/A" in the space. All yes/no questions **must** be answered. Please make sure you, your spouse and all family members over the age of 18 years old have signed in all places where signatures are required.

Once the Application has been received by the Housing Authority it will be time and date stamped. Applicants will be placed on the waiting list based on the initial determination of eligibility from the Waiting List Application. It is the responsibility of the Applicant(s) to immediately notify the Occupancy Unit, in writing, if any of the following changes occur after the Housing Authority has received the Waiting List Application:

1. Change in street address or mailing address.
2. Any addition to or removal of a member of your household.
3. Any change in the source of family income. (Employment, SSI etc.)

These changes may affect your number and status on the waiting list and should be reported immediately, in writing.

The Waiting List Application should be returned to the Housing Authority in one of the following manners:

1. By mail addressed to: Occupancy Unit, Decatur Housing Authority, 750 Commerce Drive, Suite 110, Decatur, GA 30030
2. In person to the Central Office of the Housing Authority located at 750 Commerce Drive, Suite 110, Decatur, GA. 30030
3. In person to the Decatur Management Office located at 1450 Commerce Drive, Decatur, GA 30030

You will be notified, by mail, of your eligibility or ineligibility based on the information received on your Waiting List Application. Also, the Housing Authority will periodically contact you in writing. If no response is received or your letter is returned, your application will be withdrawn.

The Decatur Housing Authority does a thorough background screening on all applicants 18 years and older. This includes but is not limited to sex offender registry data, criminal and credit histories.

The Decatur Housing Authority will not, solely on account of race, color, sex, age, religion, creed, nationality or ethnic origin, familial status, or disability deny any family or individual the opportunity to apply for, or receive assistance in its Federally Assisted Housing Programs, within the requirements and regulations of HUD and other regulatory authorities. Questions regarding this policy may be directed to the Property Management Director at 750 Commerce Drive, Suite 110, Decatur, Georgia 30030.

Prior to admission an applicant will have to complete a more detailed application. At that time the Housing Authority will review and verify all information submitted. Based upon that verification an applicant's eligibility or position on the waiting list may change.

**PLEASE REMEMBER THAT THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.
FAILURE TO DO SO MAY RESULT IN NON-ADMISSION**

**THIS PAGE IS TO BE DATE/TIME STAMPED AND KEPT BY THE APPLICANT UPON COMPLETING
APPLICATION.**

Name _____

DATE/TIME:

**HOUSING AUTHORITY CITY OF DECATUR, GEORGIA
WAITING LIST APPLICATION**

Name _____
 Street Address _____
 City _____ State _____ Zip Code _____ County _____
 Home Phone () _____ Work Phone () _____
 Mailing Address (if different from above) _____
 City _____ State _____ Zip Code _____
 Social Security # _____ Date of Birth _____

WAITING LIST(S) YOU ARE INTERESTED IN:
 DECATUR PUBLIC HOUSING () GATEWAY APARTMENTS ()

How did you hear about us? Resident referral () Drive-by () Internet ()

List **YOURSELF** and **ALL** other persons who will be part of your household:

Last	First	M.I.	Relation To Head	Sex M/F	Age	Date of Birth	Disabled Y/N	U.S. Citizen Y/N	Social Security#
1.			Head						
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									

List **ALL** income received by all adult household members (check Yes or No on **every** line):

Income Type	Yes	No	Amount	Frequency (Hourly/Weekly/Monthly)
Wages				
Social Security				
Social Security Disability				
SSI				
TANF				
Child Support				
Contribution from Family				
Self-Employment				
Unemployment Benefits				
Other (explain)				

Employer Name: _____ Telephone: _____
 Address: _____

Race and ethnicity of the head of household (for statistical purposes only):

Race (Check one or more): ___White ___Black/African-American ___American Indian ___Asian ___Native Hawaiian/Pacific Islander
Ethnicity (Check one): ___Hispanic or Latino ___Not-Hispanic or Latino

I do not wish to furnish information regarding Race and Ethnicity. (initials) _____

Do you or members of your household have any needs that you believe might be better served in a unit with provisions for the Disabled? ___Yes ___No. If yes: ___Wheelchair accessible ___Hearing Impaired ___Vision Impaired

INVOLUNTARY DISPLACEMENT BY GOVERNMENT ACTION:

This category applies to an activity carried on by an agency of the United States or by any State or local government in connection with a public improvement or development program in DeKalb County; or to a disaster declared by an agency of the United States; or local code enforcement activity in connection with the condemnation of a unit due to substandard housing conditions. This preference will also include any person in the Witness Protection Program.

INVOLUNTARY DISPLACEMENT DUE TO PHYSICAL VIOLENCE:

Applicants claiming this preference must be a victim of either actual or threatened physical violence against the applicant or the applicant’s family by a spouse or other household member who lives in the unit with the family claiming this preference. The actual or threatened physical violence must be documented in writing by a qualified governmental agency with responsibilities in this area. The actual or threatened violence must have occurred within the past thirty (30) days or be of a continuing nature. To qualify for this preference, the abuser must still reside in the unit from which the victim was displaced. The unit that the family is being displaced from must be within the city limits of Decatur, Georgia*. The applicant must certify that the abuser will not reside with the applicant unless the DHA gives prior written approval. If the family is admitted, the Housing Authority may deny or terminate assistance to the family for breach of this certification.

*DeKalb County for Public Housing

Check all that apply for the Head of Household or Spouse:

_____ I claim the preference for Involuntary Displacement by Government Action.
(Attach documentation for your claim)

_____ I claim the preference for Involuntary Displacement due to Physical Violence.
(Attach a copy of the Police Report)

_____ I do not claim a preference at this time.

I certify that I qualify for the preference checked above and that the above information contained herein is full, true and complete under penalty of the official code of Georgia’s Fraud Statute. 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 to the Housing Authority in writing immediately.

X _____ Signature of Head of Household	_____ Date
X _____ Signature of Spouse	_____ Date
X _____ Signature of Additional Adult Member (age 18 years or older)	_____ Date

****ALL ADULTS MUST SIGN THE APPLICATION****

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208(a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

NOTICE: Any attempt to obtain public housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud (and any act of assistance to such attempt) is a crime under Georgia Code Section 16-9-55.

PLEASE REMEMBER THAT THIS APPLICATION MUST BE COMPLETELY FILLED OUT