

**THIS SECTION FOR OFFICE USE ONLY**

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

Received By: \_\_\_\_\_

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

Bedroom Size: \_\_\_\_\_

**APPLICATION FOR PUBLIC HOUSING ADMISSION**

HOUSING AUTHORITY OF THE CITY OF NORMAN

**ALL APPLICATIONS MUST BE SUBMITTED IN PERSON**

The Norman Housing Authority will provide assistance to individuals with a Disability or with Limited English Proficiency to insure equal access to this document. Such assistance will require prior notification to the Housing Authority so we can make arrangements for the assistance you are requesting.

**THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL PERSONS AGE 18 AND OVER. Failure of the applicant or participant to sign this application constitutes grounds for denial of eligibility or termination of assistance or tenancy.**

Complete this form in your own handwriting in black or blue ink. Use the correct legal name for each person who will reside in the dwelling unit as it appears on the Social Security card or other legal forms of identification. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If that section does not apply to you, write N/A.

**1. APPLICANT INFORMATION:**

Name of Head of Household: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Race: (check one)

- White \_\_\_\_\_
- Black/African American \_\_\_\_\_
- Asian \_\_\_\_\_
- Native Hawaiian/Other Pacific Islander \_\_\_\_\_
- American Indian \_\_\_\_\_

Ethnicity:

- Hispanic or Latino \_\_\_\_\_
- Not Hispanic or Latino \_\_\_\_\_

**II. HOUSEHOLD COMPOSITION: (list all who will be living in the household)**

Adults (age 18 & over)	Relation to Head	Sex	Social Security	Elderly/Di	Date of	Marital	Race/
Last, First MI	Head	M/F	Number	sabled	Birth	Status	Ethnicity

Children (under age 18)			Sex	Social Security	Date of	Race/	Name & Address of Absent
Last,	First	MI	M/F	Number	Birth	Ethnicity	Parent (not living with child)

Which of the following do you claim? (Check one)

- I am a citizen, naturalized Citizen or National of the United States
- I am a non-citizen with eligible immigration status.
- I am a non-citizen without eligible immigration status.
- Pending verification

Additional Contact Person (if unable to contact applicant):

Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Street City State Zip

Do any household members require a specific accommodation in order to fully utilize our programs and services? \_\_\_\_\_

If YES please explain: \_\_\_\_\_

Do you pay for Assistance Care or for auxiliary apparatus for a disabled household member in order for them or another family member to work? \_\_\_\_\_ If yes, itemize: \_\_\_\_\_

**III. TOTAL HOUSEHOLD INCOME:**

List all money earned or received by **everyone** living in the household. This includes but is not limited to Gross Wages, Self-employment, Child Support, Social Security, SSI, Worker's Compensation, Unemployment benefits, Retirement Benefits, TANF, Veteran's Benefits, Alimony, Babysitting, and Rental Property Income. Income from banks such as interest on savings bonds, checking accounts, and CDs. Also include any regular contributions to the household from any person outside the household.

Name of Household Member Who Receives Income	Source or Type of Income (Name of Employer, Company, Absent Parent, TANF, SS, SSI, VA, Bank, Individual, etc.)	How Often? (Monthly, Weekly, Bi-weekly)	Gross Income (Cash or Check before deductions)	List any changes anticipated

Is the Head of Household or Spouse of the Head of Household in the Armed Services? \_\_\_\_\_

Does anyone help you pay bills regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, who? \_\_\_\_\_ How often? \_\_\_\_\_ How much? \_\_\_\_\_

**IV. ASSETS**

Do any household members have or receive income from assets: (check all that apply)

- Real Estate
- Certificate of Deposit
- Savings Accounts
- Checking Account
- Pension Fund
- Other: \_\_\_\_\_
- Insurance Settlements
- Stocks/Bonds
- Trusts
- Company Retirement

Has any member of the household given away or sold any asset for less than fair market value in the past 2 years? \_\_\_\_\_

If yes, what? \_\_\_\_\_ What was its market value \_\_\_\_\_

How much did you actually receive? \_\_\_\_\_

**V. CHILDCARE AND MEDICAL INFORMATION**

Do you pay for Child Care for children age 12 or younger while you work or attend school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, Name of Child Care Provider: \_\_\_\_\_ How much per month? \_\_\_\_\_

If the Head of Household or Spouse are age 62 or older OR disabled regardless of age, list all medical expenses anticipated for the next 12 months that will not be reimbursed by insurance or other outside source. (This includes but is not limited to: prescriptions, physicians' bills, hospital bills, insurance premiums, and medical equipment, also any expenses related to Service, Companion, or Therapeutic animals). Verification of these expenses will be required.

Medical Expense	Yearly Total	Medical Expense	Yearly Total

**VI. CURRENT AND PREVIOUS ADDRESS INFORMATION- STARTING WITH MOST CURRENT THROUGH THE LAST 5 (FIVE) YEARS. YOU MUST COMPLETE THIS SECTION EVEN IF YOU WERE HOMELESS OR STAYED WITH FAMILY OR FRIENDS. IF THE INFORMATION REQUIRED IS NOT COMPLETED IN ITS ENTIRETY YOUR APPLICATION WILL NOT BE ACCEPTED.**

Current Landlord: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Your Current Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move In Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Previous Landlord:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Your Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move In Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Move Out Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Previous Landlord:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Your Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move In Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Move Out Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Previous Landlord:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Your Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move In Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Move Out Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Previous Landlord:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Your Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move In Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Move Out Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

**Previous Landlord:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Your Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Move In Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Move Out Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Have you or any household member lived/or are currently living in public housing or received/receiving housing assistance?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, under whose name?

\_\_\_\_\_

Where? \_\_\_\_\_ Date: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Do you owe money on any type of claim to any Housing Authority in the United States where you or any household member has lived after age 18? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Name of Housing Authority: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ How much \_\_\_\_\_

Does any household member 18 years or older have a debt with a utility company or previous landlord? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, with whom? \_\_\_\_\_ How much? \_\_\_\_\_

Have you or any household member ever used any other name or social security number other than the one used on this application? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Are you or any household member required to report to a probation or parole officer? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any household member ever been arrested for drug or violent criminal activity? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give name of household member \_\_\_\_\_

Explain: \_\_\_\_\_

Do you own a vehicle(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Tag # \_\_\_\_\_

