

PERRY METROPOLITAN HOUSING AUTHORITY

APPLICATION FOR PUBLIC HOUSING AND SECTION 8 HCV RENTAL ASSISTANCE

PLEASE PRINT CLEARLY

Last Name	First	Middle	
Street Address	City	State	Zip
Telephone Number	Email Address		

HOUSEHOLD COMPOSITION List head of household first plus all persons who will live in the household:

Name	Birth Date	Age	Sex	Relationship self	SS#	Race/Ethnicity

Racial and ethnic data for statistical purpose only

Yes No

- Is anyone in the household disabled? If yes, any special housing needs _____
- Do you have a live-in attendant? If yes, person's name _____
- Is anyone in the household pregnant?
- Do you have a family member(s) who is/are absent from the home but expected to return in the near future?
- Are you currently residing in a homeless shelter?
- Is head of household or spouse (widow or widower) of a veteran of the U.S. Military?
- Are you or other person listed a victim of domestic violence?
- Do you live in Perry County?
- Does anyone in the household owe a debt to any Housing Authority?

Marital Status: Single Married Separated Divorced Widowed

INCOME: Report ALL sources of income for ALL household members

Name	Source of Income and Address	Amount per month

Do you receive food stamps? YES NO; if yes, amount per month \$_____

ASSETS : Report ALL sources of assets for ALL household members

Name	Type of asset	Identify where held and address	Current balance

Have you disposed of any assets in the past two (2) years for less than fair market value? YES NO; if yes, identify asset(s) and \$ amount(s)_____

RESIDENCY:

How long have you lived at your present address? _____

Have you lived in any housing assisted by a federal housing program? YES NO; if yes, list name and address

Addresses for past five (5) years:

Address

Date of Rental (from – to)

Previous landlords: list landlord's name, address and date of rental

Name

Address

Date of Rental (from – to)

MISCELLANEOUS

Has any member of your household ever been convicted of a crime including drug-related and sexual offenses? (PMHA will verify through any and/or all available resources) YES NO if yes, complete the following:

Name _____ Date _____

County _____ State _____

Identify the crime _____

Did you file a federal income tax return last year? YES NO

List any additional information relevant to your application for housing _____

FOR THE APPLICANT: *I hereby certify that the information contained wherein is correct and complete to the best of my knowledge. I understand that Perry Metropolitan Housing Authority will verify all relevant information and that any intentional or willful misrepresentation of the facts included on this application will result in denial of housing.*

Signature of Applicant

Date _____

Completed application and forms can be returned to any of the following locations:

Crooksville Public Housing

26 Brown Circle Drive
Crooksville, Ohio 43731
Phone: (740) 982-5991
Fax: (740) 982-1274

Roseville Public Housing

13000 Parkview Drive
Roseville, Ohio 43777
Phone: (740) 697-0323
Fax: (740) 697-0411

Section 8 HCV Rental Assistance

26 Brown Circle Drive
Crooksville, Ohio 43731
Phone: (740) 982-8021
Fax: (740) 982-8025

Authority for information collection: The following laws authorize the collection of this information by HUD or Perry Metropolitan Housing Authority: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security number of all household members.

WARNING: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry, in any matter within the jurisdiction of a department or agency of the United State, shall be fined not more than \$10,000 or imprisoned for not more than five (5) year or both.

RELEASE OF INFORMATION

I hereby grant Perry Metropolitan Housing Authority permission to gather information from the following organizations. I understand that the information will be used to determine my family's eligibility for rental assistance with Perry Metropolitan Housing Authority.

- Ohio Bureau of Employment Services
- School and Training Institutions
- Department of Job & Family Services
- Workforce Development
- Perry County United Ministries
- Catholic Social Services
- Six County, Inc.
- Perry County Board of Developmental Disabilities
- Children Services
- Employers
- Child Support Agency
- Social Security Administration
- Community Action Program
- Child Care Provider
- Veterans Administration
- Credit Bureau
- Sheriff/Police Department (Criminal Background)
- First Advantage (Criminal Background)
- Vacated Tenant/REAC Debt Owed (Credit Check)
- Financial Institution: Account # _____
- Other: _____

Head of Household:

Print Name _____

SS# _____

Signature _____

Date _____

Other Adult 18+:

Print Name _____

SS# _____

Signature _____

Date _____

This form expires 15 months from the date signed.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.