

TUSCARAWAS METROPOLITAN HOUSING AUTHORITY

[134 Second Street SW, New Philadelphia, Ohio 44663; Phone: 330-308-8099 Fax: 330-339-0115]

PRE-APPLICATION FOR SEC. 8 HCV RENTAL ASSISTANCE WAITING LIST

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

Please complete both sides of this form.

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

PLEASE PRINT

	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/Other 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 12/7/41 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 _____

Beginning June 7, 2016, and until further notice, pre-applications will accepted at the TMHA administrative office (134 Second Street SW, New Philadelphia, Ohio 44663) on Tuesdays & Thursdays between the hours of 1:30 P.M. and 4:00 P.M. The applicant must present the pre-application in person. Pre-applications will not be accepted via mail, fax or email. 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 very low income households, this application is declared: **ELIGIBLE** **INELIGIBLE**

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

Date _____ TIME _____ BEDROOM SIZE _____

PHA Representative: _____