Perry Metropolitan Housing: Application

Please check mark what program you are applying for below:

□ – Public Housing-Crooksville/Roseville
□ – Public Housing-Elderly/Disabled one bedroom
□ – Section 8 HVC Rental Assistance

What This Form is About

This form collects information that Perry Metropolitan Housing needs to figure out whether you're eligible for the program.

If You Are Eligible and Selected for Public Housing or Section 8 Voucher

- Your portion of the rent will be about 30% of what your household earns each month.

Important Things to Know

- You will have to submit some additional documents along with this form. **Use the Supporting Documents Checklist at the end to make sure you have everything you need.**
- If you need more space for your answers, you can use the Additional Information section at the end of this form.
- It's always free to apply, so you should never be charged any money to fill out this application.

What Happens After You Submit This Form

1. PHA will review your form to be sure it's complete, and to verify if you are eligible for Public Housing or Section 8 Voucher program. If you are not eligible, PHA will send you a letter notifying you too why.
2. PHA staff will contact you when a public housing unit becomes available or when funding is available under the Section 8 program. At that time, you will be scheduled for an in-office appointment and provided with instructions on the next steps in the housing process.

IF YOUR SITUATION CHANGES AFTER YOU APPLY

If your phone number, address, or income changes after you submit this application, call 740-982-5991, 740-697-0323 and 740-982-8021. It is very important that you tell Perry MHA about these changes or you might miss important updates.

IF YOU NEED HELP WITH THIS FORM

Perry MHA can answer your questions and help fill out this form. For assistance, contact us:

- By phone:
  740-982-5991
  740-697-0323
  740-982-8021
- In person:
  Please call the above numbers to schedule an appointment

RECIBA AYUDA EN SU IDIOMA

Si necesita ayuda en otro idioma para completar este formulario, llame al 740-982-5991, 740-697-0323,740-982-8021 *o visite la oficina de PHA* durante las horas de trabajo o comuníquese con la persona que lo refirió.

This form has 15 sections:

Head of Household

You are the "Head of Household." This means the lease will be in your name. Please tell us about yourself in this section.

Full Name (First, Middle, and Last)
Write your name as it appears on your social security card or other legal documents.

Birth Date (MM/DD/YYYY)

Social Security Number (If Any)

Sex (Choose One)

- ○ Female
- ○ Male

Preferred Language

- ○ English
- ○ Español
- ○ Other:_____

Race (Choose One)

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

Ethnicity

- ○ 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.

Are you a student?

- ○ Yes
- ○ No

Do you have a disability?

- ○ Yes
- ○ No

Citizenship and Immigration Status

- ○ U.S. Citizen
- ○ Non-U.S. Citizen with legal resident status

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).

Head of Household Contact Information

Email (If Any)

Phone Number

Can we text this number for information or updates?

- ○ Yes
- ○ No

Number and Street (Provide an address where you can receive mail.)

Unit

City

State

Zip Code

Co-Head of Household — Optional Section

You can add another adult who lives with you as a "Co-Head of Household." This person can:

- help manage your application, and
- keep the lease if something happens to you.

Full Name (First, Middle, and Last)
Write their name as it appears on their social security card or other legal documents.

Birth Date (MM/DD/YYYY)

Social Security Number (If Any)

Sex (Choose One)

- ○ Female
- ○ Male

Preferred Language

- ○ English
- ○ Español
- ○ Other:_____

Race (Choose One)

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

Ethnicity

- ○ 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.

Are they a student?

- ○ Yes
- ○ No

Do they have a disability?

- ○ Yes
- ○ No

Citizenship and Immigration Status

- ○ U.S. Citizen
- ○ Non-U.S. Citizen with legal resident status

Co-Head of Household Contact Information

Email (If Any)

Phone Number

Can we text this number for information or updates?

- ○ Yes
- ○ No

Do you want to use the same address as the Head of Household?

- ○ Yes (You do not need to provide an address below.)
- ○ No (Provide an address below.)

Number and Street (Provide an address that can receive mail.)

Unit

City

State

Zip Code

Household Members

List any other adults or children who live in the home, including children who are there at least 50% of the time, foster children in your care, and anyone who is temporarily away (such as for school, military service, foster care, or in the hospital).

If you need to add more than 5 people, you can list them in the Additional Household Members section at the end of this application. If you listed a Co-Head of Household in the previous section, you don't have to add them here. **If you are living alone, skip to Household Details, in the next section.**

Additional Household Member #1

Full Name (First, Middle, and Last)
Write their name as it appears on their social security card or other legal documents.

Social Security Number (If Any)

Birth Date (MM/DD/YYYY)

Relation to Head of Household (Choose One)

- ○ Spouse
- ○ Child under 18 years old
- ○ Other adult
- ○ Foster child or foster adult
- ○ Live-in aide

Sex (Choose One)

- ○ Female
- ○ Male

Ethnicity (Choose One)

- ○ Hispanic or Latino
- ○ Not Hispanic or Latino

Race (Choose One)

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

Do they have a disability?

○ Yes ○ No

Are they a student?

○ Yes ○ No

Citizenship and Immigration Status (Choose One)

- ○ U.S. Citizen
- ○ Non-U.S. Citizen with legal resident status

Additional Household Member #2

Full Name (First, Middle, and Last)
Write their name as it appears on their social security card or other legal documents.

Relation to Head of Household (Choose One)
- ○ Spouse
- ○ Child under 18 years old
- ○ Other adult
- ○ Foster child or foster adult
- ○ Live-in aide

Social Security Number (If Any)

Birth Date (MM/DD/YYYY)

Sex (Choose One)
- ○ Female
- ○ Male

Ethnicity (Choose One)
- ○ Hispanic or Latino
- ○ Not Hispanic or Latino

Race (Choose One)
- ○ American Indian/Alaskan Native
- ○ Asian/Pacific Islander
- ○ Black
- ○ White
- ○ Other:_____

Do they have a disability?
○ Yes ○ No

Are they a student?
○ Yes ○ No

Citizenship and Immigration Status (Choose One)
- ○ U.S. Citizen
- ○ Non-U.S. Citizen with legal resident status

Additional Household Member #3

Full Name (First, Middle, and Last)
Write their name as it appears on their social security card or other legal documents.

Relation to Head of Household (Choose One)
- ○ Spouse
- ○ Child under 18 years old
- ○ Other adult
- ○ Foster child or foster adult
- ○ Live-in aide

Social Security Number (If Any)

Birth Date (MM/DD/YYYY)

Sex (Choose One)
- ○ Female
- ○ Male

Ethnicity (Choose One)
- ○ Hispanic or Latino
- ○ Not Hispanic or Latino

Race (Choose One)
- ○ American Indian/Alaskan Native
- ○ Asian/Pacific Islander
- ○ Black
- ○ White
- ○ Other:_____

Do they have a disability?
○ Yes ○ No

Are they a student?
○ Yes ○ No

Citizenship and Immigration Status (Choose One)
- ○ U.S. Citizen
- ○ Non-U.S. Citizen with legal resident status

Additional Household Member #4

Full Name (First, Middle, and Last)
Write their name as it appears on their social security card or other legal documents.

Relation to Head of Household (Choose One)
- ○ Spouse
- ○ Child under 18 years old
- ○ Other adult
- ○ Foster child or foster adult
- ○ Live-in aide

Social Security Number (If Any)

Birth Date (MM/DD/YYYY)

Sex (Choose One)
- ○ Female
- ○ Male

Ethnicity (Choose One)
- ○ Hispanic or Latino
- ○ Not Hispanic or Latino

Race (Choose One)
- ○ American Indian/Alaskan Native
- ○ Asian/Pacific Islander
- ○ Black
- ○ White
- ○ Other:_____

Do they have a disability?
- ○ Yes ○ No

Are they a student?
- ○ Yes ○ No

Citizenship and Immigration Status (Choose One)
- ○ U.S. Citizen
- ○ Non-U.S. Citizen with legal resident status

Additional Household Member #5

Full Name (First, Middle, and Last)
Write their name as it appears on their social security card or other legal documents.

Relation to Head of Household (Choose One)
- ○ Spouse
- ○ Child under 18 years old
- ○ Other adult
- ○ Foster child or foster adult
- ○ Live-in aide

Social Security Number (If Any)

Birth Date (MM/DD/YYYY)

Sex (Choose One)
- ○ Female
- ○ Male

Ethnicity (Choose One)
- ○ Hispanic or Latino
- ○ Not Hispanic or Latino

Race (Choose One)
- ○ American Indian/Alaskan Native
- ○ Asian/Pacific Islander
- ○ Black
- ○ White
- ○ Other:_____

Do they have a disability?
- ○ Yes ○ No

Are they a student?
- ○ Yes ○ No

Citizenship and Immigration Status (Choose One)
- ○ U.S. Citizen
- ○ Non-U.S. Citizen with legal resident status

Household Details

Please share some more details about your household.

Do you expect a change in your household size in the next year (such as someone moving in, a new baby being born, or children in foster care)? We ask this to see how many bedrooms you need.

- ○ No
- ○ Yes (Fill out the information below.)

Briefly explain:

Past Public Assistance

Have you or a household member received Public Housing or Section 8 assistance in the past?

- ○ No (Skip to Background.)
- ○ Yes (Fill out the information below.)

Name of Household Member: | Start Date (MM/YY): | End Date (MM/YY):

Where did they receive the housing assistance?

Has anyone in your household been evicted from Public Housing or Section 8 housing?

- ○ No
- ○ Yes (Fill out the information below.)

Name of Household Member:

Have you or anyone in your household been convicted of methamphetamine production on the premises of Public Housing or Section 8 housing?

- ○ No
- ○ Yes (Fill out the information below.)

Name of Household Member:

Background

Are you or is anyone in your household subject to a lifetime requirement for registration under a state sex-offender registration program?

- ○ No
- ○ Yes (Fill out the information below.)

Name of Household Member:

Reasonable Accommodations

Do any members of your household have a disability?

- ○ No (Skip to Income and Benefits.)
- ○ Yes (Fill out the information below.)

Name of Household Member(s) with a disability:

A person with a disability has a physical or mental condition that makes it hard to do everyday activities. These activities can include seeing, hearing, speaking, walking, breathing, using your hands, taking care of yourself, thinking, learning, and communicating.

Do the household members with disabilities need reasonable accommodations?

- ○ No
- ○ Yes

+ Submit the *Disability and Reasonable Accommodations Verification* form.

Reasonable accommodations help people with disabilities live comfortably and safely. Examples include accessible parking, hearing or sight-impaired aids, a live-in aide, and step-free or wheelchair-accessible units.

Income and Benefits (Social Security is under benefits)

Provide some information about the money your household earns and the benefits you're receiving.

Employment Income

Are you or anyone in the household (18 or older) receiving, or expecting to receive, any of the following types of employment income in the next 12 months? (Mark all that apply.)

- ☐ Wages, tips, and gratuities
- ☐ Self-employment income
- ☐ Seasonal employment income
- ☐ Independent-contracting income (for example, from being a food delivery driver)
- ☐ Armed Forces regular pay, special pay, and allowances (combat pay and special pay from hostile fire excluded)
- ☐ No household members are receiving, or expecting to receive, these types of income in the next 12 months. (Skip to Child Support.)

For all employment income sources selected above, complete the information below. If you need to add more than 8 sources, use the Additional Information section at the end of this document.

EMPLOYMENT INCOME SOURCE #1

Name of Household Member	**Payment Frequency** (Weekly, Monthly, Annually, etc.)	**How much do you get paid each time?** (Estimated)
		$

Job Duration (All Year, 3 Months, 16 Weeks, etc.)	**Employer**	**Employer Phone Number**

EMPLOYMENT INCOME SOURCE #2

Name of Household Member	**Payment Frequency** (Weekly, Monthly, Annually, etc.)	**How much do you get paid each time?** (Estimated)
		$

Job Duration (All Year, 3 Months, 16 Weeks, etc.)	**Employer**	**Employer Phone Number**

EMPLOYMENT INCOME SOURCE #3

Name of Household Member

Payment Frequency (Weekly, Monthly, Annually, etc.)

How much do you get paid each time? (Estimated)

$

Job Duration (All Year, 3 Months, 16 Weeks, etc.)

Employer

Employer Phone Number

EMPLOYMENT INCOME SOURCE #4

Name of Household Member

Payment Frequency (Weekly, Monthly, Annually, etc.)

How much do you get paid each time? (Estimated)

$

Job Duration (All Year, 3 Months, 16 Weeks, etc.)

Employer

Employer Phone Number

EMPLOYMENT INCOME SOURCE #5

Name of Household Member

Payment Frequency (Weekly, Monthly, Annually, etc.)

How much do you get paid each time? (Estimated)

$

Job Duration (All Year, 3 Months, 16 Weeks, etc.)

Employer

Employer Phone Number

EMPLOYMENT INCOME SOURCE #6

Name of Household Member

Payment Frequency (Weekly, Monthly, Annually, etc.)

How much do you get paid each time? (Estimated)

$

Job Duration (All Year, 3 Months, 16 Weeks, etc.)

Employer

Employer Phone Number

EMPLOYMENT INCOME SOURCE #7

Name of Household Member	**Payment Frequency** (Weekly, Monthly, Annually, etc.)	**How much do you get paid each time?** (Estimated)
		$

Job Duration (All Year, 3 Months, 16 Weeks, etc.)	**Employer**	**Employer Phone Number**

EMPLOYMENT INCOME SOURCE #8

Name of Household Member	**Payment Frequency** (Weekly, Monthly, Annually, etc.)	**How much do you get paid each time?** (Estimated)
		$

Job Duration (All Year, 3 Months, 16 Weeks, etc.)	**Employer**	**Employer Phone Number**

Please note that for each listed income source, you will need to provide supporting documentation. You can find a list of accepted documents in the **Supporting Documents Checklist** later in this document.

Changes to Employment Income

Do you expect any changes to your household's employment income amount? Examples include receiving a raise or pay cut, or changing the number of hours worked.

- ○ No (Continue to Child Support.)
- ○ Yes (Fill out the information below.)

Briefly explain the changes you expect:

Child Support

Does anyone in your household receive child support payments?

- ○ No (Skip to Benefits.)
- ○ Yes (Fill out the information below.)

Name(s) of the children receiving support:

Name of the household member(s) receiving payments:

Do you get child support payments regularly and in full?

- ○ No
- ○ Yes

Can you submit proof of the child support payments you have received in the last 12 months?
Accepted documents include copies of most recent checks (showing date, amount, and check number) or recent original letters from the court.

- ○ No
  - + Submit the *Child Support Verification* form.
- ○ Yes (Submit proof of child support alongside this form.)

Benefits

Are you or anyone in the household receiving, or expecting to receive, any of the following benefits in the next 12 months? (Mark all that apply.)

- ☐ Social Security/SSI
- ☐ Public assistance (for example, TANF or SNAP)
- ☐ Worker's compensation (only included if received for more than a year)
- ☐ Veteran's benefits
- ☐ Disability/SSDI
- ☐ Unemployment
- ☐ Welfare rent
- ☐ Other:_____
- ☐ No household members are receiving, or expecting to receive, these benefits in the next 12 months. (Skip to Other Sources of Income.)

For each type of benefit selected above, complete the information below. If you need to add more than 5 benefits, use the Additional Information section at the end of this document.

BENEFITS SOURCE #1

Type of Benefit

Which household member receives it?

Payment Frequency (Weekly, Monthly, etc.)

How much is paid each time? (Estimated)

$

BENEFITS SOURCE #2

Type of Benefit

Which household member receives it?

Payment Frequency (Weekly, Monthly, etc.)

How much is paid each time? (Estimated)

$

BENEFITS SOURCE #3

Type of Benefit

Which household member receives it?

Payment Frequency (Weekly, Monthly, etc.)

How much is paid each time? (Estimated)

$

BENEFITS SOURCE #4

Type of Benefit

Which household member receives it?

Payment Frequency (Weekly, Monthly, etc.)

How much is paid each time? (Estimated)

$

BENEFITS SOURCE #5

Type of Benefit

Which household member receives it?

Payment Frequency (Weekly, Monthly, etc.)

How much is paid each time? (Estimated)

$

Other Sources of Income

Are you or anyone in the household receiving, or expecting, to receive any of the following types of income in the next 12 months? (Mark all that apply.)

- ☐ Retirement account distributions (from pension, IRA, etc.)
- ☐ Money received regularly from family or friends outside of your household
  - ➕ Submit the *Regular Contributions Verification* form.
- ☐ Real estate income or sales
- ☐ Trust distributions
- ☐ Other: _____
- ☐ No household members are receiving, or expecting to receive, these types of income in the next 12 months. (Skip to Household Income and Benefits Certification.)

For each type of income selected above, complete the information below. If you need to add more than 4 sources of income, use the Additional Information section at the end of this document.

SOURCE OF INCOME #1

Type of Income

Which household member receives it?

Payment Frequency (Weekly, Monthly, etc.)

How much is paid each time? (Estimated)

$

SOURCE OF INCOME #2

Type of Income

Which household member receives it?

Payment Frequency (Weekly, Monthly, etc.)

How much is paid each time? (Estimated)

$

SOURCE OF INCOME #3

Type of Income

Which household member receives it?

Payment Frequency (Weekly, Monthly, etc.)

How much is paid each time? (Estimated)

$

SOURCE OF INCOME #4

Type of Income

Which household member receives it?

Payment Frequency (Weekly, Monthly, etc.)

How much is paid each time? (Estimated)

$

Please note that for each listed income source, you will need to provide supporting documentation. You can find a list of accepted documents in the **Supporting Documents Checklist** later in this document.

Changes to Other Sources of Income

Do you expect any changes to your household's other sources of income within the next 12 months? Examples could include starting to receive money from a retirement account, or no longer getting regular payments from a friend or family member.

- ○ No
- ○ Yes (Complete the information below.)

Briefly explain the changes you expect:

Household Income and Benefits Certification

It is important that the information you shared above is accurate and complete, and that you will inform Perry MHA of any changes to your household income and benefits.

Do you certify that you are aware of the requirement to report any changes in income to Perry MHA within 10 days?

- ○ Yes
- ○ No

Do you certify that the information provided about your household's income and benefits is accurate and complete?

- ○ Yes
- ○ No

Assets

Please tell us about any assets your household has.

Do you or anyone in your household have any assets? Examples include bank accounts, properties, money stored in mobile payment apps, luxury items, recreational vehicles, collectibles, stocks, life insurance. Do not include retirement accounts or educational savings accounts.

- ○ No (Skip to Disposal of Assets.)
- ○ Yes

Does your household have assets over $54,898? Household assets are the value of what you own (like money, stocks, and property).

- ○ No, household assets are **under or equal** to $54,898.
- ○ Yes, household assets are **over** $54,898. (You will need to provide additional documentation.)

Submit supporting documentation and the *Assets Verification* form. You can find examples of accepted documents in the **Supporting Documents Checklist** later in this document.

Real Estate Assets

Do you or anyone in your household own any form of real estate?
Examples include properties, land, houses, commercial buildings, or timeshares.

- ○ No (Skip to Bank Accounts and Other Assets.)
- ○ Yes

Do you think you may qualify for an exception to the rule that limits assistance for households that own property and are survivors of abuse?

If you or a household member are a survivor of domestic violence, dating violence, sexual assault, or stalking, you may be eligible for an exception to the rule that limits assistance for families who own property.

- ○ Yes, I believe I may qualify for this exception and would like to speak with the PHA's coordinator to learn more.
- ○ No, I don't believe this applies to me.

Mark the type(s) of real estate assets your household owns:

- ☐ Timeshares
- ☐ Residential property (individually or jointly owned)
- ☐ Commercial property (individually or jointly owned)
- ☐ Other property (individually or jointly owned): _____

For all real estate asset(s) selected, complete the information below. If you need to add more than 2 real estate assets, use the Additional Information section at the end of this document.

REAL ESTATE ASSET #1

Type of Asset

Name of Asset Holder

How much is the property worth in cash?

This means the market value of the property minus any mortgages, loans, or costs to sell it. If the property is worth less than the amount owed, enter $0 (this is called being "underwater" or "upside down" on the mortgage).

$

What are the reasons your household can't live there? (Mark all that apply.)

- ☐ The property is not residential (for example, it's a commercial building).
- ☐ The property does not meet State or local housing laws.
- ☐ The property does not meet the disability needs of all household members (for example, it is not accessible, does not have enough bedrooms for disability-related needs, or is too far from accessible transportation, medical care, or other support services).
- ☐ The property is too small for the household.
- ☐ The property's location makes daily life difficult (for example, it is too far from work or school).
- ☐ The property is in poor condition and not safe for the household members.
- ☐ Other:_____

Based on the option(s) selected above, provide supporting documentation as evidence of why your household can't live there.

Are you currently offering the property for sale?

○ Yes ○ No

Do you or any member of your household have the legal authority to sell the property?

○ Yes ○ No

REAL ESTATE ASSET #2

Type of Asset

Name of Asset Holder

How much is the property worth in cash?

$

This means the market value of the property minus any mortgages, loans, or costs to sell it. If the property is worth less than the amount owed, enter $0 (this is called being "underwater" or "upside down" on the mortgage).

What are the reasons your household can't live there? (Mark all that apply.)

- ☐ The property is not residential (for example, it's a commercial building).
- ☐ The property does not meet State or local housing laws.
- ☐ The property does not meet the disability needs of all household members (for example, it is not accessible, does not have enough bedrooms for disability-related needs, or is too far from accessible transportation, medical care, or other support services).
- ☐ The property is too small for the household.
- ☐ The property's location makes daily life difficult (for example, it is too far from work or school).
- ☐ The property is in poor condition and not safe for the household members.
- ☐ Other:_____

Based on the option(s) selected above, provide supporting documentation as evidence of why your household can't live there.

Are you currently offering the property for sale?

○ Yes ○ No

Do you or any member of your household have the legal authority to sell the property?

○ Yes ○ No

Bank Accounts and Other Assets

What types of accounts or other assets does your household have? (Mark all that apply.)

- ☐ Bank accounts (includes checking and savings, individually or jointly held)
- ☐ Stocks, bonds, and mutual funds
- ☐ Annuities
- ☐ Cash value of life insurance
- ☐ Luxury items or items that are not necessary (for example, collectibles, jewelry, a recreational boat or vehicles not used for regular transportation)
- ☐ Cryptocurrency accounts
- ☐ Objects or collections of value that can be converted into cash (for example, coin collections or recreational vehicles)
- ☐ Money stored in mobile payment apps
- ☐ Other (do not include retirement accounts, 529 educational savings accounts):

  _____
- ☐ No household members have these types of assets. (Skip to Disposal of Assets.)

For all bank accounts and assets selected above, complete the information below. If you need to add more than 4 bank accounts or assets, use the "Additional Information" section at the end of this document.

BANK ACCOUNT OR ASSET #1

Name of Asset Holder | **Type of Asset** | **Balance or Current Value**

		$

How much income do you expect to earn from this asset in the next year?

$

This includes interest, dividends, and other earnings. Any assets for which you received Form 1099 tax documents should be counted here.

BANK ACCOUNT OR ASSET #2

Name of Asset Holder | **Type of Asset** | **Balance or Current Value**

		$

How much income do you expect to earn from this asset in the next year?

$

This includes interest, dividends, and other earnings. Any assets for which you received Form 1099 tax documents should be counted here.

BANK ACCOUNT OR ASSET #3

Name of Asset Holder | **Type of Asset** | **Balance or Current Value**

$

How much income do you expect to earn from this asset in the next year?

$

This includes interest, dividends, and other earnings. Any assets for which you received Form 1099 tax documents should be counted here.

BANK ACCOUNT OR ASSET #4

Name of Asset Holder | **Type of Asset** | **Balance or Current Value**

$

How much income do you expect to earn from this asset in the next year?

$

This includes interest, dividends, and other earnings. Any assets for which you received Form 1099 tax documents should be counted here.

Remember: If your household assets are **over $51,600**, you will need to submit supporting documentation and the *Assets Verification* form. You can find examples of accepted documents in the **Supporting Documents Checklist** later in this document.

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 →

Disposal of Assets

The U.S. Department of Housing and Urban Development (HUD) requires Perry MHA to check whether you or anyone in your household has given away, gotten rid of, or sold any assets for less than they were worth in the past 2 years.

Assets include (but are not limited to):

- Cash from inheritances, insurance payouts, or lottery winnings
- Life insurance policies with cash value
- Money in savings accounts, stocks, bonds, or retirement funds
- Property, land, or other valuable investments
- Valuables like jewelry, coin collections, cars, RVs or boats

In the past 2 years, have you or any household members, sold, given away, or transferred any assets for less than they were worth?

○ No

○ Yes (Fill out the information below.)

What was the asset?	What was the value of the asset at that time?
	$
When did you get rid of it?	How much money did you receive for it?
	$

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 →		

Expenses

Fill out this section to see if you have any expenses that could lower your rent. You'll need to provide documentation verifying this information.

Childcare Expenses

Does anyone in your household pay for childcare? The child cared for must be a household member younger than 13.

- ○ No (Skip to Disability Expenses.)
- ○ Yes

Does your household receive reimbursement for childcare costs from any agency or individual outside the household?

- ○ No
- ○ Yes (Skip to Disability Expenses.)

Does paying for this childcare allow a household member to work, go to school, or look for a job?

- ○ No (Skip to Disability Expenses.)
- ○ Yes ▾

  ✚ Submit receipts or enrollment documents as proof of your childcare expenses to qualify to pay less rent. If you can't provide proof of your childcare expenses, you will need to submit the *Childcare Verification* form.

Disability Expenses

Does anyone in your household have a disability? A person with a disability has a physical or mental condition that makes it hard to do everyday activities. These activities can include seeing, hearing, speaking, walking, breathing, using your hands, taking care of yourself, thinking, learning, and communicating.

- ○ No (Skip to Health and Medical Expenses.)
- ○ Yes (Fill out the information below.) ▾

  Name(s):

  ✚ If anyone in your household has a disability, provide either proof of Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits, **OR** fill out the *Disability and Reasonable Accommodations* form.

Does someone in your household pay for a caretaker OR pay for medical equipment for a person with a disability in your household?

- ○ No (Skip to Health and Medical Expenses.)
- ○ Yes

Do they need to pay for the caretaker or medical equipment so they can go to work or to school?

- ○ No (Skip to Health and Medical Expenses.)
- ○ Yes ▾

  ✚ Submit proof of expenses **AND** the *Disability Expenses Verification* form.

Health and Medical Expenses

Are you, your spouse, or the co-head of household 62 years old or older?

◯ No ◯ Yes

Do you, your spouse, or the co-head of household have a disability?

◯ No ◯ Yes

If you answered "No" to both questions, skip to Form Assistance.

Does anyone in your household expect to have any of the following expenses in the next 12 months? Only consider medical expenses that you pay out of pocket and are not covered by insurance or someone else.

- Regular pharmacy expenses
- Regular payments for Medicare premium or medical insurance
- Payments for debts of past medical bills (such as doctor visits, hospital stays, medical equipment, hearing aids, dental or vision care, etc.)
- A medical expense anticipated in the next 12 months

◯ No (Skip to Form Assistance.)

◯ Yes ▾

If your household has any of the health and medical expenses mentioned above, submit the *Health and Medical Expenses Verification* form **AND** receipts (if you have them) to qualify to pay less rent.

Form Assistance

Let us know if you received assistance filling out this form in case we need more details about your application submission.

Did an individual or organization assist you with completing this application?

- ○ No (Skip to Ongoing Support with Your Benefits.)
- ○ Yes (Fill out the person's contact details below.)

Name of Person:

Name of Organization (If Any):

Phone Number:

Email (Optional):

Authorization to Share Information

Would you like this person to receive information about your household, recertification, and Public Housing program status?

- ○ Yes
- ○ No

Ongoing Support with Your Benefits — Optional Section

Fill out this page if you want to designate an individual that Perry MHA can contact in case you have any issues with your benefits or need special assistance. Consider listing a family member, friend, or trusted organization.

Do you want to add a contact for ongoing support?

- ○ No (Skip to Information Release.)
- ○ Yes (Fill out the person's contact details below.)

Name of Person:

Name of Organization (If Any)

Phone Number:

Email (Optional):

Address:

Do you understand that by giving this information, you allow Perry MHA to share records with the organization listed above?

The records will be shared under your name and the names of any minor children in your custody or care.

- ○ Yes, I understand.
- ○ No, I do not wish to continue adding a contact for ongoing support with my application (Skip to Information Release.)

The information shared may include name, address, contact information, demographic information about your household, information regarding referral and lease-up for housing assistance, and information regarding participation in the Housing programs.

When should Perry MHA contact this person or organization for support? (Mark all that apply.)

- ☐ All of the below
- ☐ Emergency eviction from unit
- ☐ Unable to contact you
- ☐ Termination of assistance
- ☐ Late payment of rent
- ☐ Assist with Recertification
- ☐ Change in lease terms
- ☐ Change in house rules

Information Release

Before you sign and submit this application, it is important to understand how we (Perry MHA and our related organizations) will use and share information about you and the people listed on this application.

Who We Might Contact

We may contact, request verification, and receive information from:

- income or asset sources or agencies to verify information on your finances,
- health care providers or professionals to confirm your disability and reasonable accommodations if you provide their names and contact information, and
- credit reporting agencies to request your consumer report, including income, credit, and employment information.

How We Use Your Information

We will use the information you provided as part of the application and your documents to:

- confirm your eligibility to participate in the Public Housing program,
- determine the number of bedrooms you need,
- calculate how much rent you will pay,
- reach out to you for additional information via email, mail, text, or phone call,
- answer your questions, improve our services, and
- and comply with federal housing program rules and reporting requirements.

How We Share Your Information

We may share information or documentation you provide in this application with:

- property management companies for housing units subsidized by Perry MHA,
- Public Housing Authorities, and other government agencies that help administer housing programs,
- other agencies as required to determine your eligibility, and
- the Department of Housing and Urban Development.

What We Don’t Do with Your Information

We will **not** share your information with advertisers or law enforcement, unless we are legally required to.

For more details on how your information may be used and shared, you can review HUD Form 9886-A (Authorization for the Release of Information/Privacy Act Notice). Ask Perry MHA for a copy.

Certification and Consent

Please take a moment to review your responses in this packet. By signing in the section below, you confirm that the statements you've made in these forms are complete and true.

Certification

Do you certify that the statements you've made in these forms are complete and true, based on the information available to you?

◯ Yes

◯ No (**We cannot accept your submission**.)

Do you understand that intentionally making false statements or misrepresentations is a criminal offense and that they may result in the denial of your application for Public Housing or the loss of Public Housing benefits?

◯ Yes

◯ No (**We cannot accept your submission**.)

Do you understand that if you're admitted to the program, you must follow the rules and regulations established by HUD and by Perry MHA as outlined in the Public Housing Program Administrative Plan? You can find these rules in the Household Obligations section later on this packet.

◯ Yes

◯ No (**We cannot accept your submission**.)

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 →		

Consent

By signing below, I give permission to Perry MHA to check my legal immigration status and the legal immigration status of my household members. I understand that Perry MHA may do this by sharing my information with USCIS (United States Citizenship and Immigration Services) or with the US Department of Housing and Urban Development (HUD). **All members of your household must sign this page, even if they have been a U.S. citizen from birth.**

I also understand that:

- *Perry MHA* is required to verify my immigration status to figure out if my household is eligible for housing assistance.
- HUD might share my information with USCIS.
- Once *Perry MHA* or HUD shares my information with USCIS, they cannot control or take responsibility for how USCIS uses or shares my information.

I give permission to *Perry MHA* to use and share information about me and other people listed on this form for the reasons described in the Information Release section of this form.

All household members 18 years or older must sign below:

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

	Signature of Household Member (18 or Older)	**Name of Household Member**	**Date**
SIGN →			

	Signature of Household Member (18 or Older)	**Name of Household Member**	**Date**
SIGN →			

	Signature of Household Member (18 or Older)	**Name of Household Member**	**Date**
SIGN →			

	Signature of Household Member (18 or Older)	**Name of Household Member**	**Date**
SIGN →			

Household Obligations

Families receiving rental assistance must meet the Household Obligations in order to continue participating in the program. **Violation of any obligation may result in the termination of assistance.** Carefully read the household obligations below:

Providing Required Information and Documentation

- The household must provide any information that the Public Housing Agency (PHA) or HUD asks for, including proof of social security number, citizenship, and immigration status.
- The household must sign consent forms to allow the PHA to verify and obtain information.
- Any information provided by the household must be true and complete.
- The household must provide any information the PHA requests to confirm they are living in the unit or to explain any time they are away from the unit.

Caring for the Home and Inspections

- The household is responsible for any damage of the unit beyond normal wear and tear.
- The household must pay utility bills and provide and maintain any appliances that the PHA is not required to provide under the lease.
- The household must allow the PHA to inspect the unit at reasonable times and after reasonable notice.

Household

- The household must live in the home, and it must be their only place of residence.
- The PHA must approve everyone living in the home.
- The household must notify the PHA in writing if they have a baby, adopt a child, or gain custody of a child. They must also get PHA approval before adding anyone else to the household.
- The household must notify the PHA right away if anyone moves out of the home.
- The household must not sublease the unit, assign the lease, or transfer the unit.

Respecting the Lease and Moving Out

- The household must not commit any serious or repeated violation of the lease.
- The household must notify the PHA before moving out of the unit or terminating the lease.

Misconduct and Criminal Activity

- Household members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program.
- Household members must not engage in drug-related criminal activity, violent criminal activity, or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.
- Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises.

Community Service and Self-Sufficiency Requirement (CSSR)

Adults (18 or older) living in public housing may have to complete at least 8 hours each month of community service, an economic self-sufficiency program, or a mix of both. This only applies to adults who are **not exempt** from the requirement.

Adults are **exempt** (which means they **do not** have to do the 8 monthly hours) if they:

- are 62 years old or older
- have a disability that keeps them from working or volunteering
- are the main caregiver for someone with a disability
- are already working at least 30 hours per week
- are part of a TANF or SNAP work program
- are in a job training or educational program that meets HUD's rules

After reading and understanding the Household Obligations, all adult (18 or older) household members must sign below:

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

	Signature of Household Member (18 or Older)	**Date**
SIGN →		

	Signature of Household Member (18 or Older)	**Date**
SIGN →		

	Signature of Household Member (18 or Older)	**Date**
SIGN →		

	Signature of Household Member (18 or Older)	**Date**
SIGN →		

Supporting Documents Checklist

This checklist helps you determine which supporting documents you are required to submit with your completed application.

Part 1: Verify Identity – Required

Make sure everyone in your household provides a supporting document for each checkbox below.

Social Security Number

☐ **Proof of Social Security Number (SSN)** (Provide one for every household member. The document must state the SSN.) Accepted documents include:

- Social Security Card
- IRS Form 1099
- Court records stating name and Social Security Number
- Social Security benefits letter
- Public assistance letters
- Letter issued by a government agency stating name and Social Security Number
- Medicare card/letter

Citizenship or Immigration Status

☐ **Proof of Citizenship or Immigration Status** (Provide one for every household member.) Accepted documents include:

- U.S. birth certificate
- U.S. passport
- Certificate of Citizenship
- Certificate of U.S. Naturalization
- Photocopy of front and back of valid permanent resident card or “green card” (I-551)
- USCIS receipt (I-797) that shows that individual entitlement has been verified (not that it is pending)
- Copy of the I-94 form

☐ *Declaration 214* form (Provide one for every household member.)

Photo ID

☐ **Proof of Name and Appearance** (Provide one for every household member 18 years or older.) Accepted documents include:

- U.S. passport
- Driver’s license
- Passport
- Government-issued photo identification

Part 2: Verify Application Statements

Review this checklist carefully—some documents may not apply to you. Mark the checkboxes of the situations that apply to you and provide the specified documentation.

Income and Benefits

☐ If anyone in your household **receives income** (as defined on the Income and Benefits section), provide the documents below **OR** submit the *Employment Verification* form.

- For employment or self-employment: two consecutive and current pay stubs from employer, **OR** last year's tax return
- For other forms of income: statement showing amount and frequency

☐ If anyone in your household **expects a change in income in the next year,** provide documentation explaining the change in income (for example, a letter from your employer, proof of change in the benefit amount).

☐ If anyone in your household **receives benefits,** provide enrollment documents or benefit statements.

☐ If anyone in your household **receives child support,** provide pay stubs or other documentation showing the payments **OR** submit the *Child Support Verification* form.

☐ If anyone in your household **regularly receives money** from family or friends outside of your household, submit the *Regular Contributions Verification* form.

Assets

☐ If your total household **assets are over $51,600**, provide evidence of assets, such as bank statements or other documents provided by your financial institution **OR** submit the *Assets Verification* form.

☐ If you **own property**, provide evidence of why your household can't live there.

Household and Childcare

☐ If a **foster child or adult lives in the home**, provide a copy of legal document proving guardianship or custody **OR** a letter from a social services agent confirming child's residence.

☐ If a **minor lives in the home with neither legal parent**, provide a copy of legal document proving guardianship or custody **OR** a letter from social services agent confirming child's residence.

☐ If your household **pays for childcare** for children younger than 13 **AND** paying for childcare allows someone to go to work, school or look for a job, provide proof of your childcare expenses (like receipts or invoices) **OR** submit the *Childcare Verification* form.

Disability and Health

☐ If anyone in your household **has a disability**, provide either proof of Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits, **OR** submit the *Disability and Reasonable Accommodations* form.

☐ If anyone in your household **requires reasonable accommodations** (as defined on the Reasonable Accommodations section), submit the *Disability and Reasonable Accommodations* form.

☐ If anyone in your household **has eligible disability expenses**, submit the *Disability Expenses Verification* form. (See the Disability Expenses section for a list of eligible expenses.)

☐ **If you, your spouse, or the co-head of household is disabled OR 62 years or older**, **AND** a member of the household **expects to have eligible health and medical expenses in the next 12 months**:

- Submit medical bills, invoices, and receipts.
- Submit the *Health and Medical Expenses Verification* form.
- (See the Health and Medical Expenses section for a list of eligible expenses.)

Students

☐ If an adult (18 or older) in your household **is a full-time student**, submit the *Full-Time Student Status Verification* form **OR** provide the documents listed below.

- **High school and college students:** most recent report card **OR** a recent transcript **OR** a letter from a school official confirming enrollment and full-time status
- **Students in adult training programs:** enrollment documents **OR** a letter from a program official confirming full-time status

☐ If anyone in your household is a student **receiving financial assistance for higher education:**

- Submit the *Student Expenses and Financial Assistance Verification* form.
- Provide documents as proof of the financial assistance and student expenses, such as receipts, financial assistance award letters, statements from school, or letters confirming aid/stipends.

Additional Household Members

Use this section if you ran out of space and were not able to add all the household members in the Household Members section at the beginning of this application.

Additional Household Member #6

Full Name (First, Middle, and Last)
Write their name as it appears on their social security card or other legal documents.

Social Security Number (If Any)

Birth Date (MM/DD/YYYY)

Sex (Choose One)

- ○ Female
- ○ Male

Race (Choose One)

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

Relation to Head of Household (Choose One)

- ○ Spouse (If not Co-Head)
- ○ Child under 18 years old
- ○ Other adult
- ○ Foster child or foster adult
- ○ Live-in aide

Ethnicity (Choose One)

- ○ 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.

Do they have a disability?

- ○ Yes
- ○ No

Citizenship and Immigration Status (Choose One)

- ○ U.S. Citizen
- ○ Non-U.S. Citizen with legal resident status

Are they a student?

- ○ Yes
- ○ No

Additional Household Member #7

Full Name (First, Middle, and Last)
Write their name as it appears on their social security card or other legal documents.

Social Security Number (If Any)

Birth Date (MM/DD/YYYY)

Sex (Choose One)

- ○ Female
- ○ Male

Race (Choose One)

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

Relation to Head of Household (Choose One)

- ○ Spouse (If not Co-Head)
- ○ Child under 18 years old
- ○ Other adult
- ○ Foster child or foster adult
- ○ Live-in aide

Ethnicity (Choose One)

- ○ 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.

Do they have a disability?

- ○ Yes
- ○ No

Citizenship and Immigration Status (Choose One)

- ○ U.S. Citizen
- ○ Non-U.S. Citizen with legal resident status

Are they a student?

- ○ Yes
- ○ No

Additional Household Member #8

Full Name (First, Middle, and Last)
Write their name as it appears on their social security card or other legal documents.

Social Security Number (If Any)

Birth Date (MM/DD/YYYY)

Sex (Choose One)

- ○ Female
- ○ Male

Race (Choose One)

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

Ethnicity (Choose One)

- ○ 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.

Relation to Head of Household (Choose One)

- ○ Spouse (If not Co-Head)
- ○ Child under 18 years old
- ○ Other adult
- ○ Foster child or foster adult
- ○ Live-in aide

Do they have a disability?

- ○ Yes
- ○ No

Citizenship and Immigration Status (Choose One)

- ○ U.S. Citizen
- ○ Non-U.S. Citizen with legal resident status

Are they a student?

- ○ Yes
- ○ No

Additional Information

Use this page if you ran out of space in another part of this application. You can add any additional information that you didn't have space for in another part. Specify which part the information belongs in.