



WHAT YOU NEED TO APPLY FOR HOUSING ASSISTANCE

IN ORDER FOR YOUR APPLICATION TO BE PROCESSED
YOU MUST SUBMIT THE FOLLOWING TO HAC:

- COMPLETED APPLICATION**- BE SURE YOU ANSWER ALL QUESTIONS COMPLETELY AND HONESTLY
- BIRTH CERTIFICATES FOR EACH PERSON ON THE APPLICATION**
- SOCIAL SECURITY CARDS FOR EACH PERSON ON THE APPLICATION**
- PICTURE ID FOR EACH PERSON WHO IS 18 YEARS OF AGE OR OLDER ON THE APPLICATION.**
- ADDITIONAL CONTACT FORM** (HUD FORM 92006)
- VERIFICATION OF INCOME**- USED TO DETERMINE PREFERENCE STATUS

NO EXCEPTIONS!!

**YOUR APPLICATION IS NOT COMPLETE AND WILL NOT BE
ACCEPTED WITHOUT THE REQUIRED DOCUMENTS**

If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority of Conway for further information.

Housing Authority of Conway
2303 Leonard Avenue
Conway, SC 29527
Telephone: (843) 248-7327 Fax: (843) 248-6234
Email: conwayha@sccoast.net
TDD: (800) 545-1833 ext. 861



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

PRELIMINARY APPLICATION FOR HOUSING ASSISTANCE

This preliminary application is being used to gather basic information and establish any preferences to which you may be entitled. This packet **must** be filled out in its entirety and failure to do so may result in your name not being placed on the waiting list. No interview is required for a preliminary application. This Public Housing Authority (PHA) will send written notice of the preliminary eligibility determination within ten (10) business days of receiving an application.

Applicants are placed on the waiting list according to PHA preferences and date and time the preliminary application is received by the PHA. Placement on the waiting list does not indicate that the family is eligible for admission.

PHA preferences are as follows:

Displaced - Individuals or families displaced by national government action or a federally declared disaster.

Working – Head of Household is working or has been hired to work at least 25 hours per week in Horry County.

Disabled - Single applicant that is disabled or a family with a disabled household member (must be receiving benefits or have proof of having applied for benefits).

Elderly - Single applicant that is elderly (62 years or older).

Once your name appears to be nearing the top of the waiting list, you will be notified by mail at the address you have provided with a scheduled appointment to attend an interview to begin the verification process. This PHA will only contact you by mail. **It is your responsibility to make sure we always have a current address. Failure to respond to any correspondence from this PHA due to failure to update your address will result in the removal of your name from the waiting list.** You are also responsible for reporting any changes in family composition, income, or preference.

Valuable information you need to know:

Public Housing consists of the following developments located in Conway, SC

Huckabee Heights	1, 2, 3, 4, & 5 bedroom units
Darden Terrace	1, 2, 3, 4, & 5 bedroom units
Holt Gardens	1, 2, 3 & 4 bedroom units
Scattered Sites	3 & 4 bedroom units

Section 8 NC consists of the following developments located in Conway, SC

Lee Haven	1 bedroom units
Sanders Village	2 & 3 bedroom units

Housing Choice Voucher (HCV) consists of rental assistance.


If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Authority of Conway for further information.

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Housing Authority of Conway - Preliminary Application for Housing Assistance

This form must be filled out in ENGLISH. Print neatly in ink. ALL fields are required. We are not responsible for material that is illegible or missing as a result of transmitting by fax or email or lost/delayed through the mail. YOU ARE RESPONSIBLE FOR UPDATING ANY CHANGES.

*****FRAUD WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON WHO KNOWINGLY AND WILLINGLY MAKES FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES IS GUILTY OF A FELONY.**

Which HA program are you applying for? _____ Public Housing _____  _____ Section 8 New Construction

Head of Household's Full Name _____
Last First MI

Mailing Address _____
PO Box or Street City State Zip Code

Email Address _____

Telephone # _____ Emergency Contact Name/Phone # _____

List all persons who will be living in your household, **PLEASE LIST HEAD OF HOUSEHOLD FIRST:**

Name	SSN	FT Student? Y/N	Relationship to Head	Date of Birth
1			Head of Household	
2				
3				
4				
5				
6				

Birth Place	Gender M/F	Ethnicity 1 2	Race 1 2 3 4 5	Handicap Disabled
1				
2				
3				
4				
5				
6				

Ethnicity Codes: 1= Hispanic 2= Non-Hispanic

Race Codes: 1=White 2=Black 3=American Indian 4=Asian 5=Pacific Island
6=Mixed 7= Other (Please enter all race codes that apply)

List All Automobiles owned/used by all household members.

Owner	Year	Make	Model	License Plate Number

List all income received in the household (Work, Child Support, SS, Pensions, AFDC, Etc.)

			PLEASE CHECK HOW OFTEN YOU ARE PAID (Before Taxes) BELOW			
Household Member Name	Employer Name & Address	Gross Income	Weekly	Bi-Weekly	Monthly	Bi-Monthly

Preferences:

Do you claim any of the following local preferences? Check all of the following for which you qualify:

- Displaced by disaster or government action** - Individuals or families displaced by national government action or a federally declared disaster.
- Working** – Head of Household is working or has been hired to work at least 25 hours per week in Horry County.
- Elderly** - Single applicant that is elderly (62 years or older).
- Disabled** - Single applicant that is disabled or a family with a disabled household member (must be receiving benefits or have proof of having applied for benefits).

Reasonable Accommodations:

If any member of the household needs a handicapped accessible unit, please indicate below:

- Unit on ground floor (this does not include wanting a downstairs unit for small children).
- Wheelchair accessible. Wide doorways, bathroom grab bars for persons who are mobility impaired.
- Visual and/or hearing impaired equipped.

Landlord History

Do you now or have you ever lived in public housing? Yes No

If yes, what Housing Authority? _____

Do you owe any money to any Public Housing Authority? Yes No

Have you ever committed fraud in a federally assisted housing program or been required to repay money for misrepresenting information for such housing programs? Yes No

If yes, please explain _____

Please tell us all the places you have lived in the past 5 years starting with the most recent. (Relatives included)

Address	Landlord Name	Landlord Telephone #	Dates From/Until	Reason for leaving

Employment History

Please list your last 5 employers starting with the most recent.

Employer Name & Address	Telephone #	Employed From-To	Supervisor's Name	Reason for Leaving

Criminal Background

Have you or any member of your household been arrested or convicted on any Illegal Drug or Alcohol related offense?

Yes No

If yes, list household member's name and details _____

Have you or any member of your household ever been arrested, charged or convicted of ANY criminal offense in the last Five (5) years?

Yes No

If yes, list household member's name and details _____

Have you or any member of your household been subject to a registration requirement under a sex offender registration program?

Yes No

If yes, list household member's name and details _____

Are you or any member of your household currently awaiting trial on ANY criminal offense?

Yes No

If yes, list household member's name and details _____

Are you or any member of your household currently on parole or probation or have been within the past five (5) years?

Yes No

If yes, list household member's name _____

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By signing below, I hereby certify that the information I have provided is true and correct to the best of my knowledge. I understand that deliberately falsifying or withholding any information will result in disqualification.

Signature and 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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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.