

Dixie Sun Manor

Elderly Public Housing (62 yrs. Plus)

APPLICANT NAME	TELEPHONE		
CURRENT STREET ADDRESS	CITY	STATE	ZIP

Please print clearly the name of everyone who will be living in the rental unit including yourself.

NAME	RELATIONSHIP	DOB	SEX	SS#

PLEASE CIRCLE: • White • Black • American Indian • Hispanic
• Asian/Pacific Islander

Have you or any of your household been evicted from an assisted Housing Program for drug related criminal activity within the past three (3) years?

YES ___ NO ___ Name of Assisted Housing: _____ Date: _____

Have you or any member of your household committed fraud, or do you owe any money to any Housing Authority? _____

YES ___ NO ___ Name of Housing Authority _____

Have you engaged in any drug-related or violent criminal activity in the last five (5) years?

YES ___ NO ___ City/State of activity _____

Have you ever been convicted of any illegal drugs or distribution of a controlled substance?

YES ___ NO ___ Location of conviction? _____

Reasonable accommodation is available if you need assistance filling out this application. Please ask a staff member for more information.

As of July 1, 2006 we no longer will be accepting applications from applicants who smoke.

•This is an application for the waiting list for tenancy approval of Dixie Sun Manor•

Income limits per family size

30%

50%

80%

1 Person	\$11,950/yr(\$995.83/mo)	\$19,900/yr(\$1,658.33/mo)	\$31,850/yr(\$2,654.16/mo)
2 Person	\$13,650/yr(\$1,137.50/mo)	\$22,750/yr(\$1,895.83/mo)	\$36,400/yr(\$3,033.33/mo)

Monthly Gross Income: _____ Source: _____

Income is based on Gross Income before deductions

Residential History

Please tell us where you have lived for the past five years. Failure to provide complete and accurate information could result in the cancellation of your application.

••PLEASE PRINT••

Current Residence

Previous Residence

Street Address	Street Address
City State Zip	City State Zip
Name & Number of Owner/Manager	Name & Number of Owner/Manager
Move-in Date	Move-in Date

I hereby understand that this Application allows my placement on the Public Housing Wait List, but does not guarantee that I will receive Housing Assistance.

I hereby agree that the information given on this application is true to the best of my knowledge, and belief. I also understand that giving false information is against the law and will result in the loss/denial of assistance.

I hereby release my information, and authorize the Housing Authority to obtain information on me and any other applicant in household.

I understand that if I move, I must inform the Housing Authority, in writing of my new address and contact number in order to maintain a position on the wait list.

Signature (Head of Household) Date

Signature (Co Applicant) Date

**ST. GEORGE HOUSING AUTHORITY
Law Enforcement Record Check Application**

The following information is required for a law enforcement check. Each applicant dependant 18 yrs. Of age and older must complete a separate form.

_____ **Sex: Male Female**
Full name of applicant including maiden or A.K.A.'s

_____ **D.O.B** _____ **Social Security Number**

_____ **Driver's License Number/State**

Questionnaire

Have you ever been arrested for drug related crime? **Yes / No** If Yes, when/where?
Disposition? _____

Have you ever been arrested for a sexual offense? **Yes / No** If Yes, when/where?
Disposition? _____

Have you ever been arrested for a crime involving the use of a weapon, crime of violence or other felonies? **Yes / No** If Yes, when/where?
Disposition? _____

Have you ever been arrested for a crime which may indicate a potential hazard or danger to other residents? **Yes / No** If Yes when/where?
Disposition? _____

Anyone reporting false information on this form will be denied housing assistance

I hereby authorize the St. George Housing Authority to verify the above information and certify that the information provided is true and correct.

_____ **Signature (Head of Household) Date**