



# Jesup Housing Authority

327 Bay Acres Road Jesup, GA 31545  
Phone (912) 427-2535 Fax (912) 427-3309  
[www.jesuphousingauthority.com](http://www.jesuphousingauthority.com)

## JHA APPLICATION PROCESSING CHECKLIST

Applicant Name: \_\_\_\_\_ Application # \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_ Applicant Phone: \_\_\_\_\_ JHA Rep: \_\_\_\_\_

Items Required with Application: If any of the following apply to your household, you must bring all documents to support the items or we CANNOT accept your application.

- Birth Certificates for all members of household
- Fully completed Application Packet signed by all adult members
- Social Security Cards for all members of household
- Last 2 Pay Stubs from ALL Employers
- Social Security Award Letter (if applicable)
- Child Support Verification (if applicable)
- Separation/Divorce Documentation (if applicable)
- Childcare (Daycare) Documentation (if applicable)
- Bank Statement (if applicable)
- Property/Asset Information (if applicable)
- Immigration Forms (if applicable)
- Valid Phone Number
- Zero Income Form

**JHA APPLICATION PROCESSING**

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

**Date Return** \_\_\_/\_\_\_/\_\_\_ **Rec. By:** \_\_\_\_\_ **Date Entered SACS** \_\_\_/\_\_\_/\_\_\_ **SACS #** \_\_\_\_\_

**SS# 1** \_\_\_/\_\_\_/\_\_\_ **SS# 2** \_\_\_/\_\_\_/\_\_\_ **# Bedrooms** \_\_\_  **Prev. Application #** \_\_\_\_\_

**Tenant P1**  **Happy Report**  **PIC Report**  **Hit #** \_\_\_\_\_ **Banned List:** Yes No

**Income** **Date Sent:** \_\_\_/\_\_\_/\_\_\_ **Date Received back:** \_\_\_/\_\_\_/\_\_\_ **# Over 17:** \_\_\_\_\_

**Verification Sent to:** \_\_\_\_\_ **2<sup>nd</sup> Source:** \_\_\_\_\_

**Sent Via:**  Fax  Mail  Phone

**Phone Log - Date:** \_\_\_/\_\_\_/\_\_\_ **Spoke to:** \_\_\_\_\_

*\*If not received back in 3 days, follow-up phone call daily until received.*

**Landlord 1-Date Sent:** \_\_\_/\_\_\_/\_\_\_ **Date Received back:** \_\_\_/\_\_\_/\_\_\_ **Status:** Good Bad

**Verification Sent to:** \_\_\_\_\_

**Sent Via:**  Fax  Mail  Phone

*\*If not received back in 3 days, follow-up phone call daily until received.*

**2-Date Sent:** \_\_\_/\_\_\_/\_\_\_ **Date Received back:** \_\_\_/\_\_\_/\_\_\_ **Status:** Good Bad

**Sent to:** \_\_\_\_\_

**Sent Via:**  Fax  Mail  Phone

*\*If not received back in 3 days, follow-up phone call daily until received.*

**3-Date Sent:** \_\_\_/\_\_\_/\_\_\_ **Date Received back:** \_\_\_/\_\_\_/\_\_\_ **Status:** Good Bad

**Sent to:** \_\_\_\_\_

**Sent Via:**  Fax  Mail  Phone

*\*If not received back in 3 days, follow-up phone call daily until received.*

**4-Date Sent:** \_\_\_/\_\_\_/\_\_\_ **Date Received back:** \_\_\_/\_\_\_/\_\_\_ **Status:** Good Bad

**Sent to:** \_\_\_\_\_

**Sent Via:**  Fax  Mail  Phone

*\*If not received back in 3 days, follow-up phone call daily until received.*

*\*Information should be sent to last two valid landlords, unless further information is needed based on these two*

**Criminal Background: Date Sent:** \_\_\_/\_\_\_/\_\_\_ **Received:** \_\_\_/\_\_\_/\_\_\_ **Status:** No Record / Record  
*2<sup>nd</sup> If Applicable*

**Criminal Background: Date Sent:** \_\_\_/\_\_\_/\_\_\_ **Received:** \_\_\_/\_\_\_/\_\_\_ **Status:** No Record / Record

**Approved Date :** \_\_\_/\_\_\_/\_\_\_ **By:** \_\_\_\_\_

**Denied Date :** \_\_\_/\_\_\_/\_\_\_ **By:** \_\_\_\_\_ **Reason** \_\_\_\_\_

**Inactive Date :** \_\_\_/\_\_\_/\_\_\_ **By:** \_\_\_\_\_ **Reason** \_\_\_\_\_

**OFFER/REFUSAL CONTACT LOG**

**Date:** \_\_\_\_\_ **Apt. Offered:** \_\_\_\_\_  **Accept**  **Refuse**

**Date:** \_\_\_\_\_ **Apt. Offered:** \_\_\_\_\_  **Accept**  **Refuse**

**Date:** \_\_\_\_\_ **Apt. Offered:** \_\_\_\_\_  **Accept**  **Refuse**

**FOR OFFICE USE ONLY**

DATE/TIME: \_\_\_\_\_

BEDROOM SIZE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

**APPLICATION FOR ADMISSION  
JESUP HOUSING AUTHORITY**

**THIS FORM MUST BE COMPLETED IN FULL AND SIGNED BY ALL ADULTS**

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

Name: \_\_\_\_\_

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

Marital Status:  Single      Home Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_      Cell Phone: \_\_\_\_\_  
 Married

**I. HOUSEHOLD COMPOSITION**

Adults (age 18 & over)			Relation	Sex	Social Security	Elderly/ Disabled	Date of	Place of
Last	First	MI	To Head	M/F	Number		Birth	Birth
			HEAD					

Children (under age 18) *Begin With The Oldest			Sex	Social Security	Date	Place	Name & Address of
Last	First	MI		Number	of	of	Absent Parent (Not Living With Child)
					Birth	Birth	

**Race of Head of Household (check one):**

**Ethnicity (check one):**

( ) White

( ) Hispanic

( ) Black

( ) Non-Hispanic

( ) American Indian / Alaskan Native

( ) Asian or Pacific Islander

Does anyone in your household require special accommodations due to a handicap or disability? \_\_\_\_\_

If yes, specify requirements: \_\_\_\_\_

**II. TOTAL INCOME TO HOUSEHOLD**

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, retirement benefits, AFDC, Veteran’s benefits, alimony, babysitting, rental property income, income from banks such as interest on savings, bonds, checking accounts, and CD’s.** Also include **any regular contributions to the household from 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; Absent Parent; AFDC; SS; SSI; Bank; VA; State; Company; Individual; etc.)	Is Income Hourly, Weekly, Bi-weekly, or Monthly?	Gross Income (cash or check) Before Deducts	Telephone Number for Verification

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

**III. ASSETS**

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

[ ] Real Estate

[ ] Company Retirement \ Pension Fund

[ ] Trusts

[ ] Stocks \ Bonds

[ ] Insurance Settlements

[ ] Checking Account

[ ] Saving Account

[ ] Certificate of Deposit

[ ] Not Applicable

Have you 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 receive? \_\_\_\_\_

**IV. CHILD CARE AND MEDICAL INFORMATION**

Do you pay for Child Care for children age 12 or younger while you work or attend school? \_\_\_\_\_. If yes, please fill out the following on the person to whom the expenses are paid:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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:

MEDICAL EXPENSE	YEARLY TOTAL	MEDICAL EXPENSE	YEARLY TOTAL
<i>Physicians</i> _____	_____	<i>Prescriptions</i> _____	_____
_____	_____	_____	_____

**V. GENERAL INFORMATION <sup>\*\*</sup>(Previous 5 Years of landlord history is REQUIRED.)<sup>\*\*</sup>**

<b>Current Landlord Information</b>	Property Address:		
Landlord Name:	Landlord Phone Number:		
Landlord Address: :	City:	State:	Zip:
Dates of Occupancy: From _____ to _____			

<b>Prior Landlord Information</b>	Property Address:		
Landlord Name:	Landlord Phone Number:		
Landlord Address:	City:	State:	Zip:
Dates of Occupancy: From _____ to _____			

<b>Prior Landlord Information</b>	Property Address:		
Landlord Name:	Landlord Phone Number:		
Landlord Address: :	City:	State:	Zip:
Dates of Occupancy: From _____ to _____			

<b>Prior Landlord Information</b>	Property Address:		
Landlord Name:	Landlord Phone Number:		
Landlord Address: :	City:	State:	Zip:
Dates of Occupancy: From _____ to _____			

Have you or any household member ever lived in public housing or received housing assistance? \_\_\_\_\_

If yes, where? \_\_\_\_\_ Under whose name? \_\_\_\_\_ When? \_\_\_\_\_

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? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Does any household member 18 or older have a debt with a utility company or previous landlord? \_\_\_\_\_

Have you, or any household member, ever used any other name or social security number than the one used on this application? \_\_\_\_\_ List: \_\_\_\_\_

Has anyone in the household (regardless of age) ever been convicted of a crime other than traffic violations? \_\_\_\_\_ Explain: \_\_\_\_\_

Is any household member required to report to a probation or parole officer? \_\_\_\_\_

Have you, or any household member, ever been arrested for drug or alcohol related activity or violent criminal activity? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Do you own a vehicle? \_\_\_\_\_ If yes, list Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

How did you hear about the Jesup Housing Authority? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Address: \_\_\_\_\_ Ph# \_\_\_\_\_

**All family members, age 18 and over, should review the information listed on this form and MUST sign below.**

**APPLICANT/PARTICIPANT CERTIFICATION**

I certify that the information given to the Jesup Housing Authority on family composition and characteristics, drug and criminal activity, income, assets, and expenses, is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing assistance. I understand that I am required to report in writing all changes in family composition, income, assets, and expenses of any family member(s) to the Jesup Housing Authority within ten (10) days of the change. I understand that all changes in family composition due to birth, adoption, or court awarded custody must be reported in writing to the Jesup Housing Authority within ten (10) days of the change. Further, no one is permitted to move into my unit without prior written approval of the Jesup Housing Authority. I understand that any attempt to obtain Public Housing, rent subsidy, or rent reduction by false information, impersonation, failure to disclose, or other fraud, is a crime under Title 18, Section 1001 of the United States Code.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

**Authorization for the Release of Information/  
Privacy Act Notice**

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Jesup Housing Authority  
327 Bay Acres Road  
Jesup, GA 31545**

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

**Sources of Information To Be Obtained**

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent:** I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____	_____	_____
Head of Household	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

Original is retained by the requesting organization.

ref. Handbooks 7420.7, 7420.8, & 7465.1

form HUD-9886 (7/94)





# Jesup Housing Authority

327 Bay Acres Road Jesup, GA 31545  
Phone (912) 427-2535 Fax (912) 427-3309  
[www.jesuphousingauthority.com](http://www.jesuphousingauthority.com)

## AUTHORIZATION FOR THE RELEASE OF INFORMATION

**PURPOSE:** The above named organization may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

**INQUIRIES MAY BE MADE ABOUT:** CHILD CARE EXPENSES, CREDIT HISTORY, CRIMINAL ACTIVITY, FAMILY COMPOSITION, EMPLOYMENT, INCOME, PENSIONS, ASSETS, FEDERAL, STATE, TRIBAL, OR LOCAL BENEFITS, HANDICAPPED ASSISTANCE EXPENSES, IDENTITY AND MARITAL STATUS, MEDICAL EXPENSES, SOCIAL SECURITY NUMBERS, RESIDENCES AND RENTAL HISTORY.

**INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:** BANKS AND OTHER FINANCIAL INSTITUTIONS, COURTS, LAW ENFORCEMENT AGENCIES, CREDIT BUREAUS, EMPLOYERS (PAST AND PRESENT), LANDLORDS, SCHOOLS AND COLLEGES, U.S. SOCIAL SECURITY ADMINISTRATION, U.S. DEPARTMENT OF VETERANS AFFAIRS, UTILITY COMPANIES, WELFARE AGENCIES AND PROVIDERS OF: ALIMONY, CHILD CARE, CHILD SUPPORT, CREDIT, HANDICAPPED ASSISTANCE, MEDICAL CARE, AND PENSIONS/ANNUITIES.

**I AUTHORIZE THE JESUP HOUSING AUTHORITY TO OBTAIN INFORMATION ABOUT ME OR MY FAMILY THAT IS PERTINENT TO ELIGIBILITY FOR PARTICIPATION IN ASSISTED HOUSING PROGRAMS.**

**I AUTHORIZED THE RELEASE OF ANY INFORMATION (INCLUDING DOCUMENTATION AND OTHER MATERIALS) PERTINENT TO ELIGIBILITY FOR PARTICIPATION TO ELIGIBILITY FOR PARTICIPATION UNDER THE PROGRAM.**

**I AGREE THAT PHOTOCOPIES OF THIS AUTHORIZATION MAY BE USED FOR THE PURPOSE STATED ABOVE.**

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE/DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE/DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE/DATE

ORIGINAL IS RETAINED BY THE REQUESTING ORGANIZATION WHO MUST SIGN: HEAD OF HOUSEHOLD AND SPOUSE, ALL ADULT MEMBERS OVER AGE OF 18 LIVING IN THE HOUSEHOLD



# Wayne County Sheriff's Office



Wayne County E-911

John G. Carter  
Sheriff

Pamela Robertson  
Director

I hereby give consent for the Wayne County E-911 Center and Jesup Housing Authority to conduct an inquiry and receive any Georgia criminal history record information pertaining to me which may be contained in the files of any state or local criminal justice agency in Georgia.

Full Name (Print) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Height \_\_\_\_\_ Eye Color \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

One of the following must be checked:

This authorization is valid for 90/180/ 365 (circle one) days from date of signature.

I, \_\_\_\_\_ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with the company.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Notary \_\_\_\_\_

Date \_\_\_\_\_

Date of inquiry: \_\_\_\_\_ Time of inquiry: \_\_\_\_\_ Operator's initials: \_\_\_\_\_

Purpose Code used: (check one)

- Code E Employment (E) - Provides Georgia Criminal History Record Information
- Code M Employment with Mentally Disabled (M) - Provides Georgia Criminal History Record Information
- Code W Employment with Children (W) - Provides Georgia Criminal History Record Information
- Code N Employment with Elder Care (N) - Provides Georgia Criminal History Record Information
- Code P Public Records (P) - Provides Georgia Felony Convictions Only

The inquiry resulted in the following: (check all that apply)

<input type="checkbox"/>	No Georgia CHRI results available.
<input type="checkbox"/>	Georgia CHRI attached / released.

<input type="checkbox"/>	No NCIC/GCIC Warrant results available.
<input type="checkbox"/>	Possible NCIC/GCIC Warrant. Contact Agency listed below.

Wanting Agency Name:	_____
Agency Telephone:	_____

Agency Designee Signature and Title \_\_\_\_\_

Date \_\_\_\_\_

155 N. Wayne St. - Jesup, Georgia 31546 - Sheriff's Office: 912 427-5970 - 911: 912 427-5992 Fax: 912 427-5957