

EASTMAN HOUSING AUTHORITY
PUBLIC HOUSING APPLICATION

PREFERENCE INDICATOR FORM

Full legal name of head of household: _____
 Street Address _____ City _____ State _____ Zip _____
 Mailing Address (if different) _____ City _____ State _____ Zip _____
 Phone Number _____ Alternate Phone _____

The Eastman HA has adopted the following preferences for ranking applicants to prioritize selection for assistance. Eastman HA will select families from the appropriate bedroom size, then preference points, and finally date and time of application. Please mark clearly, the preferences you are eligible for, by placing an **X** to the left of the preference, and initial. Please insert the # of points you are eligible for on the right. Please see Eastman HA Preferences in the front information sheet of the application for further in-depth explanation of the EHA's Preferences as referenced in the ACOP Section 10.1.

Eligible (place a X and initial)	PREFERENCES	PHA Points
	First Priority Working Preferences: Head of household or spouse is employed in a full-time capacity. The head of household must work for wages, commissions or other consideration of value and have been so gainfully employed after the date of application. The applicant must also demonstrate full time employment for at least nine months immediately prior to the date of placement. It must be apparent that the full term employment is of a continuous nature, and the head of household must anticipate such continuous employment after the date of placement. Head of Household with an adult member enrolled in an employment training program, currently working twenty (20) hours a week, or attending school on a full-time basis. This preference is also extending equally to all elderly families and all families whose head or spouse is receiving income based on their inability to work, disabled families or displaced families.	20 Points
	Second Priority Working Part Time or Less Than 9 Months Preference: Head of household or spouse working in a part time capacity and families who qualify in all other respects for the First Priority except has been working less than 9 months.	15 Points
	Third Preference: All other applicants	5 Points
TOTAL POINTS		

Certification of the Applicant: I hereby certify that all of the information I have provided on this form is true and complete and that I understand the various preferences. I understand the importance of providing accurate information and if my circumstances change, I understand that I must report these changes to Eastman Housing Authority.

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

_____ Date _____
 Signature of Head of Household

_____ Date _____
 Signature of Spouse or Co head

_____ Date _____
 EHA Representative

