

SHELBY METROPOLITAN HOUSING AUTHORITY

JACKSON TOWERS
333 E. NORTH STREET
SIDNEY, OHIO 45365

OFFICE HOURS
8:00 AM to NOON
and 1:00 PM to 5:00 PM
Monday through Friday

TELEPHONE
(937) 492-7100

QUALIFICATIONS

THE SHELBY METROPOLITAN HOUSING AUTHORITY HOUSES A CROSS-SECTION OF LOW-TO-MODERATE INCOME FAMILIES.

TO BE ELIGIBLE FOR LOW/MODERATE-RENT HOUSING, THE APPLICANT:

- 1) MUST be 62 years of age or older, OR
- 2) MUST be physically handicapped or disabled as certified by Section 23 or 105 (5) of the Social Security Administration.

AND

- 3) MUST meet the following income requirements:

<u>NO. IN FAMILY</u>	<u>APPROXIMATE MAXIMUM GROSS YEARLY INCOME</u>
1	\$35,400
2	\$40,450

IF YOU QUALIFY, read carefully the following special instructions BEFORE completing the application. PRINT WITH BALLPOINT PEN OR TYPE.

- 1) HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List names, etc., and any anticipated changes.
- 2) INCOME INFORMATION: Please answer all questions.
- 3) INCOME: List ALL income received by you and your family members. IF YOU WORK, list your employer's name and your amount of pay per hour, week, etc. IF YOUR INCOME IS FROM ANOTHER SOURCE, specify what kind - Social Security, Retirement Pension, Disability Assistance, VA Pension, child support, alimony, etc. and specify dollar amount.
- 4) ASSETS: List ALL assets, including savings and checking accounts, certificates of deposit, stocks, bonds, property, etc. AND/OR furnish a letter from your bank specifying the account numbers and amounts.
- 5) EXPENSES: If you pay Medical expenses, personally, please list sources of names and complete addresses, e.g. Doctors, Pharmacies, Hospitals, Medical Insurance payments, etc.
- 6) CURRENT HOUSING STATUS: How many people live in your unit now? How many bedrooms do you have? Do you wish to move? Are you being evicted? If so, WHY, explain in detail. List current rent and utilities you are responsible for. Are you now living in government subsidized housing? Check the appropriate block.
- 7) PREVIOUS RENTAL HISTORY: Complete.
- 8) PERSONAL REFERENCES: Complete. (Cannot be related to you).
- 9.) CREDIT REFERENCES: If you have no credit references, please list three (3) more personal references.

FOR YOUR INFORMATION

- 1) Within thirty (30) days after receipt of your application with ALL income and asset verification, we will process the application. If it is determined that you are eligible, your name will be assigned a priority date and placed on our waiting list in sequence based on date and time the COMPLETED application is received in our office, and what type and size of the unit you require.
- 2) You are entitled to three (3) refusals of housing offers before the priority date is changed to the date of the third refusal and your name is automatically dropped to the bottom of the waiting list.
- 3) The amount of rent charged is based on your income and will not exceed 30% of your adjusted monthly income or 10% of your gross income, whichever is higher.
- 4) A Security Deposit is required at the time of housing; it is \$200.00.
- 5) Pets, e.g., dogs, cats, birds, fish, etc. ARE permitted with prior approval providing they meet the rules and regulations of the Pet Policy and with an additional Pet Security Deposit.
- 6) All apartments are unfurnished, however, we do provide the range and refrigerator. Coin-operated laundry facilities are available.
- 7) Non-residents will be offered housing only AFTER all residents have first been offered housing.
- 8) There will also be a charge of \$1.00 per apartment door key, and \$1.00 per mailbox key, refundable upon return of said keys. A \$10.00 refundable deposit will be charged for each front door key card, as well.
- 9) Call for an appointment to return your application.

I HAVE READ THE ABOVE PRE-APPLICATION AND WILL SUBMIT ALL REQUIRED DOCUMENTATION TO BE A PROSPECTIVE TENANT.

X _____

SIGNATURE OF PROSPECTIVE TENANT

X _____

DATE

X _____

SIGNATURE OF PROSPECTIVE TENANT

X _____

DATE

SHELBY METROPOLITAN HOUSING AUTHORITY

PRE-APPLICATION

(Please Print)

JACKSON TOWERS

333 E. North Street
Sidney, Ohio 45365
(937) 492-7100

FOR SMHA USE ONLY:

Date: _____
Time: _____

FULL LEGAL NAME OF

THE HEAD OF HOUSEHOLD: _____

ADDRESS: _____ MAILING ADDRESS: _____

HOW LONG AT ABOVE ADDRESS: _____ TELEPHONE NO. () _____

HEAD OF HOUSEHOLD EMPLOYED BY: _____ SPOUSE EMPLOYED BY: _____

TELEPHONE NO. () _____ TELEPHONE NO. () _____

LIST OF NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF TWO PEOPLE WHO KNOW HOW TO CONTACT YOU:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE # () _____ TELEPHONE # () _____

HOUSEHOLD COMPOSITION

NAMES OF HOUSEHOLD MEMBERS (first-middle-last name)	RELATION TO HEAD	SEX (M - F)	PLACE OF BIRTH (city-state)	DATE OF BIRTH (mm-dd-yy)	FULL TIME STUDENT (yes - no)	DIS/HAND (y-n)	SOCIAL SECURITY NUMBER
1.	HEAD						
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

RACE OF HEAD OF HOUSEHOLD:

_____ WHITE _____ BLACK _____ AMERICAN INDIAN/ALASKAN NATIVE
_____ ASIAN/PACIFIC ISLANDER

ETHNICITY OF HEAD OF HOUSEHOLD: _____ HISPANIC _____ NON-HISPANIC

DOES ANYONE LIVE WITH YOU NOW WHO IS NOT LISTED ABOVE? _____ YES _____ NO

IF YES, EXPLAIN _____

DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU IN THE FUTURE WHO IS NOT LISTED ABOVE?

_____ YES _____ NO IF YES, EXPLAIN _____

CURRENT HOUSING STATUS

HOW MANY PEOPLE LIVE IN YOUR UNIT NOW? _____ HOW MANY BEDROOMS DO YOU HAVE? _____

DO YOU WISH TO MOVE? _____ YES _____ NO IF YES, WHY? _____

WHAT IS YOUR CURRENT RENT? _____

WHAT IS YOUR MONTHLY UTILITY EXPENSE? _____ WHAT UTILITIES DO YOU PAY? _____

ARE YOU NOW LIVING IN A GOVERNMENT SUBSIDIZED UNIT (e.g., Public Housing, Section 8, Section 236, or section 221 (d) (3) subsidized project)? _____ YES _____ NO

HAVE YOU EVER LIVED IN THE SHELBY METROPOLITAN HOUSING AUTHORITY'S UNITS? _____ YES _____ NO

HAVE YOU EVER PARTICIPATED IN THE SHELBY METROPOLITAN HOUSING AUTHORITY'S SECTION 8 EXISTING PROGRAM? _____ YES _____ NO

IF YES, ENTER:

FAMILY NAME: _____

LANDLORD'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE(S) OF OCCUPANCY: _____ FROM: _____ THRU: _____

CURRENT LANDLORD: _____ TELEPHONE NO. () _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PREFERENCES:

A. IS THE FAMILY DISPLACED DUE TO GOVERNMENT ACTION OF WHOSE DWELLING HAS BEEN EXTENSIVELY DAMAGED OR DESTROYED AS A RESULT OF A DISASTER DECLARED OR OTHERWISE FORMALLY RECOGNIZED PURSUANT TO FEDERAL DISASTER RELIEF LAWS? _____ YES _____ NO

B. IS AN ADULT FAMILY MEMBER ENROLLED IN AN EMPLOYMENT TRAINING PROGRAM OR CURRENTLY WORKING (15) HOURS A WEEK, OR ATTENDING SCHOOL ON A FULLTIME BASIS? THIS PREFERENCE IS ALSO EXTENDED EQUALLY TO ALL ELDERLY FAMILIES AND ALL FAMILIES WHOSE HEAD OR SPOUSE IS RECEIVING INCOME BASED ON THEIR INABILITY TO WORK. _____ YES _____ NO

C. IS THE HEAD OR SPOUSE A VETERAN OR SERVICEMAN? _____ YES _____ NO

D. IS THE FAMILY A RESIDENT OF SHELBY COUNTY? _____ YES _____ NO

E. ARE YOU A RESIDENT WHO LIVES & WORKS IN SHELBY COUNTY? _____ YES _____ NO

F. VICTIM OF DOMESTIC VIOLENCE? _____ YES _____ NO

G. ARE YOU A FAMILY WHOSE CHILDREN HAVE BEEN PLACED IN FOSTER CARE PENDING LOCATION OF DECENT HOUSING? _____ YES _____ NO

H. ARE YOU AN INDIVIDUAL THAT IS HOMELESS AND DISABLED? _____ YES _____ NO

INCOME INFORMATION:

Please answer each of the following questions. For each "YES" answer, provide the details in the chart on page 4.

	YES	NO
1. IS ANY MEMBER OF YOUR HOUSEHOLD EMPLOYED FULL-TIME, PART-TIME, OR SEASONALLY?	_____	_____
2. DOES ANY MEMBER OF YOUR HOUSEHOLD EXPECT TO WORK FOR ANY PERIOD DURING THE NEXT TWELVE (12) MONTHS?	_____	_____
3. DOES ANY MEMBER OF YOUR HOUSEHOLD WORK FOR SOMEONE WHO PAYS THEM IN CASH?	_____	_____

	YES	NO
4. IS ANY MEMBER OF YOUR HOUSEHOLD ON LEAVE OF ABSENCE FROM WORK DUE TO LAY-OFF, MEDICAL, MATERNITY LEAVE OR MILITARY LEAVE?	_____	_____
5. DOES ANY MEMBER OF YOUR HOUSEHOLD NOW RECEIVE, OR EXPECT TO RECEIVE, UNEMPLOYMENT BENEFITS?	_____	_____
6. DOES ANY MEMBER OF YOUR HOUSEHOLD NOW RECEIVE, OR EXPECT TO RECEIVE, CHILD SUPPORT?	_____	_____
7. IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO CHILD SUPPORT THAT HE/SHE IS NOT NOW RECEIVING?	_____	_____
8. DOES ANY MEMBER OF YOUR HOUSEHOLD NOW RECEIVE, OR EXPECT TO RECEIVE, ALIMONY PAYMENTS?	_____	_____
9. IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO ALIMONY PAYMENTS THE HE/SHE IS NOT RECEIVING?	_____	_____
10. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE, OR EXPECT TO RECEIVE BENEFITS FROM THE SHELBY COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES?	_____	_____
11. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE, OR EXPECT TO RECEIVE SOCIAL SECURITY BENEFITS?	_____	_____
12. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE, OR EXPECT TO RECEIVE INCOME FROM A PENSION OR ANNUITY?	_____	_____
13. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE REGULAR CASH CONTRIBUTIONS FROM INDIVIDUALS NOT LIVING IN THE UNIT OR FROM AN AGENCY?	_____	_____
14. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE INCOME FROM ASSETS, INCLUDING INTEREST ON CHECKING OR SAVINGS ACCOUNTS, INTEREST AND DIVIDENDS FROM CERTIFICATES OF DEPOSITS, STOCKS, OR BONDS, OR INCOME FROM THE RENTAL OF PROPERTY?	_____	_____
15. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE, OR EXPECT TO RECEIVE AN EARNED INCOME TAX CREDIT?	_____	_____
16. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE, OR EXPECT TO RECEIVE PERIODIC PAYMENTS FROM WORKMEN'S COMPENSATION?	_____	_____
17. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE, OR EXPECT TO RECEIVE G.I. BILL BENEFITS?	_____	_____
18. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE, OR EXPECT TO RECEIVE VETERAN'S ADMINISTRATION BENEFITS?	_____	_____
19. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE, OR EXPECT TO RECEIVE DISABILITY OR DEATH BENEFITS?	_____	_____
20. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE, OR EXPECT TO RECEIVE EDUCATIONAL GRANTS OR SCHOLARSHIPS?	_____	_____
21. DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE REAL ESTATE, LAND CONTRACTS, OR MOBILE HOMES?	_____	_____
22. DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE A CHECKING ACCOUNT?	_____	_____
23. DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE TIME CERTIFICATES?	_____	_____
24. DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE CERTIFICATES OF DEPOSIT?	_____	_____
25. DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE STOCKS?	_____	_____

INCOME INFORMATION (continued)

	YES	NO
26. DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE BONDS?	_____	_____
27. DOES ANY MEMBER OF YOUR HOUSEHOLD HAVE A SAVINGS ACCOUNT?	_____	_____
28. DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE, OR EXPECT TO RECEIVE PERIODIC PAYMENTS FROM INSURANCE POLICIES?	_____	_____

FOR EACH TYPE OF INCOME THAT YOUR HOUSEHOLD RECEIVES, GIVE THE SOURCE OF THE INCOME AND THE AMOUNT OF INCOME CAN BE EXPECTED FROM THE SOURCE DURING THE NEXT TWELVE (12) MONTHS.

FAMILY MEMBER	SOURCE OF INCOME / RATE OF INCOME / TYPE OF INCOME	ANNUAL INCOME

PLEASE LIST ANY ADDITIONAL INCOME, NOT LISTED ON THE CHART ON THE PREVIOUS PAGE, HERE IN THIS SPACE PROVIDED:

FAMILY MEMBER: _____

SOURCE OF INCOME / RATE OF INCOME / TYPE OF INCOME: _____

ANNUAL INCOME: _____

ASSET INFORMATION

LIST ALL CHECKING AND SAVINGS ACCOUNTS (including IRA's, Keough accounts and Certificates of Deposit) OF ALL HOUSEHOLD MEMBERS, INCLUDING AMOUNTS DISPOSED OF DURING THE PAST TWO (2) YEARS.

FAMILY MEMBER	BANK NAME	TYPE OF ACCOUNT	CURRENT BALANCE

LIST VALUE OF ALL STOCKS, BONDS, TRUSTS, PENSION CONTRIBUTIONS OR OTHER ASSETS:

DO YOU OWN A HOME OR OTHER REAL ESTATE? _____ YES _____ NO

HAVE YOU SOLD OR GIVEN AWAY REAL PROERTY OR OTHER ASSETS IN THE PAST TWO (2) YEARS?

_____ YES _____ NO IF YES, WHAT WAS THE MARKET VALUE OF THE ASSET? _____

WHAT AMOUNT DID YOU RECEIVE? _____

EXPENSES:

FAMILIES WITH HANDICAPPED MEMBERS ONLY:

DO YOU PAY FOR A CARE ATTENDANT OR FOR ANY EQUIPMENT FOR THE HANDICAPPED MEMBER (S) OF THE FAMILY NECESSARY TO PERMIT THAT PERSON OR SOMEONE ELSE IN THE FAMILY TO WORK?

_____ YES _____ NO IF YES, DESCRIBE EXPENSES: _____

ELDERLY, DISABLED AND HANDICAPPED FAMILIES ONLY:

DO YOU HAVE MEDICARE? _____ YES _____ NO

IF YES, WHAT IS YOUR MEDICARE PREMIUM? _____

DO YOU HAVE MEDICAL INSURANCE? _____ YES _____ NO IF YES, GIVE POLICY NUMBER,

AGENTS NAME, AND PREMIUM AMOUNT: _____

DO YOU RECEIVE MEDICAL ASSISTANCE THROUGH THE SHELBY COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES? _____ YES _____ NO

DO YOU HAVE ANY OUTSTANDING MEDICAL BILLS ON WHICH YOU ARE PAYING? _____ YES _____ NO

DO YOU EXPECT TO HAVE ANY MEDICAL EXPENSES DURING THE NEXT TWELVE (12) MONTHS?

_____ YES _____ NO IF YES, AMOUNT OF MEDICAL EXPENSES? _____

COMMENTS / ADDITIONAL INFORMATION:

TENANTS PREVIOUS ADDRESSES

DATE MONTH / YEAR	SPECIFY: If you have resided in a mobile home park, please put lot no., if you have resided in an apt., please put apt. no.	Please list two (2) previous landlords names, complete addresses, and telephone numbers below.
FROM:	Lot No. _____ Apt. No. _____	Name _____
	Address _____	Address _____
	City _____	City _____
TO:	State / Zip _____	State / Zip _____
		Phone No. _____
FROM:	Lot No. _____ Apt. No. _____	Name _____
	Address _____	Address _____
	City _____	City _____
TO:	State / Zip _____	State / Zip _____
		Phone No. _____

Name of Present Landlord: _____

Address: _____ Telephone No.: () _____

PERSONAL REFERENCES:

Give below, the names of two (2) persons, not related to you, whom you have known for at least one (1) year.

NAME	COMPLETE ADDRESS	CITY & STATE	TELEPHONE NO.
1.			
2.			
3.			
4.			

CREDIT REFERENCES:

Give below, the names of two (2) credit references, either past or present. Please provide complete mailing addresses.

1.	
2.	
3.	
4.	

COMMENTS / ADDITIONAL INFORMATION:

APPLICANTS CERTIFICATION:

I / We certify that if selected to receive assistance, the unit I / We occupy will be my / our only residence.
I / We understand that the above information is being collected to determine my / our eligibility for the Low Rent Public Housing Program. I / We authorize the SMHA to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate Federal, State, or Local agencies. I / We certify that the statements made in this application are true and complete to the best of my knowledge and belief. I / We understand that false statements or information are punishable under Federal law.

Signature of Head: _____ Date: _____

Signature of Spouse: _____ Date: _____

SMHA Representative: _____ Date: _____

PHA COMMENTS:

SIDNEY POLICE DEPARTMENT
POLICE RECORD CHECK

SECTION I (to be typed or printed by requesting agency)

1. NAME OF APPLICANT (Last, First, Middle)		
2. DATE OF BIRTH (mm/dd/yy)	3. SOCIAL SECURITY NUMBER	

SECTION II (to be read and signed by applicant)

I hereby consent to release from your files the information requested below in section III.
SIGNATURE

SECTION III (to be completed by Police Agency)

1. Has the applicant a police record?		
<input type="checkbox"/> YES (see attached)	<input type="checkbox"/> NO	
This is to certify that the above data as corrected are true and correct according to the record on file in this office. This information is confidential and cannot be used in any other manner except for official purposes.		
2. DATE (mm/dd/yy)	3. VERIFIED BY (signature)	

SIDNEY POLICE DEPARTMENT
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