

**Spartanburg Housing Development  
 APPLICATION FOR HOUSING  
 P O Box 2828 325 South Church St.  
 Spartanburg, SC 29304  
 Telephone (864) 598-6000 TTY 1-800-735-8583**

**CEDAR SPRINGS TOWNHOMES**

For Office Use Only

**Date Received:** \_\_\_\_\_ **Time Received:** \_\_\_\_\_ **Client #** \_\_\_\_\_

**Note: Application must be completed using ink only.**

**Who is the head of household? (Legal Name):**

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Driver Lic # \_\_\_\_\_  
 Marital Status:  Married  Single  Widow(er)  Divorced Sex:  M  F  
 Maiden Name/other names used: \_\_\_\_\_  
 Are you a citizen of the United States?  Yes  No Alien Registration # \_\_\_\_\_  
 Place of Birth \_\_\_\_\_

**Spouse/Co-Head**

Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex:  M  F  
 Citizen of the United States?  Yes  No Alien Registration # \_\_\_\_\_

**What is your present address?**

Street address \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Other) \_\_\_\_\_

**If we were unable to reach you, whom could we contact?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_

**Do you feel you may require a specific accommodation in order to utilize our services and programs?**

Yes  No

**If yes, please describe:** \_\_\_\_\_

**Race:** Select as many as appropriate to best indicate your race

White (1)  Black/African American (2)  American Indian/Alaska Native (3)  
 Asian (4)  Native Hawaiian/Other Pacific Islander (5)

**Ethnicity:**  Hispanic or Latino (1)  Not Hispanic or Latino (2)

**Household members:** List the legal names of all household members below. Start with the head of household then spouse or co-head, then minors (oldest to youngest), then any other adults.

No	Legal Name Last, First, Middle Initial	Social Security Number	Relation to Head	Sex M/F	Race	Date of Birth	U.S. Citizen?	Place of Birth
1								
2								
3								
4								
5								
6								
7								
8								

**Banking Information: Please list all information concerning any of your accounts.**

Name of Bank	Type of Acct.	Joint or Individual	Current Balance/6 month average

**Income Information: List all sources of income received by or for each member of the household even if the income is going to someone not on your application to be used on behalf of a member of your family.**

Family member No.	Source of income	Rate/Frequency	Type of income	Annual income
				\$
				\$
				\$
				\$
				\$

Do you have a car?  Yes  No Make \_\_\_\_\_ Model \_\_\_\_\_

Are all members of your household citizens of the United States?  Yes  No  
 If not, please give the name and Alien Registration # for those who are not citizens: \_\_\_\_\_  
 \_\_\_\_\_

**List your current landlord and past four landlords and addresses:**

Address	Dates (Fron/To)	Landlord	Address	Telephone Number

Why are you moving? \_\_\_\_\_  
 \_\_\_\_\_

Do you expect anyone to move in or out of your household within the next 12 months?  Yes  No

Does anyone live with you now who is not listed above?  Yes  No

Have you ever used a name other than the one you are using now?  Yes  No  
 If yes, what name? \_\_\_\_\_

Have you ever used a Social Security number other than the one you listed above?  Yes  No  
 If yes, what is it? \_\_\_\_\_

Has anyone in your household been arrested or convicted for the use, sale, manufacture or distribution of a controlled substance?  Yes  No  
 If yes, Who? When? What? \_\_\_\_\_

Does anyone in your household currently use a controlled or illegal drug?  Yes  No  
 If yes, what is it? \_\_\_\_\_

Have you ever been evicted from public or assisted housing for violent criminal or drug related activity?  Yes  No

Have you, or a member of your household, ever been arrested or convicted of the manufacture or production of methamphetamine?  Yes  No

Are you or any household member subject to lifetime registration as a sex offender?  Yes  No  
 Name of Household Member: \_\_\_\_\_

Have you ever been evicted due to alcohol abuse that threatened the health, safety or right to peaceful enjoyment of the unit of other residents or neighbors in the vicinity of your residence?  Yes  No

**Work History** Where was the last place of employment for all adult household members?

Family member No.	From/To (month and year)	Employer Name and address

**Applicant Personal Declaration and Certification**

**I certify that the information given to the Spartanburg Housing Development on household composition and characteristics, drug and criminal activity, income is accurate and complete. I understand that false statements or information are punishable under Federal Law and grounds for denial or termination of housing. I understand that I am required to report in writing all changes in household composition to the Spartanburg Housing Development within ten (10) days of the change. I understand that all changes in household composition due to birth, adoption, or court awarded custody must be reported in writing.**

**I hereby further certify that all information contained in this application is true, accurate and complete.**

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

Signature of Spouse or Co-Head \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE USE ONLY**

I do hereby certify that I have received and reviewed the application for completeness.

SHD Representative \_\_\_\_\_ Date \_\_\_\_\_

I do hereby certify that this application has been reviewed with the applicant and any changes in information have been updated and verified and final eligibility has been determined based on the verification of this information.

SHA Representative: \_\_\_\_\_ Date \_\_\_\_\_

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

**ATTACHMENTS TO APPLICATION:**

- \_\_\_ HUD Form 9886 for all adult household members over the age of 18
- \_\_\_ Authorization for Release of Information for all adult household members over the age of 18
- \_\_\_ Declaration of Citizenship Form 214 for all household members
- \_\_\_ Drivers License / Identification Card for all household members over the age of 18
- \_\_\_ Birth Certificates for all household members
- \_\_\_ Social Security cards for all household members (or certification of no Social Security number)