

## Application for Admission

SLIDELL HOUSING AUTHORITY  
 P.O BOX 1392  
 SLIDELL LA 70459  
 (985)726-9000

For Office Use Only

### I. Application Information

Applicant SSN \_\_\_\_\_ Marital Status  M  S  D  W  
 Applicant Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Home Telephone \_\_\_\_\_  
 Work Telephone \_\_\_\_\_ Household Size \_\_\_\_\_ Accessibility features requested?  
 Message Telephone \_\_\_\_\_ Emancipated Minor  Yes  No Vision \_\_\_\_\_  
 \_\_\_\_\_ Hearing \_\_\_\_\_  
 \_\_\_\_\_ Wheelchair \_\_\_\_\_  
 \_\_\_\_\_ Physical \_\_\_\_\_

**Mailing address same as current address?**  Yes  No

Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

### Current Information

Lived there from \_\_\_\_\_ to \_\_\_\_\_  
 Number of bedrooms \_\_\_\_\_ Rent \_\_\_\_\_

### Reason for Moving

About to be or without housing  Sub-Standard housing  Displaced Due to  Other (Please specify) \_\_\_\_\_  
 Government Action

Current Landlord Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

### Current Utility Information

Gas Company \_\_\_\_\_ Deposit \_\_\_\_\_  
 Electric Company \_\_\_\_\_ Deposit \_\_\_\_\_  
 Water Company \_\_\_\_\_ Deposit \_\_\_\_\_

### II. Previous Information

#### Previous Address

City, State, Zip \_\_\_\_\_  
 Lived there from \_\_\_\_\_ to \_\_\_\_\_  
 Number of bedrooms \_\_\_\_\_ Rent \_\_\_\_\_

Previous Landlord Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Previously lived in Public Housing?  Yes  No

Previous HA Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_  
 Lived there from \_\_\_\_\_ to \_\_\_\_\_

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Waiting List Applied For	Application Number	Application Date / Time	Beds Applied

**III. Program Integrity**

1. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or Distribution of controlled substances (drugs)?  Yes  No  
 If yes: Who? When? For What? \_\_\_\_\_  
 \_\_\_\_\_
2. Does anyone in your household currently use a controlled or illegal drug?  Yes  No  
 If yes, please explain. \_\_\_\_\_  
 \_\_\_\_\_
3. Has anyone in your household ever been convicted of a felony or arrested for violent?  Yes  No  
 If yes: Who? When? For What? \_\_\_\_\_  
 \_\_\_\_\_
4. Does anyone outside of your household pay for any of your bills or expenses?  Yes  No  
 If yes: Who? When? For What? \_\_\_\_\_  
 \_\_\_\_\_

**IV. Family Composition Information**

	Name	SSN	Student	Relation to Head	Birthday
Head					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

	Birth Place	(mark as needed)					Ethnicity Hispanic?	Eligibility				Alien Registration	Handicap	Disabled
		Gender (M/F)	Race 1 2 3 4 5					EC	EN	IN	PV			
Head														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														

Eligibility Codes:	EC = Eligible Citizen EN = Eligible Noncitizen IN = Ineligible Noncitizen PV = Eligibility Pending	Race Codes: 1 = White 2 = Black/African American 3 = American Indian/Alaska Native 4 = Asian 5 = Native Hawaiian/Other Pacific Islander
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## V. Employment/Income Information

Enter each type of income that any household member will have in the next year.

Family Member \_\_\_\_\_ Source/Company \_\_\_\_\_  
 Income Type \_\_\_\_\_ Position \_\_\_\_\_  
 Start Date \_\_\_\_\_ How Long \_\_\_\_\_ Address \_\_\_\_\_  
 Income Per \_\_\_\_\_ Hour \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year City, State, Zip \_\_\_\_\_  
 \_\_\_\_\_ Weeks per Year \_\_\_\_\_ Hours per Week Telephone \_\_\_\_\_

Income Amount \_\_\_\_\_

Family Member \_\_\_\_\_ Source/Company \_\_\_\_\_  
 Income Type \_\_\_\_\_ Position \_\_\_\_\_  
 Start Date \_\_\_\_\_ How Long \_\_\_\_\_ Address \_\_\_\_\_  
 Income Per \_\_\_\_\_ Hour \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year City, State, Zip \_\_\_\_\_  
 \_\_\_\_\_ Weeks per Year \_\_\_\_\_ Hours per Week Telephone \_\_\_\_\_

Income Amount \_\_\_\_\_

Family Member \_\_\_\_\_ Source/Company \_\_\_\_\_  
 Income Type \_\_\_\_\_ Position \_\_\_\_\_  
 Start Date \_\_\_\_\_ How Long \_\_\_\_\_ Address \_\_\_\_\_  
 Income Per \_\_\_\_\_ Hour \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year City, State, Zip \_\_\_\_\_  
 \_\_\_\_\_ Weeks per Year \_\_\_\_\_ Hours per Week Telephone \_\_\_\_\_

Income Amount \_\_\_\_\_

Family Member \_\_\_\_\_ Source/Company \_\_\_\_\_  
 Income Type \_\_\_\_\_ Position \_\_\_\_\_  
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 \_\_\_\_\_ Weeks per Year \_\_\_\_\_ Hours per Week Telephone \_\_\_\_\_

Income Amount \_\_\_\_\_

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 Income Type \_\_\_\_\_ Position \_\_\_\_\_  
 Start Date \_\_\_\_\_ How Long \_\_\_\_\_ Address \_\_\_\_\_  
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 \_\_\_\_\_ Weeks per Year \_\_\_\_\_ Hours per Week Telephone \_\_\_\_\_

Income Amount \_\_\_\_\_

Family Member \_\_\_\_\_ Source/Company \_\_\_\_\_  
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Income Amount \_\_\_\_\_

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 Income Type \_\_\_\_\_ Position \_\_\_\_\_  
 Start Date \_\_\_\_\_ How Long \_\_\_\_\_ Address \_\_\_\_\_  
 Income Per \_\_\_\_\_ Hour \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year City, State, Zip \_\_\_\_\_  
 \_\_\_\_\_ Weeks per Year \_\_\_\_\_ Hours per Week Telephone \_\_\_\_\_

### Income Type Codes:

P = Pension	S = SSI	G = General Assistance	I = Indian Trust/per Capita
B = Own Business	F = Federal Wages	W = Other Wages	N = Other Non-wage Source
SS = Social Security	T = TANF	C = Child Support	E = Medical Reimbursement
M = Military Pay	HA = PHA Wages	U = Unemployment Benefits	IW = Annual Imputed Welfare Income

## VI. Asset Information

Enter the assets that your household currently possesses, or has disposed of within the last two years for less than fair market value.  
Enter the anticipated or actual income from each asset next to Annual Income.

Family Member Name	_____	Source	_____
Description of Asset	_____	Contact	_____
Cash Value	_____	Address	_____
Annual Income	_____	City, State, Zip	_____
		Telephone	_____

Family Member Name	_____	Source	_____
Description of Asset	_____	Contact	_____
Cash Value	_____	Address	_____
Annual Income	_____	City, State, Zip	_____
		Telephone	_____

Family Member Name	_____	Source	_____
Description of Asset	_____	Contact	_____
Cash Value	_____	Address	_____
Annual Income	_____	City, State, Zip	_____
		Telephone	_____

Family Member Name	_____	Source	_____
Description of Asset	_____	Contact	_____
Cash Value	_____	Address	_____
Annual Income	_____	City, State, Zip	_____
		Telephone	_____

Family Member Name	_____	Source	_____
Description of Asset	_____	Contact	_____
Cash Value	_____	Address	_____
Annual Income	_____	City, State, Zip	_____
		Telephone	_____

## VII. Expenses

Enter any Medical, Child Care or Handicapped Expenses that your household currently has.

Family Member	_____	Payee	_____
Type of expense	_____	Contact	_____
Expense per _____ Week _____ Month _____ Year		Address	_____
Expense Cost _____		City, State, Zip	_____
		Telephone	_____

Family Member	_____	Payee	_____
Type of expense	_____	Contact	_____
Expense per _____ Week _____ Month _____ Year		Address	_____
Expense Cost _____		City, State, Zip	_____
		Telephone	_____

Family Member	_____	Payee	_____
Type of expense	_____	Contact	_____
Expense per _____ Week _____ Month _____ Year		Address	_____
Expense Cost _____		City, State, Zip	_____
		Telephone	_____

Family Member	_____	Payee	_____
Type of expense	_____	Contact	_____
Expense per _____ Week _____ Month _____ Year		Address	_____
Expense Cost _____		City, State, Zip	_____
		Telephone	_____

Family Member	_____	Payee	_____
Type of expense	_____	Contact	_____
Expense per _____ Week _____ Month _____ Year		Address	_____
Expense Cost _____		City, State, Zip	_____
		Telephone	_____

Family Member	_____	Payee	_____
Type of expense	_____	Contact	_____
Expense per _____ Week _____ Month _____ Year		Address	_____
Expense Cost _____		City, State, Zip	_____
		Telephone	_____

**VIII. References**

Enter references that can be contacted to determine housing suitability

**Bank References**

Bank 1 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Checking Account# \_\_\_\_\_  
 Savings Account# \_\_\_\_\_

Bank 2 \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Checking Account# \_\_\_\_\_  
 Savings Account# \_\_\_\_\_

**Credit References**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Account# \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Account# \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Account# \_\_\_\_\_

**Personal References**

Emergency Contact \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_

**IX. Certification of Information**

**WARNING!** Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly Makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant \_\_\_\_\_ Date \_\_\_\_\_

Other member over 18 \_\_\_\_\_ Date \_\_\_\_\_

Other member over 18 \_\_\_\_\_ Date \_\_\_\_\_

Other member over 18 \_\_\_\_\_ Date \_\_\_\_\_

Other member over 18 \_\_\_\_\_ Date \_\_\_\_\_

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Management Code \_\_\_\_\_ Caseworker \_\_\_\_\_

**Offers/Vouchers**

Unit Number/ Voucher	Waiting List	Beds	Fund ID	Date Offered	Response	Response Date/Time	Initials

**PUBLIC ANNOUNCEMENT**  
**HOUSING AUTHORITY OF THE CITY OF SLIDELL**

Effective immediately, The Housing Authority of the City of Slidell will be accepting applications for its Public Housing Programs.

- **Washington Heights – 1250 Dr. Martin Luther King, Jr. Drive**
- **Country Gardens Estates – 301 Gwen Drive**

Applications will be accepted every Wednesday from 8:30 am until 12:00 noon.

Applications must be completed in our office located at 1250 Dr. Martin Luther King, Jr. Drive.

Please provide **copies** of the following documents at the time of submitting the application.  
**COPIES CANNOT BE MADE IN THE OFFICE.**

- **Current State Identification card/Drivers License for the Head of Household**
- **Birth Certificates for the Head of Household and all household members**
- **Social Security for the Head of Household and all household members**
- **Current Proof of income for all members who will be residing in household**
- **Proof of out of pocket medical expenses (ELDERLY ONLY)**

**Your name will be immediately added to our waiting list: once your name has neared the top of the list, we will contact you in writing for your interview date. At that time you will be required to complete a full application and submit additional signed documents.**