



**Northwest Georgia Housing Authority**  
**LEE K. HIGHT ADMINISTRATION BUILDING**  
**326 WEST 9<sup>TH</sup> STREET**  
**POST OFFICE BOX 1428**  
**ROME, GEORGIA 30162-1428**



Tel (706)291-0780  
Fax (706) 295-0376

## **APPLICANT / RESIDENT CERTIFICATION**

I / We certify that the information\* given to Northwest Georgia Housing Authority on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my / our knowledge and belief. I / We understand that false statements or information are punishable under Federal law. I / We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or other Adult Signature

\_\_\_\_\_  
Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-424-8590. (Within the Washington, D.C. Metropolitan area, call 426-3500.

\*After verification by this Housing Agency, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058 (Tenant Data Summary), a computer-generated facsimile of the form or on magnetic tape. See the Federal Privacy Act Statement for more information about its use.

Revised 08-30-16 MJS



# Northwest Georgia Housing Authority

LEE K. HIGHT ADMINISTRATION BUILDING

326 WEST 9<sup>TH</sup> STREET

POST OFFICE BOX 1428

ROME, GEORGIA 30162-1428



Tel (706)291-0780

Fax (706) 295-0376

**PLEASE PRINT ALL INFORMATION**

NOTE: USE LEGAL NAMES ONLY

**Income amount:**

Head of Household (Last/First/Middle)	Sex	Social Security #	Date of Birth	Race	Ethnicity (Hispanic/ Non-Hispanic)	Source of Income	
Other Adults (Last/First/Middle)	Sex :	Relationship to Head	Social Security #	Date of Birth	Race	Ethnicity (Hispanic/ Non-Hispanic)	Source of Income
Minors (Last/First/Middle)	Sex	Relationship to Head	Social Security #	Date of Birth	Race	Ethnicity (Hispanic/ Non-Hispanic)	Birthplace

Enter your present street address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

How long? \_\_\_\_\_ Day phone ( ) \_\_\_\_\_ Evening phone ( ) \_\_\_\_\_

Enter your present mailing address: \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Name: \_\_\_\_\_ Phone #( ) \_\_\_\_\_ Rent: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_

Day Phone( ) \_\_\_\_\_ Evening phone ( ) \_\_\_\_\_

Email: \_\_\_\_\_

NOTICE: YOU ARE REQUIRED TO NOTIFY THE HOUSING AUTHORITY (IN WRITING) OF ANY CHANGE OF ADDRESS. IF WE CANNOT CONTACT YOU AT THE ABOVE ADDRESS; YOUR NAME MAY BE REMOVED FROM THE WAITING LIST, AND YOU WILL HAVE TO RE-APPLY.

Is English your primary language ☐ Yes ☐ No If No, please list primary language \_\_\_\_\_

Do you have limited ability to read, write, and understand English? ☐ Yes ☐ No

Do you claim any of the following preferences? If yes, please check the appropriate box.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Paying more than 50% of monthly income towards rent. | <input type="checkbox"/> Living in substandard facility | <input type="checkbox"/> Involuntarily displaced |
| <input type="checkbox"/> Mobility Impairment                                  | <input type="checkbox"/> Hearing Impairment             | <input type="checkbox"/> Working                 |
| <input type="checkbox"/> Other _____  | <input type="checkbox"/> Sight Impairment               |  |

Have you ever violated a previous family obligation in connection with a HUD program? ☐ Yes ☐ No

Have you ever engaged in the use/possession of drugs? ☐ Yes ☐ No

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

**Has any household member listed on this application ever lived in another state besides Georgia since they turned the age of 18?** ☐ Yes ☐ No

If yes, please list who and what state they lived in. \_\_\_\_\_

I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Revised 08-30-16 MJS

NWGHA Representative Initials: \_\_\_\_\_

2

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



# Floyd County Sheriff's Office Georgia Crime Information Center Consent Form



I hereby authorize the Floyd County Sheriff's Office to release to (Name of Business, Agency, or Person); **Northwest Georgia Housing Authority** any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I further do hereby release the Floyd County Sheriff's Office and all personnel from any damages because of/ or resulting from furnishing such information.

One of the following must be checked:

- ☐ This authorization is valid for 90/180/\_\_\_\_\_ (circle one) days from date of signature.
- ☐ Mentally Ill and/or Mentally retardedcar. (Pur/M)
- ☒ General Employment (this includes background for housing or immigration). (Pur/E)
- ☐ Nursing home, Personal Care Home or other type of elderly care. (Pur/N)
- ☐ Criminal Justice Employment (POST Certification Required). This category does not include security officers or those applying for entrance into Criminal Justice Degree programs (use General Employment). (Pur/Z)
- ☐ Criminal Justice Employment (No Certification Required, Office work, etc.) (Pur/J)

## Please Print Clearly and Legibly

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

Date of Birth: \_\_\_\_\_

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

Social Security: \_\_\_\_\_

Full Middle Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Do not list initial only

Any Last Name(s) Also Known As: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: ☐ Male ☐ Female

Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

For Official use Only  
Do Not Write in this Space

☐ No Record Found

☐ See Attached Record

Agency  
Signature: \_\_\_\_\_

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

VOID WITHOUT OFFICIAL SEAL

Please be advised that though we may ask you to provide your social security number, you are not required to do so. The use of your social security number may be of assistance in confirming your identity, therefore expediting your application. Your Social Security Number will only be used for the purpose of confirming your identity with other state and federal government agencies for data collection.



## Northwest Georgia Housing Authority

LEE K. HIGHT ADMINISTRATION BUILDING  
326 WEST 9<sup>TH</sup> STREET  
POST OFFICE BOX 1428  
ROME, GEORGIA 30162-1428



Tel (706)291-0780  
Fax (706) 295-0376

### Fingerprint Submission Form

Name: \_\_\_\_\_  
Last, First MI

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

HOH: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_

**Email:** \_\_\_\_\_

Employee requesting prints: \_\_\_\_\_

Location to be charged: \_\_\_\_\_

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

---

(Admissions use only)

### Fingerprint Appointment

Date	Time	Remarks

Revised 08-30-16 MJS



**Northwest Georgia Housing Authority**  
LEE K. HIGHT ADMINISTRATION BUILDING  
326 WEST 9<sup>TH</sup> STREET  
POST OFFICE BOX 1428  
ROME, GEORGIA 30162-1428



Tel (706)291-0780  
Fax (706) 295-0376

## **Applicant Privacy Notification Policy**

### **Notification**

Northwest Georgia Housing Authority (NWGHA) provides low income housing for applicants, and as a part of the application process, conducts fingerprint-based background checks through the Georgia Crime Information Center. Prior to fingerprinting, the applicant should receive a copy of both the Applicant Privacy Rights and the Privacy Act Statement. NWGHA provides the applicant with the Privacy Right and the Privacy Act Statement at the time of fingerprinting.

### **Record Challenge/Correction**

If you choose to challenge the accuracy of your criminal record or need to correct or update your criminal record you have **180 days** to do so. The procedures for challenging an FBI record are set forth in 28 CFR 16.30 through 16.34 and the procedures for challenging a Georgia record can be found on the GBI website. NWGHA will provide you with a copy of your criminal history.

### **Appeal Process**

You are given an opportunity to appeal an adverse decision based on the criminal history record information provided from the fingerprint-based background check. The precures for the appeal process are as follows:

- *Informal hearing with the Security & Investigation Director. If you are not satisfied with the decision, you have the right to request an informal meeting with the Executive Director for a final decision.*

---

Print Name

---

Date

---

Signature



**Northwest Georgia Housing Authority**  
LEE K. HIGHT ADMINISTRATION BUILDING  
326 WEST 9<sup>TH</sup> STREET  
POST OFFICE BOX 1428  
ROME, GEORGIA 30162-1428



Tel (706)291-0780  
Fax (706) 295-0376

**Applicant Record Notification**

**Notification**

Fingerprints submitted will be used to check the criminal history records of the FBI

**Obtaining Copy**

Procedures for obtaining a copy of FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.30 through 16.34 or go to the FBI website at

[Http://www.fbi.gov/about-us/cjis/background-checks](http://www.fbi.gov/about-us/cjis/background-checks)

**Change, Correction, or Updating**

Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## NONCRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS <sup>1</sup>

As an applicant who is the subject of a national fingerprint-based criminal history record check for a noncriminal justice purpose {such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below.

- You must be provided written notification <sup>1</sup> that your fingerprints will be used to check the criminal history records of the FBI.
- You must be provided, and acknowledge receipt of, an adequate Privacy Act Statement when you submit your fingerprints and associated personal information. This Privacy Act Statement should explain the authority for collecting your information and how your information will be used, retained, and shared. <sup>2</sup>
- If you have a criminal history record, the officials making a determination of your suitability for the employment, license, or other benefit must provide you the opportunity to complete or challenge the accuracy of the information in the record.
- The officials must advise you that the procedures for obtaining a change, correction, or update of your criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record { or decline to do so) before the officials deny you the employment, license, or other benefit based on information in the criminal history record. <sup>3</sup>

You have the right to expect that officials receiving the results of the criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. <sup>3</sup>

If agency policy permits, the officials may provide you with a copy of your FBI criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may obtain a copy of the record by submitting fingerprints and a fee to the FBI. Information regarding this process may be obtained at <https://www.fbi.gov/services/cjis/identity-history-summary-checks>.

If you decide to challenge the accuracy or completeness of your FBI criminal history record, you should send your challenge to the agency that contributed the questioned information to the FBI. Alternatively, you may send your challenge directly to the FBI. The FBI will then forward our challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenged entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)

<sup>1</sup> Written notification includes electronic notification, but excludes oral notification.

<sup>2</sup> <https://www.fbi.gov/services/cjis/compact-council/privacy-act-statement> <sup>3</sup> See 28 CFR 50.12(b).

<sup>3</sup> See 5 U.S.C. 552a(b); 28 U.S.C. 534(b); 42 U.S.C. 14616. Article IV(c); 28 CFR 20.2(c), 20.33(c) and 906.2(d).





**Northwest Georgia Housing Authority**  
LEE K. HIGHT ADMINISTRATION BUILDING  
326 WEST 9<sup>TH</sup> STREET  
POST OFFICE BOX 1428  
ROME, GEORGIA 30162-1428



Tel (706)291-0780  
Fax (706) 295-0376

## SCREENING QUESTIONNAIRE

Applicant's Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

1. Has **anyone listed on this application** ever lived in public housing? ☐ Yes ☐ No

If yes, please list below:

Housing Authority Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address you lived at: \_\_\_\_\_

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

Lease in Name of: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

2. List names, addresses and phone numbers of last five addresses beginning with your most recent address (even if you have not ever rented). If you lived with someone and were not on the lease, please indicate that in the "Landlord's Name" area.

Please note if the landlord is a relative. You **must** provide a phone number for the landlord. **Landlord is the person that receives the rent for the apartment/house, not the person that you live with.**

A. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

Lease in Name of: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Is the Landlord a  
Relative?

€ Yes € No

B. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

Lease in Name of: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Is the Landlord a  
Relative?

€ Yes € No

C. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

Lease in Name of: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Is the Landlord a  
Relative?

€ Yes € No

D. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

Lease in Name of: \_\_\_\_\_

Is the Landlord a  
Relative?

€ Yes € No



# Screening Questionnaire

Part 2

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

E. Dates: From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Is the Landlord a  
Relative?

€ Yes € No

Landlord's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

Lease in Name of: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

3. Have you ever been evicted from a residence? ☐ Yes ☐ No

If yes, please list landlord's name, address, phone number and reason.

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

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

Reason \_\_\_\_\_

4. Have any family members or expected visitors been banned from NWGHA properties?

☐ Yes ☐ No If yes, list below:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Area \_\_\_\_\_ Dates \_\_\_\_\_

5. Give names, addresses and **phone numbers** of three (3) persons who can provide a reference. Reference must be 25 years or older and have known you for five (5) years or more.

**(Do not include relatives.)**

A. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

B. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

C. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

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

## WARNING:

### PENALTIES FOR MISUSING APPLICANT AND RESIDENT INFORMATION:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false and fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected from the applicant or resident. Any persons who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or resident may be subject to a misdemeanor and fined not more than \$45,000. Any applicant or resident 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 PHA or the owner responsible for the unauthorized disclosure or improper use.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised 08-30-16 MJS



**Northwest Georgia Housing Authority**  
LEE K. HIGHT ADMINISTRATION BUILDING  
326 WEST 9<sup>TH</sup> STREET  
POST OFFICE BOX 1428  
ROME, GEORGIA 30162-1428



Tel (706)291-0780  
Fax (706) 295-0376

To:

RE: PAST LANDLORD'S VERIFICATION FORM

I, \_\_\_\_\_, hereby consent to the release of the following information. I am aware that I do not have to sign this consent form if I was not advised of the person(s) providing and/or receiving this information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

The above named individual (applicant) has applied for low-income housing with Northwest Georgia Housing Authority and has given your name/agency as a previous landlord.

Northwest Georgia Housing Authority is required to determine an applicant's past record of meeting his/her financial obligations of paying rent; whether the applicant has a record of disturbance of his/her neighbors; whether the applicant has a living or housekeeping habit that may affect the health, safety, and welfare of other residents.

Revised 08-30-16 MJS

Applicant's Name:

1. Does (did) the applicant have a record of paying rent promptly? ☐ Yes ☐ No  
If no, please explain: \_\_\_\_\_
2. Does the applicant owe you money? ☐ Yes ☐ No  
If yes, please list amount: \$ \_\_\_\_\_.  
Have arrangements been made for repayment of balance owed? ☐ Yes ☐ No
3. To your knowledge, does (did) the applicant have a record of disturbing his/her neighbors? If yes, please describe: ☐ Yes ☐ No  
\_\_\_\_\_
4. Did the applicant damage your property? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
5. To your knowledge, did the applicant have living or housekeeping habits that would affect the health, safety and welfare of other residents? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
6. How long did the applicant reside at \_\_\_\_\_?  
Years \_\_\_\_\_ Months \_\_\_\_\_  
Move-In Date \_\_\_\_\_ Move-Out Date \_\_\_\_\_
7. To your knowledge, was the applicant or any member of his/her household involved in any criminal activities? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
8. Would you lease to this applicant again? ☐ Yes ☐ No  
If no, please explain: \_\_\_\_\_
9. If former public housing resident, are any community service hours owed? If yes, how many? ☐ Yes ☐ No

**WARNING: PENALTIES FOR MISUSING APPLICANT AND RESIDENT INFORMATION:**

*Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected from the applicant or resident. Any person who knowingly or willfully requests, obtains or discloses any information under false pretense concerning an applicant or resident may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or resident 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 PHA or the owner responsible for the unauthorized disclosure or improper use.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Agency/Authority (if applicable)**

\_\_\_\_\_  
**Date**



**Northwest Georgia Housing Authority**  
LEE K. HIGHT ADMINISTRATION BUILDING  
326 WEST 9<sup>TH</sup> STREET  
POST OFFICE BOX 1428  
ROME, GEORGIA 30162-1428



Tel (706)291-0780  
Fax (706) 295-0376

To:

RE: PERSONAL REFERENCE CHECK FORM

I, \_\_\_\_\_, hereby consent to the release of the following information. I am aware that I do not have to sign this consent form if I was not advised of the person(s) providing and/or receiving this information.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

The above named individual (applicant) has applied for low-income housing with Northwest Georgia Housing Authority and has given your name as a personal reference.

Northwest Georgia Housing Authority is required to determine whether the applicant has a record of disturbance of his/her neighbors; whether the applicant has a living or housekeeping habit that may affect the health, safety, and welfare of other residents.

1. To your knowledge, does (did) the applicant have a current record of disturbing his/her neighbors? ☐ Yes ☐ No  
If yes, please describe: \_\_\_\_\_

2. Have you visited this applicant's current residence? ☐ Yes ☐ No

If yes, please rate the housekeeping habits as follows: ☐ Excellent ☐ Good ☐ Fair ☐ Poor  
If less than "Good", please explain: \_\_\_\_\_

3. To your knowledge, is the applicant or any member of his/her household involved in any criminal activities? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_

4. How long have you known this applicant? \_\_\_\_\_ years \_\_\_\_\_ months  
Would you recommend this resident to be housed with NWGHA? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_  
If no, please explain: \_\_\_\_\_

**WARNING: PENALTIES FOR MISUSING APPLICANT AND RESIDENT INFORMATION:**

*Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected from the applicant or resident. Any person who knowingly or willfully requests, obtains or discloses any information under false pretense concerning an applicant or resident may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or resident 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 PHA or the owner responsible for the unauthorized disclosure or improper use.*

Signature \_\_\_\_\_

Title \_\_\_\_\_

NWGHA Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised 08-30-16 MJS



# Northwest Georgia Housing Authority

LEE K. HIGHT ADMINISTRATION BUILDING

326 WEST 9<sup>TH</sup> STREET

POST OFFICE BOX 1428

ROME, GEORGIA 30162-1428



Tel (706)291-0780

Fax (706) 295-0376

## SITE BASED WAITING LIST

*(All NWGHA properties are Non-Smoking)*

☐ No Preference – First available

### AMP 1 – Central Rome Area

☐ Highrise #2 – Frost Apartments – elderly

☐ Highrise #3 – Barron Apartments – elderly

### AMP 2 – East Rome Area

☐ John Graham Homes

### AMP 4 – West Rome Area

☐ Willingham Village

### AMP 3 – North Rome Area

☐ Main High Apartments (Green & Gold)

### AMP 5 – Rockmart Area

☐ Booker T. Washington Homes

☐ Eastview Homes

☐ Westview Homes

---

### No Pets, Income Based Properties (Must earn the minimum required income)

Do you smoke? ☐ Yes ☐ No

Do you have a pet? ☐ Yes ☐ No

Do you have income? ☐ Yes ☐ No

### AMP 6 – West Rome Area

☐ Willingham at Division St.

### AMP 7 – South Rome Area

☐ Pennington Place – elderly

### AMP 8 – Central Rome Area

☐ Hight Homes at Avenue B

### AMP 9 – West Rome Area

☐ Village Green

### AMP 10 & 12 – Rockmart Area

☐ Jackson Square Apartments

### AMP 11 – North Rome Area

☐ Joe Wright Village

**Note: If selecting more than one site, please list sites based on 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice or No preference of selections.**

First Choice AMP \_\_\_\_\_ Second Choice AMP \_\_\_\_\_ Third Choice AMP \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NWGHA Representative Signature

\_\_\_\_\_  
Date



**Northwest Georgia Housing Authority**  
**LEE K. HIGHT ADMINISTRATION BUILDING**  
**326 WEST 9<sup>TH</sup> STREET**  
**POST OFFICE BOX 1428**  
**ROME, GEORGIA 30162-1428**



Tel (706)291-0780  
Fax (706) 295-0376

## **NOTICE TO APPLICANTS CONCERNING PREFERENCES**

Northwest Georgia Housing Authority selects its applicants for housing on a first come, first served basis, and several preferences that include a local preference.

Local preferences are as follows:

- Displaced
  - Family Unification Program
  - Group Home
  - Homeless
  - Involuntarily Displaced
- Working
- Substandard Housing
- Rent Burden
- Veteran

### Definitions

1. An applicant is working and income does not exceed HUD's limit.
2. An applicant may be involuntarily displaced if the applicant has vacated or will have to vacate his or her housing unit as a result of a disaster, such as a fire or flood, that results in the un-inhabitability of the unit, displacement by a governmental body or agency or certain action by a housing owner that results in an applicant having to vacate his or her unit. An applicant also is involuntarily displaced if the applicant has vacated his or her housing unit as a result of actual or threatened physical violence directed against the applicant or applicant's family members by a spouse or other member of the applicant who lives in a housing unit with such an individual who engages in such violence.
3. An applicant may be living in substandard housing if the unit is dilapidated, without operable indoor plumbing, without a usable bathtub or shower, without a usable flush toilet inside the unit, without safe and adequate electrical service, without safe or adequate source of heat, without a kitchen or has been declared unfit for habitation. An applicant who is a homeless family may be considered as living in substandard housing.
4. Paying more than 50% of income for rent and utilities includes payments for rent or payments to amortize the purchase price of a manufactured home plus the cost of the housing authority's reasonable estimate of tenant-purchased utilities (except telephone and cable) and other housing services that are normally included in rent.

If you feel that you may qualify for a preference, please advise this office and be prepared to provide verification. The Housing Authority is required to adequately verify any applicant's claim for any preferences.

### CERTIFICATION

The undersigned applicant hereby certifies that he or she was informed of Northwest Georgia Housing Authority preferences and was given an opportunity to show that he/she may qualify for a preference.

---

Applicant Signature

---

Date

Revised 08-30-16 MJS



**Northwest Georgia Housing Authority**  
LEE K. HIGHT ADMINISTRATION BUILDING  
326 WEST 9<sup>TH</sup> STREET  
POST OFFICE BOX 1428  
ROME, GEORGIA 30162-1428



Tel (706)291-0780  
Fax (706) 295-0376

**DECLARATION OF CITIZENSHIP (SECTION 214) STATUS**

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to Northwest Georgia Housing Authority's office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

\_\_\_\_\_  
Name of Head of Household (Please print)

\_\_\_\_\_  
SS# of Head of Household

I, \_\_\_\_\_, certify, under penalty of perjury (refer to #1 on back of form), that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or

☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age (refer to #2 on back of form), or

☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing, eligible immigration status and signed verification consent form.

☐ Immigration status under §§101(a)(15) or 101(a)(201) of the Immigration and Nationality Act (INA) (refer to #3 on back of form), or

☐ Permanent residence under §249 of INA (refer to #4 on back of form); or

☐ Refugee, asylum, or conditional entry status under §§207, 205 or 203 of the INA (refer to #5 on back of form), or

☐ Parole status under §212(d)(5) of the INA (refer to #6 on back of form); or

☐ Threat to life or freedom under §243(h) of INA (refer to #7 on back of form); or

☐ Amnesty under §245 of INA (refer to #8 on back of form).

\_\_\_\_\_  
Signature of Family Member

\_\_\_\_\_  
Date

☐ Check here if you are signing for minor child listed above and you are an adult residing in the unit who is responsible for that child.

Housing Authority: Enter INS/SAVE Primary Verification #:

Date

(See reverse side for footnotes and instructions)



1. Warning: 18 U.S.C.1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$100,000, imprisoned for not more than five years, or both.

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

2. Eligible immigration status and 62 years of age or older. For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.
3. Immigrant status under §§101(n)(15 or 202(a)(20) of INA. A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) AND 1101(A)(15), respectively (*immigrant status*). This category includes a non-citizen admitted under §§210 or §§210A of the INA (8 U.S.C. 1160 or 1161), (*special agricultural worker status*), who has been granted lawful temporary resident status.
4. Permanent residence under §249 of INA. A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of INA (8 U.S.C. 1259) (*amnesty granted under INA 249*).
5. Refugee, asylum, or conditional entry status under §§207, 205 or 203 of INA. A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) (*refugee status*); pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) (*asylum status*); or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity (conditional entry status).
6. Parole status under §212 (d)(5) of INA. A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212 (d)(5) of INA (8 U.S.C. 1182(d)(5)) (*parole status*).
7. Threat to life or freedom under §243(h) of INA. A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of INA (8 U.S.C. 123(h) (*Threat to life or freedom*).
8. Amnesty under §245A of INA. A non-citizen lawfully admitted for temporary or permanent residence under §245A of INA (8 U.S.C. 1255a) (*amnesty granted under INA 245A*).

*Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.*

*Instructions To Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "⇒" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "⇒" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.*



**Northwest Georgia Housing Authority**  
LEE K. HIGHT ADMINISTRATION BUILDING  
326 WEST 9<sup>TH</sup> STREET  
POST OFFICE BOX 1428  
ROME, GEORGIA 30162-1428



Tel (706)291-0780  
Fax (706) 295-0376

## **SPECIAL UNIT REQUIREMENT (S) QUESTIONNAIRE**

This questionnaire is to be administered to every applicant for public housing at Northwest Georgia Housing Authority (NWGHA) and residents (during re-certification). It is used to determine whether an applicant/resident family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features. We ask that every applicant sign the bottom of the form to indicate receipt of the form, whether or not any special features are requested. No one is required to disclose a disability.

**For Medical Reasons Only**

1. Will you, or any member of your family require any of the following: ☐ Yes ☐ No  
If yes, please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> A separate bedroom       | <input type="checkbox"/> Unit for Vision-Impaired                |
| <input type="checkbox"/> A barrier-free apartment | <input type="checkbox"/> Unit for Hearing-Impaired               |
| <input type="checkbox"/> One-level unit           | <input type="checkbox"/> Bedroom & Bath on 1 <sup>st</sup> floor |
| <input type="checkbox"/> Live in Aide             | <input type="checkbox"/> Extra Bedroom                           |
| <input type="checkbox"/> Other _____              |  |

2. Do you or any family members need any features not mentioned? ☐ Yes ☐ No  
If yes, please indicate how NWGHA should accommodate your family: \_\_\_\_\_

3. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation: \_\_\_\_\_

4. What is the name of the family member needing the features identified above? \_\_\_\_\_

\_\_\_\_\_  
Applicant/Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NWGHA Representative Signature

\_\_\_\_\_  
Date



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

### DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

#### **NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

#### **What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

**Who will have access to the information collected?**

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

**How will this information be used?**

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

**How long is the debt owed and termination information maintained in EIV?**

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

**What are my rights?**

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

**What do I do if I dispute the debt or termination information reported about me?**

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

**This Notice was provided by the below-listed PHA:**

**I hereby acknowledge that the PHA provided me with the  
*Debts Owed to PHAs & Termination Notice:***

**Signature**

**Date**

**Printed Name**



Northwest Georgia Housing Authority  
LEE K. HIGHT ADMINISTRATION BUILDING  
326 WEST 9<sup>TH</sup> STREET  
POST OFFICE BOX 1428  
ROME, GEORGIA 30162-1428



Tel (706)291-0780  
Fax (706) 295-0376

Notice to all Applicants / Residents  
**Reasonable Accommodations for Applicants / Residents with Disabilities**

Northwest Georgia Housing Authority (NWGHA) is a public agency that provides low rent housing to eligible families, elderly families and single people. NWGHA is not permitted to discriminate against applicants on the basis of their race, religion, sex, national origin, or disability. In addition, NWGHA has a legal obligation to provide “reasonable accommodations” to applicants/residents if they or any family members have a disability.

A reasonable accommodation is some modification or change NWGHA can make to its apartments or procedures that will assist an otherwise eligible applicant with a legally recognized disability to take advantage of NWGHA’s programs. Examples of reasonable accommodations would include the following:

- Making alterations to a NWGHA unit so it could be used by a family member (resident) with a wheelchair;
- Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;
- Permitting a family to have a support animal necessary to assist a family member with a disability in a NWGHA family development where animals are not usually permitted;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Making a sign language interpreter available to a hearing impaired applicant during the interview;
- Permitting an outside agency to assist an applicant with a disability to meet the NWGHA’s applicant screening criteria.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy – they must be able to pay rent, to care for their apartment, to report required information to the Housing Authority, to avoid disturbing their neighbors, etc; however, there is no requirement that they be able to do these things without assistance.

If you or a member of your family has a disability, you may request a reasonable accommodation at the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the Housing Authority, that is your right.

---

Applicant/Resident Signature

---

Date

---

NWGHA Representative Signature

---

Date

Revised 08-30-16 MJS



**Northwest Georgia Housing  
Authority**  
**LEE K. HIGHT ADMINISTRATION BUILDING**  
**326 WEST 9<sup>TH</sup> STREET**  
**POST OFFICE BOX 1428**  
**ROME, GEORGIA 30162-1428**



Tel (706)291-0780  
Fax (706) 295-0376

## **Homeless Preference Questionnaire**

In order for Northwest Georgia Housing Authority to accurately report a new admission's homelessness status on line 4c of the HUD Form 50058, please answer "Yes" or "No" to the following questions.

1. Are you currently living in a car, on the street, or another place not meant for human habitation? \_\_\_\_\_
2. Are you currently living in an emergency shelter, transitional housing, Safe Have, or a hotel/motel paid for by a charitable organization or by federal, state or local government programs for low-income individuals? \_\_\_\_\_
3. Are you exiting an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where you stayed for 90 days or less? If so, were you living in an emergency shelter or place not meant for human habitation immediately before entering that institution? \_\_\_\_\_
4. Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions for you or a family member, including a child, that has either taken place within your family's primary nighttime residence or has made you afraid to return to your primary nighttime residence? \_\_\_\_\_

If yes, do you currently have nowhere else to live and also lack the resources or support networks, including family, friends, faith-based, or other social networks, to obtain other permanent housing? \_\_\_\_\_

**If the answer to any of the questions is yes, mark "Y" for yes in field 4c of the HUD Form 50058. This Information was obtained from HUD Notice: PIH 2013-15 (HA)**

Revised 08-30-16 MJS

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

--	--

**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.





**Northwest Georgia Housing Authority**  
**LEE K. HIGHT ADMINISTRATION BUILDING**  
**326 WEST 9<sup>TH</sup> STREET**  
**POST OFFICE BOX 1428**  
**ROME, GEORGIA 30162-1428**



Tel (706)291-0780  
Fax (706) 295-0376

## **Violence Against Women Act (VAWA)**

I \_\_\_\_\_ have received HUD Notice – 5380 Occupancy Rights under the Violence Against Women Act and HUD Notice – 5382 Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NWGHA Staff

\_\_\_\_\_  
Date



**Northwest Georgia Housing Authority**  
LEE K. HIGHT ADMINISTRATION BUILDING  
326 WEST 9<sup>TH</sup> STREET  
POST OFFICE BOX 1428  
ROME, GEORGIA 30162-1428



Tel (706)291-0780  
Fax (706) 295-0376

## **APPLICATION INSTRUCTIONS**

PLEASE READ THE FOLLOWING INSTRUCTIONS  
BEFORE COMPLETING THIS APPLICATION

- Applicant must be 18 years of age to apply.
- Please **print** all information legibly other than signature
- Applicant must provide a photo ID for everyone on the application 18 and over.
- A certified birth certificate and social security card for everyone on the application.
- NWGHA will make a copy of the documents and return the originals
- A contact phone number and/or address must be listed for an applicant even if homeless. Make sure that your phone number and address are kept current. If we cannot contact you at the address and/or phone number given, your application may be withdrawn.
- **Do not** list family members as personal references.

**PLEASE NOTE: If information is incomplete or illegible, it will slow down the application process. If you have any questions or need assistance completing the application forms, please contact the Admissions Office at 706-378-3947.**

Please note that supplying fraudulent information and/or purposely-omitting information is reason for an ineligible determination.