

**TUSCARAWAS METROPOLITAN HOUSING AUTHORITY**

[134 Second Street SW, New Philadelphia, Ohio 44663; Phone: 330-308-8099]

**APPLICATION TO SECTION 8 HCV RENTAL ASSISTANCE WAITING LIST**

This application does not obligate you or the Tuscarawas Metropolitan Housing Authority in any way.

**Application will not be accepted unless completed (both sides), signed and dated.**

1. List yourself and all people who will be living with you if you receive rental assistance.

PLEASE PRINT CLEARLY

Name	Age	Gender	Relationship	Disabled? (Y/N)	Monthly Income (Gross)
A. _____			(SELF)		\$ _____
B. _____					\$ _____
C. _____					\$ _____
D. _____					\$ _____
E. _____					\$ _____
F. _____					\$ _____
G. _____					\$ _____
H. _____					\$ _____

1. Does anyone live with you now who is not listed above? \_\_\_\_ YES \_\_\_\_ NO

If YES, explain \_\_\_\_\_

2. Your current address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. Mailing address (if different): \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

4. What are you paying monthly for RENT \_\_\_\_\_ UTILITIES \_\_\_\_\_

5. What is your Social Security Number? \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

6. Is any of your income from employment? \_\_\_\_\_

7. Have you received any kind of rental assistance before? \_\_\_\_\_

If YES, where? \_\_\_\_\_

*The following information is being requested for statistical purposes only. Your answer will not affect in any way your selection for the program.*

**Race (check all that apply):**  White  Black/African American  Native American/Alaskan Native

Asian  Native Hawaiian/Pacific Islander  Other \_\_\_\_\_

**Ethnicity (check one):**  Hispanic/Latino  Not Hispanic/Latino

\*\*\*\*\*TURN PAGE OVER TO CONTINUE\*\*\*\*\*

**HOUSING PREFERENCE FILE**

Please put a check mark beside **ALL** the statements below that describe your present housing situations. **You may check quite a few or none at all, depending on your situation.**

**SUBSTANDARD RESIDENCE:** *My current place of living:*

- is falling down and in serious need of repair.
- does not have a working indoor bathroom, including a useable toilet and shower or tub.
- does not have electricity, or has unsafe electrical wiring.
- does not have enough heat or the heating system is unsafe.
- should have a kitchen, but does not.
- has been declared unfit for living by a government agency, such as the Health Dept.
- is a temporary arrangement with someone else and not my own residence.
- is not any one place, but where ever I can find to go.
- a homeless shelter.

**DISPLACED RESIDENT:** *I am being forced to move because:*

- of fire, flood, or other natural disaster.
- the government or a private owner is taking over my place of residence.
- of actual or threatened violence toward me and/or my family by my spouse or other household member.

**ORC 3735.42 VETERAN PREFERENCE** (veteran means a person who has served in the active military or naval service of the U.S. who was not separated dishonorably. It may also refer to certain persons who served in the U.S. Merchant Marine if they have a DD214/215 showing honorable separation or served between 12/07/41 and 12/31/46 and died on active duty in a war zone during that period.)

- I am a veteran or am serving in the active military or naval service of the United States.
- My spouse is a veteran, a deceased veteran or is serving in the active military or naval service of the United States.

Section 8 assistance may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time assistance is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

*I hereby certify the above information to be true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned for up to five years if I furnish false or incomplete information.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE COMPLETED APPLICATION MUST BE RETURNED VIA U.S. MAIL (the postmark date will be used as the application date) to Tuscarawas MHA, 134 Second Street SW, New Philadelphia, OH 44663.**

**Applications will not be accepted via fax, email or other means. For questions about accessibility/reasonable accommodation, please call 330-308-8099.**

**DO NOT WRITE BELOW THIS LINE**

According to information given by this applicant, the household size is \_\_\_\_\_ people. Using applicable income guidelines for VLI households, this application is declared:  **ELIGIBLE**  **INELIGIBLE**

PREFERENCE INFO:  50% Rent/Utilities  Substandard  Displaced  Veteran  Statutory "Other Single"

Date \_\_\_\_\_ TIME \_\_\_\_\_ BEDROOM SIZE \_\_\_\_\_

PHA Representative: \_\_\_\_\_