

HUD 811 Program: Wait List Referral Form

Revised July 5, 2016

The Georgia Department of Community Affairs (DCA) manages the Wait List for the HUD 811 program in the State of Georgia. DCA relies on the Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Department of Community Health (DCH) and their affiliated agencies to provide marketing, outreach, and referrals to the HUD 811 program. **All interested applicants must be referred to the HUD 811 program by DBHDD, DCH, or by one of the approved support service providers.** For more information concerning how to connect to a support service provider or to review the eligibility requirement for the program, please visit the HUD 811 webpage at <http://www.dca.ga.gov/housing/specialneeds/programs/section811pra.asp>.

Name of Applicant: _____		Date: _____	
Address: _____	Apt: _____	City: _____	State: _____ Zip: _____
Phone: _____	Email: _____		

Referring Agency: _____		Case Manager/Transition Coordinator: _____	
Address: _____	City: _____	State: _____	Zip: _____
Work Phone: _____	Cell Phone: _____	Email: _____	

Please list all household members that will be living in the HUD 811 rental unit. Include live-in aid on this chart.

Name of Household Member	Relationship to Head of Household (HOH)	Social Security Number	DOB	Age <small>(18 to 61 only)</small>	Sex
	HOH				

Applicant Certification: I/we certify that the information above is true and accurate. By signing below, the applicant and other adults authorize DCA to order national criminal background screening reports and credit reports on all adults planning to live in the household. By signing below, the applicant, and all adult household members give their consent for DCA to share these reports with your service provider and transition coordinator in order to assist you in preparing for the tenant screening process that will take place once you are referred to an 811 property.

Print Applicant's Name: _____	Signature: _____	Date: _____
Print Other Adult Household Member's Name: _____	Signature: _____	Date: _____
Print Other Adult Household Member's Name: _____	Signature: _____	Date: _____

Referring Agency Certification: I certify, that to the best of my knowledge, the head of household named above meets the eligible criteria for the HUD 811 Program and that the household meets the criteria in Items 1 through 4 below. This section must be completed and signed before the referral can be processed. The applicant and all adults planning to live in the household must sign and return the **HUD 811 Program: Authorization for the Release of Information** form along with this referral form.

1. **Ready to Move:** That the individual and/or household is ready to move and that they have the documentation needed to complete a standard rental application.
2. **Criminal Background:** That the individual or household has no member(s) that:
 - a. Has ever been convicted of manufacturing or producing methamphetamine on the premises of federally-assisted housing, and/or
 - b. Is subject to a life-time registration requirement under a State sex offender registration program.
3. **Income Status:** That the household's income is at or below 30% of the Area Median Income (AMI) for the area where the household wants to live.
4. **Age:** The eligible disabled applicant is 18 to 61 years of age at the time the application is submitted.

Agency Representative's Signature: _____ **Date:** _____ **DBHDD NTP #** _____

The HUD 811 program is a Project-Based Rental Assistance Program which provides a set-aside of subsidized rental units at designated apartment buildings located around the state. Please indicate up to three Counties in the box below where the applicant is interested in living. DCA will place the applicant on a central wait list and will refer the applicant to a property that has a vacancy in the counties (or in surrounding counties) that they have listed below. Position on the wait list is based on the date and time the application was received by DCA.

The HUD 811 property inventory can be found on DCA's HUD 811 website at <http://www.dca.ga.gov/housing/specialneeds/programs/section811pra.asp>
If the applicant has no preference and will take a referral to any property, please write "first available property" in the County Preference box below and the applicant will be referred to the first available vacancy when their name comes up on the wait list.

County Preference	Bedrooms (2 Persons/BR) subject to approval	Special Accommodations
1	1 BR	Wheelchair Access
2	2 BR	Hearing Impaired
3	3 BR	Visually Impaired
		Live-In Aid

Please complete demographic information for client being referred

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Please scan and email completed form to: **811Waitlist@dca.ga.gov**



HUD 811 Program: Authorization to Release Information

In order to determine your eligibility for the HUD 811 Project Based Rental Assistance (PRA) Program and to prepare you and your family to be referred to a participating HUD 811 property, the Georgia Department of Community Affairs (DCA) will check your national criminal background and will order credit reports for you and all adults living in your household. Each member of your household who is eighteen (18) years or older MUST sign this form. The signatures on this form will allow DCA to contact the appropriate party to obtain the required verifications. Failure to sign this form could lead to the denial or termination of your rental assistance.

DCA is required to protect the background information it obtains in accordance with any applicable State privacy law. HUD and DCA employees may be subject to penalties for unauthorized disclosure or improper use of the credit and criminal background information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

The undersigned hereby authorize DCA to obtain credit reports and national criminal background reports from HRTruCheck or other authorized vendor selected by DCA. Signatures of the spouse and other household members listed below, further authorize DCA to review all credit reports and criminal background reports with the Head-of-Household, your support service provider, and your support service team in order to prepare you for the tenant screening process at a HUD 811 property.

_____	_____	_____
Signature of Head-of-Household	Print Name of Head-of-Household	Date

_____	_____	_____
Signature of Spouse	Print Name of Spouse	Date

_____	_____	_____
Signature of Other Household Member Age 18+	Print Name of Other Household Member	Date

_____	_____	_____
Signature of Other Household Member Age 18+	Print Name of Other Household Member	Date

_____	_____	_____
Signature of Other Household Member Age 18+	Print Name of Other Household Member	Date

_____	_____	_____
Signature of Approved Live-In Aid (if applicable)	Print Name of Live-In Aide	Date