

SHELBY METROPOLITAN HOUSING AUTHORITY

706 North Wagner Avenue

Sidney, OH 45365

(937) 498-9898

PUBLIC HOUSING APPLICATION

The Shelby Metropolitan Housing Authority accepts applications on Thursday's only between the hours of 8:00 a.m. - 12:00 p.m. and 1:00 p.m. - 4:30 p.m. Please be ready to spend at least 30 minutes when turning in your application.

All applicants must be able to provide the following documentation for all family members in order to apply:

- Birth Certificates for all family members.
- Social Security Cards for all family members.
- Award letter or a printout from the Social Security Office for any family member receiving income from the Social Security Office.
- DD214 for Veteran's
- Green cards and passports for all family members not a U.S. citizen.

To be eligible for Low/Moderate rent housing, the applicant:

1. MUST be 18 years of age or older,
2. MUST qualify as a family (have minor children), OR
3. MUST be 62 years of age or older, OR
4. MUST be physically handicapped or disabled as certified by Section 23 or 105 (5) of the Social Security Administration

AND

5. MUST meet the following income requirements:

<u>NO. IN FAMILY</u>	<u>APPROXIMATE MAXIMUM GROSS YEARLY INCOME</u>
1	\$34,800
2	\$39,800
3	\$44,750
4	\$49,700
5	\$53,700
6	\$57,700
7	\$61,650
8	\$65,650

Shelby Metropolitan Housing Authority
 706 North Wagner Ave.
 Sidney, Ohio 45365
 (937) 498-9898

For Office Use Only
Date: _____
Time: _____

Full Name of Head of Household: _____

Address: _____ Mailing Address: _____

Telephone Number _____

1. _____ **CONTACTS:** List name, address, and telephone number of two people who know how to contact you:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone #: _____

Telephone #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

2. _____ List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.

	Full Name First/middle initial/Last	Relationship to Head	Birth Date	Race *see below	Disab Hand (y-n)	Sex (M-F)	Social Security Number
1		HEAD					
2							
3							
4							
5							
6							
7							
8							

*W=White, B=Black/African American, AI=American Indian/Alaska Native, A=Asian, NH=Native Hawaiian/Other Pacific Islander

3. _____ **Ethnicity of Head of Household:** (check one – used for statistical purposes only)

Mark One: ___ Hispanic/Latino ___ Not Hispanic/ Not Latino

4. Does anyone live with you now who is not listed above? Yes No

5. Does anyone plan to live with you in the future who is not listed above? Yes No

Explain if you answered yes to either question:

6. _____

How many people live in your unit now? _____

How many bedrooms do you have? _____

7. _____ D

Do you wish to move? Yes No If yes, why?

8. _____ A

Are you now living in a federally subsidized housing unit? Yes No

9. _____ H

Have you ever lived in Public Housing or an assisted unit? Yes No If yes, where?

10. Have you or any member of your household ever participated in the Section 8 Voucher Program? Yes No

If yes where and the date(s) of occupancy: _____

11. Have you or any member of your household ever received and Earned Income Disallowance? Yes No

What is the last place worked and date? _____

12. Have you or any member of your household ever been evicted/terminated from Public Housing, Indian Housing or Section 8 Program? Yes No If yes, When? _____ For what reason? _____

Name of Owner _____

13. Have you or any member of your household ever been arrested for illegal use of a controlled substance or activities related to an abuse of alcohol or for violent crimes? Yes No

14. Have you or any member(s) of your household ever been arrested or convicted of any felony or misdemeanor other than traffic violations? Yes No

15. Who was your last employer and the date of employment? _____

16. Name and address of current landlord:

_____ Phone: _____

17. Your last address: _____

Dates you lived there: From _____ to _____

18. Name and address of previous landlord:

_____ Phone: _____

PREFERENCES:

1. ___ Yes ___ No 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 relive laws?
2. ___ Yes ___ No Is an adult family member enrolled in an employment training program or currently working at least 15 hours a week, or attending school on a full time 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.
3. ___ Yes ___ No Is the head or spouse a Veteran or Serviceman?
4. ___ Yes ___ No Is the family a resident of Shelby County?
5. ___ Yes ___ No Victim of domestic violence?
6. ___ Yes ___ No Are you a resident who lives and works in Shelby County?
7. ___ Yes ___ No Are you a family whose children have been placed in foster care pending location of decent housing?
8. ___ Yes ___ No Are you an individual that is homeless and disabled?

These questions are asked primarily for the purposes of calculating total tenant payment and determining the family's need for an accessible unit.

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes", provide details in the lines below.

Does any member of your household:

- ___ Yes ___ No Work full-time, part-time, or seasonally?
- ___ Yes ___ No Expect to work for any period during the next year?
- ___ Yes ___ No Work for someone who pays in cash?
- ___ Yes ___ No Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
- ___ Yes ___ No Now receive or expect to receive unemployment benefits?
- ___ Yes ___ No Now receive or expect to receive child support?
- ___ Yes ___ No Have an entitlement or court order to receive child support?
- ___ Yes ___ No Now receive or expect to receive alimony?
- ___ Yes ___ No Have an entitlement to receive alimony that is not currently being received?

- Yes No Now receive or expect to receive public assistance (TANF or welfare)?
- Yes No Now receive or expect to receive Social Security or SSI benefits?
- Yes No Now receive or expect to receive income from a pension or annuity?
- Yes No Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- Yes No Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property?
- Yes No Own real estate or any assets for which you receive no income (checking account, cash)?
- Yes No Does anyone receive grants, scholarships or income from educational purposes?
- Yes No Have you sold or given away real property or other assets (including cash) in the past two years?

Household Member	Source/Type of Income	Annual Income

ASSETS

List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

Household Member	Bank Name	Type of Account	Balance

List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member:

List the value of any assets disposed of for less than fair market value during the past two years:

EXPENSES

___ Yes ___ No Do you have expenses for childcare of a child under 13 years of age? If yes, provide the name, address, and telephone number of the provider:

What is the weekly cost to you of the childcare? _____

___ Yes ___ No Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work?

If you pay a care attendant, provide the name, address, and telephone number:

What is the cost to you for the care attendant and/or the equipment? _____

Elderly/Disabled Families Only

___ Yes ___ No Do you have a Medicare discount drug card that you pay for?

___ Yes ___ No Do you have any other kind of medical insurance? If yes, provide name and address of carrier, policy number, premium amount, and agent's name.

___ Yes ___ No Do you have outstanding medical bills which you are paying? If yes, list them below. This includes bills that you are paying on for any member of the household.

What medical expenses do you expect to incur in the next twelve months?

___ Yes ___ No Do you pay for prescription expenses? What pharmacy do you regularly use? _____

Additional Comments _____

References

Complete names and addresses needed for all references. References cannot be related to applicant(s) and you must have a total of six (6) references in combination of Landlord, Personal or Credit.

Landlord References:

Date: Month/Year	Unit Address	Landlord Address
From:	Address: _____ _____	Name: _____
To:	Lot No. _____	Address: _____
		City, State, Zip _____
		Phone No. _____
From:	Address: _____ _____	Name: _____
To:	Lot No. _____	Address: _____
		City, State, Zip _____
		Phone No. _____

Personal References:

	Name	Address	City, State, Zip	Phone Number
1				
2				
3				
4				
5				
6				

Credit References:

	Name	Address	City, State, Zip	Phone Number
1				
2				
3				
4				

APPLICANT CERTIFICATION

I/We certify that the information given to the PHA on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head: _____ Date: _____

Signature of Spouse: _____ Date: _____

Signature of Other Adult: _____ Date: _____

Signature of Other Adult: _____ Date: _____

PHA Representative: _____ Date: _____

NOTE TO APPLICANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at (800) 424-8590.

**SIDNEY POLICE DEPARTMENT
POLICE RECORD CHECK**

Public Housing

Section I

(to be typed by Shelby MHA)

Name of Applicant (Last, First, Middle)

Date of Birth (mm/dd/yy)

Social Security Number

Section II

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

SIGNATURE

Section III

(to be completed by Police Agency)

Has the applicant a police record?

YES see back

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.

Verified by:

Date:

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