Public Housing Pre-Application

Fill out this form to be added to the Greenwood Housing Authority (GHA) waitlist. Wait times vary based on your household's characteristics. If you're selected from the waitlist, you will need to submit documents to verify the information below.

Head of Household Information

Name of Head of Household

Phone Number

Email (Optional)

Mailing Address
Provide an address where you can receive mail.

Number and Street

Unit

City

State

Zip Code

If your address or contact information changes, reach out to PHA as soon as possible. You might miss important notifications if they can't reach you.

- By phone:864-227-3670
- By mail: PO Box 973, Greenwood, SC 29648
- In person: 315 Foundry Road, Greenwood, SC 29646

Preferred Language

- ○ English
- ○ Spanish
- ○ Other:_____

Household Information

If any of your answers to this section change after you submit this form, please reach out to GHA as soon as possible. Your household information helps determine your place in the waitlist.

Estimated Household Annual Income

$

Number of people in your household (including yourself)

Include anyone who lives in the home full-time, children who are there at least 50% of the time, foster children in your care, live-in aides and anyone who is temporarily away

(such as for school, military service, foster care, or in the hospital).

Is the head of household, spouse or co-head disabled?

- ○ No
- ○ Yes

A person with a disability has a physical or mental condition that is long term, makes it hard to live independently, and to live independently could be improved by more suitable housing conditions; or has a developmental disability.

Are any members of your household veterans?

- ○ No
- ○ Yes

Are any members of your household over the age of 62?

- ○ No
- ○ Yes

Are any adults (18 years or older) in your household full-time students?

- ○ No
- ○ Yes

Race of the head of household (Choose One)

- ○ American Indian/ Alaskan Native
- ○ Asian/Pacific Islander
- ○ Black
- ○ White
- ○ Other:_____

Ethnicity of the head of household

- ○ Hispanic or Latino
- ○ Not Hispanic or Latino

We're required to collect data on race and ethnicity. Your answers will not affect your eligibility or benefits.

Housing Situation

What is your household's current housing situation? (Choose only one.)

○ **Renting** (Answer the two questions below.)

Are you paying more than 50% of your income in rent and utilities?

○ No ○ Yes

Is the unit unsafe to live in due to building or housing code violations?

○ No ○ Yes

○ **Living in a property owned by a household member** (Answer the two questions below.)

Are you paying more than 50% of your income in mortgage and utilities?

○ No ○ Yes

Is the unit unsafe to live in due to building or housing code violations?

○ No ○ Yes

○ **Homeless or living in a shelter** (Answer the question below.)

Do any of the following situations apply to you? (Mark all that apply.)

☐ I was displaced due to recent or continuing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions

☐ I was displaced due to government action, disaster (such as fire or flood), or actions taken by owner

☐ I'm enrolled in or receiving services from a local homeless services organization or Continuum of Care (CoC)

☐ I'm participating in a "Moving On" strategy to move on from Permanent Supportive Housing (PSH)

☐ Other:_____

○ **Other** (Explain below.)

Please note that under 18 U.S.C. 1001, **it is a felony to intentionally make false or misleading statements, or to submit documents containing false information,** to any U.S. government agency. By signing, you agree that the information provided is complete and correct to the best of your knowledge.

	Signature of Head of Household	**Date**
SIGN →		