



MISSISSIPPI REGIONAL  
HOUSING AUTHORITY IV

www.mrh4.com

Dear Applicant:

This letter is an acknowledgement of your request for a Public Housing application. We are providing you with a **Preliminary Application**. The purpose of the pre-application is to permit the Housing Authority to preliminarily assess your eligibility or ineligibility and to determine placement on the waiting list.

**In order to qualify for Public Housing, you must first be (1) 21 years of age or older, (2) 18 years of age and married, or (3) have had your minority disability removed by the proper chancellor under Miss. Code 1972 93-19-1 et seq (1994 rev).**

Completed applications may be returned to the Housing Authority by mail or submitted in person during normal business hours. **Your date and time of application will be the date we receive the pre-application.**

You will be notified by mail to come into our office to make your formal application and determine if you are eligible for the program by verifying information you have given about your family composition, family income, past references and preference status. You will be required to provide certain documentation at that time (*ex. social security cards, birth certificates, picture id, documentation of income and preference status*).

**You are required to inform the Housing Authority in writing within ten (10) calendar days of changes in family composition, income, and address, as well as any changes in preference status.**

You are also required to respond to requests from the Housing Authority to update information on your application, or to determine your continued interest in assistance.

Failure to provide information or to respond to mailings will result in your application being removed from the waiting list.

Thank you, Public Housing Department



MISSISSIPPI REGIONAL HOUSING AUTHORITY IV



PRE-APPLICATION FOR PUBLIC HOUSING

For PHA Use Only: Date: \_\_\_\_\_ Time: \_\_\_\_\_ BR: \_\_\_\_\_ APP #: \_\_\_\_\_

Please check the county(ies) you wish to apply for; Circle your first choice if more than one checked:

- Columbus (Lowndes-Yorkville, Applewood, Stringer Manor) Ackerman (Choctaw-Millwood)
Crawford (Lowndes-Robinson Courts) Eupora (Webster-Westwood)
Starkville (Oktibbeha-Conner Heights) Louisville (Winston-Red Hills)
Maben (Oktibbeha-Scattered Sites) Grenada (Grenada-Oakwood Hills)

Please print using blue or black ink:

Family Composition: List members names and information who will be living in your household

Table with 7 columns: Name, Relation, Birth date, Age, Sex, Soc. Sec. # and 6 rows for family members.

List additional family member on a separate sheet of paper

Your Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone Number: \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Race (circle): White, Black, American Indian, Asian, Hawaiian/Pacific Islander, Mixed
Marital Status: Single, Married, Widowed, Separated, Divorced
Family Status: Family, Elderly/Disabled Ethnicity: Hispanic or Latino, Not Hispanic or Latino
Do you require a unit with handicap accessible features? Yes No
Are you a U.S. citizen by birth, naturalized or a national? Yes No
Are you or anyone in your household subject to a sex offender registration requirement under a State/National Sex offender registration program? Yes No

Income table with columns: Family Member's Name, Source of Income (Employer, SS/SSI, Child Support, Tanf, Unemployment), Amount Monthly.

List additional family income on a separate sheet of paper

Your Rental History for the last 7 years (do not include living with family members):

1. Landlord Name: \_\_\_\_\_ 2. Landlord Name: \_\_\_\_\_
Address: \_\_\_\_\_ Address: \_\_\_\_\_
City, State Zip: \_\_\_\_\_ City, State Zip: \_\_\_\_\_
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_
Address of Unit: \_\_\_\_\_ Address of Unit: \_\_\_\_\_
From \_\_\_\_\_ To \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

List additional rental history on a separate sheet of paper

I have no objections to inquiries being made for the purpose of verifying the statements made above. I/We certify the information given above to the Mississippi Regional Housing Authority IV is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are reasons for denial.

Signature(Head) Signature(Other Adult) Date

(For PHA Use Only) Previous claims with any PHA? Yes No Checked mdoc/nsopw.gov.? Yes No

Certification: The family has been found to be: Pre-Eligible Ineligible Inactive

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**LOCAL PREFERENCES**

**1. Involuntarily Displaced:**

- (a) I have (within the last 6 months) been displaced as a result of a disaster such as a fire, flood, hurricane, tornado, etc. located within the Housing Authority's area of operation and my housing unit is uninhabitable and I am not living in standard permanent replacement housing.    Yes    No (provide fire report, Red Cross letter, etc.)
- (b) I have (within the last 6 months) been displaced as a result of a disaster located within a federally declared disaster area and my housing unit is uninhabitable and I am not living in standard permanent replacement housing.    Yes    No (provide proof of residency, Red Cross letter, etc.)

**2. Working Preference:**

- (a) I currently reside within the Housing Authority's area of operation and I am currently employed (head, spouse or co-head) and my hire date was at least 6 months previous on \_\_\_\_\_ and I am working at least 20 hours per week or make the  
(hire date)  
equivalent of 20 hours at the current minimum wage.    Yes    No (provide last 4 check stubs)
- (b) I currently reside within the Housing Authority's area of operation and I am the head, spouse or sole member and am a person whose age is 62 or older, or am a person with disabilities.    Yes    No (provide Social Security/SSI letter)

**Certification:**

We do hereby certify that, as indicated above, we are , are not  applying for a local preference. We understand that prior to receiving the preference we will be required to furnish documented proof, as requested by the Housing Authority.

\_\_\_\_\_  
Signature(Head)

\_\_\_\_\_  
Signature(Other Adult)

\_\_\_\_\_  
Date

**(For PHA Use Only)**

The applicant does (\_\_\_) does not (\_\_\_) have a preference.

Reviewed By: \_\_\_\_\_ Date \_\_\_\_\_

**MISSISSIPPI REGIONAL HOUSING AUTHORITY IV  
P.O. BOX 1051  
COLUMBUS, MS 39703-1051  
PHONE (662) 327-4121 / FAX (662) 327-4344  
HEARING AND SPEECH IMPAIRED (662) 327-8114**

Authorization for Release of Information

CONSENT:

I authorize and direct any Federal, State, or local agencies, organization, business or individual to release to the Mississippi Regional Housing Authority IV any information regarding my application for participation, and/or to maintain my continued assistance under the Section 8 Rental Assistance, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization and the information obtained with its use will be given to and used by the Mississippi Regional Housing Authority IV in administering and enforcing program rules and policies.

INFORMATION COVERED

Date

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. include, but are not limited to:

Verifications and inquiries that may be requested,  
Identity and Martial Status  
Employment, Income and Assets  
Medical or Child Care Allowances  
Credit Reports, Landlord References  
Criminal Activity (which may include a NCIC search and drug related activities)

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

Previous Landlords (Including  
Other PHAs)  
Courts and Post Offices  
Schools and Colleges  
Law Enforcement Agencies  
Medical and Child Care Providers  
Retirement Systems  
Utility Companies  
EIV (UIV) System

Past and Present Employers  
Department of Human Services  
State Unemployment Agencies  
Social Security Administration  
Support and Alimony Providers  
Veterans Administrations  
Banks and other Financial Institutions  
Credit Providers and Credit Bureaus  
Pharmacies

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office. I understand I have a right to review my file and correct any information that I can document as incorrect.

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
DOB

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Name (Signature)

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DOB

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SS#

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Name (Signature)

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Name (Signature)

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DOB

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SS#