

HOUSING AUTHORITY OF THE CITY OF TIFTON
1425 N. TIFT AVENUE BUILDING 15, P.O. BOX 12, TIFTON, GA 31793
Phone: (229) 382-5434 Fax: (229) 382-1327



APPLICATION FOR PUBLIC HOUSING
APPLICATION FOR JM DEAS HOMES
(You may check both)



This application is for Public Housing and Multifamily Housing.
PLEASE READ CAREFULLY. Incomplete applications will not be processed.

Due to Covid-19 Orientation will be done via Zoom

1. This application is valid for all public housing properties operated by the Tifton Housing Authority.
2. Schedule an appointment to complete your application in person by calling (229) 382-5434 ext. 106 between 9 a.m. and 5 p.m. on the following date:
(See Calendar). Do not bring this application into the office on the date above. Call for an appointment on the date above. Note: If applicant is considered elderly or disabled it is not necessary to wait for the call-in date. All applicants are required to attend a one-time Applicant Orientation that will be **(See Calendar)**. The Applicant Orientation is a 2-hour class. Class times are from 9:00 a.m. – 11:00 a.m. **DO NOT BRING CHILDREN TO THE INTERVIEW OR APPLICANT ORIENTATION. (IF YOU MUST BRING A CHILD TO YOUR INTERVIEW, PLEASE BRING ANOTHER ADULT TO WAIT WITH THEM IN THE FRONT LOBBY.)** If you are applying with another adult age 18 or older they must come to the interview with you. **You must bring all required documents at the time of your scheduled interview or your application will not be processed.**

THE REQUIRED DOCUMENTS LISTED BELOW MUST BE BROUGHT TO THE INTERVIEW. BRING **ALL** THAT APPLY TO YOU:

- Birth Certificates** or Confirmation of Birth for every member of the household that will live with you.
- Current proof of school enrollment for any member 18 years old and older.
- Social Security cards** for every member of the household.
- Picture ID** for everyone 18 years old and older.
- Most current landlord's** name and complete mailing address and phone number.
- Employer's name and complete mailing address.
- Proof of any and all income:** last three paystubs if working, current award letter if you receive **SSI or Social Security, proof of unemployment income, proof of TANF/AFDC, proof of VA or other pension or retirement wages, proof of contributions from any other source, including child support.**
- Criminal background check for every member of the household age 15 and older (you fill out the Criminal History Consent Form of this application and take to Police Department).**
- Utility Verification forms MUST be signed by the City of Tifton.** This is to confirm that you would be eligible for utilities when you are housed.
- Out-of-pocket medical expenses for elderly and disabled families only.
- WG-15 work history form from the Department of Labor** (unemployment office) regardless of whether you work. (Take your Social Security card and picture ID to obtain this.)
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3. To be qualified for admission to public housing an applicant must:

- (a) Be a family as defined in PHA's Admission and Continued Occupancy policy and/or the Multi-family Tenant Selection Plan;
- (b) Meet the HUD requirements on citizenship or immigration status;
- (c) Have an Annual Income at the time of admission that does not exceed the income limits established by HUD that are posted in PHA offices.
- (d) Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
- (e) Meet or exceed the Applicant Selection Criteria, including attending and successfully completing a PHA-approved pre-occupancy orientation session, if requested to do so;
- (f) Pay any money owed to PHA or any other housing authority;
- (g) Not have had a lease terminated by PHA in the past 12 months;
- (h) Be able and willing to comply with the Housing Authority lease; and
- (i) 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.
- (j) 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.

4. Each applicant who meets the above qualifications will receive one unit of the size and type needed. The applicant will be offered a unit, if the applicant does not accept, they will go to the bottom of the waiting list. If the applicant refuses 3 offers without good cause, the application will be withdrawn from the waiting list and the applicant will have to reapply.

5. Applicants with disabilities may seek assistance with the completion of the application at PHA's Admissions and Occupancy Department, at the address above.

Translation is available if needed.

AN EQUAL HOUSING OPPORTUNITY AGENCY
"ASSISTING WITH YOUR AFFORDABLE HOUSING NEEDS"



HOUSING APPLICATION STEPS

- 1. Call in on call-in-date for an appointment.**
- 2. Complete application, gather documents, and acquire necessary signatures.**
- 3. Attend Applicant Orientation. (This will be done via Zoom due to Covid-19)**
- 4. Attend scheduled interview.**
- 5. Application review process (processing time is 2-3 weeks)**
- 6. If eligible, go on waiting list for an apartment.**
- 7. If ineligible, receive an ineligible letter.**
- 8. Wait time on waiting list varies.**
- 9. Housing office will contact you when your name is next on the waiting list.**
- 10. Call if you need to update any information on your application.
Please note that we cannot tell you what number you are on the waiting list.**

The application appointment will take approximately 20-30 minutes. Once you have completed your application and attended the Orientation your application will be reviewed. If eligible you will receive a letter of eligibility and your application will be placed on the waiting list. The wait time on the waiting list varies. You will be contacted when your name is next to receive an offer of an apartment. Once an offer is made to you, you must be able to pay, within 5 days of the offer, the first month's rent, security deposit and water and light deposit. While you are waiting on an offer you must keep your application up-to-date. If you change jobs, change phone number or address, you must contact this office to let us know of the change and provide current documentation.

If your apartment would require reasonable accommodations, due to a disability, please inform the interviewer at the time of your interview so that your application can be noted.

APPLICATION FOR RESIDENCY

Tifton Housing Authority
Tifton Housing Partners

Office Use Only	
Date _____	Time _____
THA employee _____	
Credit Report _____	SS Card _____
Birth Certificate _____	Sex Offend Check _____
Picture ID _____	Utility Verification _____
Criminal Background Check _____	

This is an application for residency in the program checked above. Please complete this application (print) and return to THA Housing Department. All completed applications are listed in order of date/time received. No processing interviews will be scheduled until a completed application is received.

GENERAL INFORMATION

A. **Applicant's Name** _____ Telephone # _____

Physical Address _____

(Street)

(City)

(State/Zip)

Mailing Address (if different) _____

B. **Number of Bedrooms in Current Residence** _____

Do you own ___ or rent ___? How much is your current monthly mortgage or rent? _____

Number of people in your household? _____

C. **Current Landlord's Name** _____

Address _____ Telephone _____

Previous Landlord's Name _____

Address _____ Telephone _____

D. **Check utilities presently paid by you and enter average monthly payments:**

___ Electricity \$ ___ Gas \$ ___

___ Water/Sewer \$ ___ Garbage \$ ___

___ Other \$ ___ State what other is: _____

E. **Size/Type Unit Requested:** ___ One bedroom ___ Four bedrooms
 ___ Two bedrooms ___ Five bedrooms
 ___ Three bedrooms ___ Handicapped Unit

F. **Vehicles owned by you:**

Type of Vehicle _____

Type of Vehicle _____

Year/Make/Model _____

Year/Make/Model _____

Color _____ License Plate _____

Color _____ License Plate _____

Driver's License # _____

Driver's License # _____



Tifton Housing Authority is an Equal Housing Opportunity company and manages apartment complexes in compliance with 504 and Fair Housing Regulations. Any applicants needing assistance in completing this application will be accommodated.



II. HOUSEHOLD INFORMATION

A. List all household members who will live in the applied for apartment:

(List yourself on Line 1)

	Name	Relationship	Birthdate	Age	SSN	Disabled?	Student?
1.	_____	To Applicant	_____	___	_____	Y/N	Y/N
2.	_____	_____	_____	___	_____	Y/N	Y/N
3.	_____	_____	_____	___	_____	Y/N	Y/N
4.	_____	_____	_____	___	_____	Y/N	Y/N
5.	_____	_____	_____	___	_____	Y/N	Y/N
6.	_____	_____	_____	___	_____	Y/N	Y/N

B. Are you (or co-tenant) now a student in post-secondary education or will you (or co-tenant) become a student within the next 12 months? Yes No

If yes, Name of School _____

Number of hours _____ Full-time ___ or Part-time _____

(Part-time students must include verification from school documenting status.

JM Deas Homes Applicants only: Full-time students may not be eligible: please discuss further with Property Manager. Full-time student affidavit must be completed and attached to this application.

C. Household Income (List all Sources)

Sources such as: Wages, Social Security, Social Security Disability, Pension, Veterans' Benefits, Unemployment Compensation, AFDC/TANF, Child Support, Alimony, Gifts, Military Pay

Family Member	Source of Income	Monthly Gross Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you anticipate any income changes in the next 12 months? Yes No

Explain _____

III REFERENCES

A. Credit References provide three (3):

	Name	Address	Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

B. Personal References (not related to applicant) Provide three (3):

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

IV. PROGRAM INFORMATION

1. Is the applicant family displaced by a declared Natural Disaster, such as flood, hurricane, earthquake, fire or government action? ___ YES ___ NO
Explain: _____

2. Is your present residence classified as "Condemned" or "Substandard"? YES NO
Describe: _____

3. Is any adult family member displaced by domestic violence? ___ YES ___ NO

4. Does anyone in household require a reasonable accommodation? ___ YES ___ NO
If so, what is the accommodation requested? _____

5. Are you applying for status as an "Elderly Household" where the tenant/co-tenant is 62 years old or older, handicapped, or disabled? ___ YES ___ NO

6. Do you have any past due or old utility bills? ___ YES ___ NO
If so, please describe and give amount owed: _____

7. Are you now, or have you ever lived in federal subsidized housing or a housing authority? ___ YES ___ NO
If so, have you ever been evicted? ___ YES ___ NO
Where: _____ When: _____ Reason: _____

8. Has anyone in your household ever been convicted of a felony? ___ YES ___ NO
If yes, explain: _____

9. Has anyone in your household ever used or are currently using illegal substances? ___ YES ___ NO

10. Have you, co-tenant or any household member ever been convicted of the sale, distribution, or use of illegal substances? ___ YES ___ NO
If yes, explain: _____

11. Do you own any pets? ___ YES ___ NO
 If yes, describe: _____
 A pet fee is required. Pet deposit is \$200. Pet must be under 25 lbs. and only 1 animal per unit.
12. Do you anticipate any change in your family composition? ___ YES ___ NO
 If yes, please explain: _____
13. Is any household member subject to sex offender registration in any state(s)? ___ YES ___ NO
 If yes, please list state(s): _____
14. Please list all states in which you have ever lived:

V. CERTIFICATION/AUTHORIZATION

A. Certification of Understanding

“I/We hereby certify that I/we do not/will not maintain a separate subsidized rental unit in another location. I/We further certify that the unit applied for will be my/our permanent residence. I/We understand that I/we must pay a “security deposit” prior to move-in. I/We understand that eligibility for this housing will be based on income limits set by USDA-Rural Development regulations or the Federal Tax Credit Program and tenant eligibility standards set by Tifton Housing Authority.

“I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.”

 Signature of Applicant/Tenant

 Signature of Co-Applicant/Co-Tenant

 Date

 Date

B. Authorization for background check

“I/We do hereby grant authority to Tifton Housing Authority (THA) and its staff/authorized agent to contact any agencies, local police departments and national agencies, sex offender registry, offices, groups, or organizations to obtain and verify any information or materials which are deemed necessary for completion of my/our application for residency in developments managed by THA. I/We further authorize THA to verify all information contained in this application.”

 Signature of Applicant/Tenant

 Signature of Co-Applicant/Co-Tenant

 Date

 Date

VI. ADDITIONAL INFORMATION

IN CASE OF EMERGENCY NOTIFY: _____

Relationship to Applicant: _____ Phone Number: _____

Additional contact if we need to speak to you about an offer and cannot reach you.

Name	Phone
_____	_____

The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants based on visual observation or surname.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Race: (Mark one or more)

- American Indian/Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Gender:

- Female
- Male
- I choose not to answer

This institution is an equal opportunity provider and employer

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.”





1425 N. Tift Ave. Building 15
Tifton, GA 31794
(229) 382-5434

P.O. Box 12
Tifton, GA 31793

CRIMINAL HISTORY CONSENT FORM

ORI# GA1370100

I hereby authorize the Housing Authority of the City of Tifton to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Date

Print Full Name

Address

City

State

Zip

Gender

Race

DOB

Social Security

Signature

Notary Signature

My Commission Expires



1425 N. Tift Ave. Building 15
P.O. Box 12
Tifton Ga, 31793

Phone (229) 382-5434
Fax (229) 382-1327

Please have the **City of Tifton Utility Department** complete this Verification of Services request. If you owe an outstanding balance it must be paid before you become eligible for housing, or you must show proof that the utilities will be connected.

To: **City of Tifton**
130 1st Street. East
Tifton GA 31794

From: Tifton Housing Authority/Tifton Housing Partners
1425 N. Tift Ave Bldg. #15
Tifton GA 31794

Subject: **Verification of Services**

The individual below has applied for housing with the Tifton Housing Authority. We need to verify that this individual will be able to secure utility services with your company. If you would please take a few minutes to answer the questions below, this will be greatly appreciated.

Applicant Name: _____

Social Security Number: _____

Active Account: Yes No

Outstanding Balance: Yes No

Balance Owed: \$ _____

Payment Plan: Yes No

Payment Amount: \$ _____

I the below signed hereby authorize the release of the information requested regarding my utility services.

Signature of Applicant

Date

Signature of City of Tifton Representative

Date



LANDLORD VERIFICATION

Most Current Landlord or Housing Development: YOU MUST LIST AT LEAST ONE

If you have never had a landlord and only lived with family please list the last person you lived with.

Name

Address City State Zip

Name of Contact Phone Number

Dates of renting: from ___/___/___ to ___/___/___

Do you receive rental assistance? * Yes No If so, from what agency? _____

Other Landlords:

Name

Address City State Zip

Name of Contact Phone Number

Dates of renting: from ___/___/___ to ___/___/___

Did you receive rental assistance? * Yes No If so, from what agency? _____

Other Landlords:

Name

Address City State Zip

Name of Contact Phone Number

Dates of renting: from ___/___/___ to ___/___/___

Did you receive rental assistance? * Yes No If so, from what agency? _____

*(Rental Assistance: Public housing or Section 8 vouchers)

Signature of Applicant/Head of Household

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

ZOOM DOWNLOAD INSTRUCTIONS

- 1. DOWNLOAD THE ZOOM CLOUD MEETING APP. ***
- 2. CLICK: JOIN MEETING**
- 3. ENTER: MEETING ID**
- 4. ENTER: PASSWORD**
- 5. THE SCREEN WILL SAY WAIT FOR ADMINISTRATOR TO LET YOU IN**
- 6. CLICK: JOIN MEETING WITH AUDIO AND VIDEO**
- 7. DEPENDING ON YOUR DEVICE, YOU MAY HAVE TO CLICK “MORE” THEN “CHAT” OR JUST “CHAT”. ONCE YOU LOCATE CHAT, TYPE YOUR NAME AND THE NUMBER THAT YOU RECEIVED ON CALL-IN DAY IN THE CHAT BOX.**

***Available for Android/Google Play or Apple.**