

Allen Metropolitan Housing Authority  
600 S. Main St.  
Lima, OH 45804  
Phone: 419-228-6065  
Fax: 419-228-1018



### REQUESTED INFORMATION

In order for the Allen Metropolitan Housing Authority to process your application for the waiting list in a timely manner, if possible, Please submit the following along with this application:

**Birth Certificates for All listed Household Members**  
**Social Security Cards for All listed Household Members**  
**Documentation to verify preference**  
*(ex. Proof of Employment, Disability, Homeless, Veteran)*

You may submit copies of the above or you may bring in the above documents and they will be photocopied for you.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Head of Household) (Head of Household)

**PLEASE READ AND COMPLETE EVERY QUESTION COMPLETELY! IF INFORMATION IS NOT COMPLETED IT COULD BE GROUNDS TO VOID YOUR APPLICATION. (HELP COMPLETING THIS APPLICATION IS AVAILABLE UPON REQUEST)**

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For AMHA Use Only

Date received: \_\_\_\_\_ Time: \_\_\_\_\_ Received By: \_\_\_\_\_ Entered by: \_\_\_\_\_

Eligible: \_\_\_ Ineligible: \_\_\_ Local Preference: [circle one] H M L

Letter Sent: \_\_\_\_\_ By: \_\_\_\_\_



12. Have you applied with our agency before? \_\_\_\_\_ If yes please indicate number of times you have applied \_\_\_\_\_

13. Have you or any one who will be living in your household been convicted of crime, other than traffic violations? Yes \_\_\_ No \_\_\_ If Yes, Please explain: \_\_\_\_\_  
\_\_\_\_\_

14. Have you or a member of the above family previously participated in a Housing Authority or other subsidized Housing program? \_\_\_\_\_ If yes, where? \_\_\_\_\_  
when? \_\_\_\_\_ Why are you no longer a participant (Please explain)? \_\_\_\_\_

15. Do you owe money to any Housing Authority or any HUD subsidized housing program? \_\_\_\_\_ If yes please indicate amount and to whom the money is owed \_\_\_\_\_

16. Have you ever committed any fraud in a Federal Assistance Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs? Yes \_\_\_ No \_\_\_ If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

<u>17. Income</u>	<u>Source</u>	<u>Monthly Gross Amt.</u>
Name of Person receiving Income	(Wages, TANF, Soc.Sec., Child Support, SSI, Alimony, ETC)	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. How much do you pay each month for:  
Rent \$ \_\_\_\_\_ Utilities (gas, electric, water, sewer, garbage) \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

*Local Preferences (Preferences will be checked at time of intake. If you do not qualify for preferences, your name will be placed back on the waiting list without that preference.)*

**Providing false information is grounds for the rejection of you application.**

19. Are you being asked to move from your present home due to code enforcement issues by the City or by the Health Department? Yes \_\_\_ No \_\_\_ If yes, **Please explain and provide documentation.**  
\_\_\_\_\_  
\_\_\_\_\_

20. Are you living in a shelter for the Homeless or working with an authorized agency regarding your homelessness? If yes, **please explain and provide documentation including length of stay.**

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21. Have you or your spouse been employed for 6 months or more? Yes \_\_\_ No \_\_\_  
(You or your spouse must be working at the time of intake and 6 consecutive months before in order to receive this preference) **Pleas provide documentation.**

22. If you or your spouse are any of the following please indicate where instructed and **provide documentation:**

	Head of Household	Spouse
Disabled	_____	_____
Handicapped	_____	_____
Over the age of 62	_____	_____

23. Are you a veteran or the surviving spouse of a veteran (If you have divorced the preference will not apply) who has been honorably discharged? Yes \_\_\_ No \_\_\_ If yes, **please provide documentation.**

24. Are you working with a mental health agency such as Lutheran Social Services, Westwood Behavioral, Foundations, or Marimor? \_\_\_\_\_ If yes, please provide the following information:

Name of agency:\_\_\_\_\_

Caseworker's Name:\_\_\_\_\_

Address of agency:\_\_\_\_\_

If you would like us to contact the above agency with details of your case please sign and date:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PUBLIC HOUSING APPLICANTS ONLY  
(SCREENING INFORMATION)**

1. Applicant: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Head of household) Last First MI

LANDLORD REFERENCES:

2. Name of Current Landlord: \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Number of years at this address: \_\_\_\_\_

3. Name of Former Landlord: \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Number of years at that address: \_\_\_\_\_

4. Name of Former Landlord: \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Number of years at that address: \_\_\_\_\_

5. Have you owned your own home in the last two years? Yes \_\_\_ No \_\_\_

6. Do you have pets? \_\_\_ If yes, please describe \_\_\_\_\_

7. Have you or anyone in the household ever been convicted of a crime? Yes \_\_\_ No \_\_\_ If yes, please describe: \_\_\_\_\_  
(This does not necessarily disqualify you from the program)

8. Have you ever been evicted? Yes \_\_\_ No \_\_\_  
If yes, please describe circumstances: \_\_\_\_\_

9. Have you ever filed for bankruptcy? Yes \_\_\_ No \_\_\_ If yes, what year? \_\_\_\_\_

10. Will you be able to have utilities turned on in your name? Yes \_\_\_ No \_\_\_ If no, please describe problem with Utility(ies): \_\_\_\_\_

11. Does anyone who will be living with you require a wheelchair? Yes \_\_\_ No \_\_\_

**NOTE:**

When your name reaches the top of the waiting list, the Housing Authority will request a credit check, reference check, etc. Please understand that any false information submitted on this application could lead to the cancellation of this pre-application or any contracts entered into hereafter.

**ATTENTION**

By signing this application, I am affirming that the above information is correct to the best of my knowledge. I understand that if I am found to have deliberately falsified any of the information contained in this application, it may be rejected, and I will lose my place on the waiting list.

**NOTE:** If any of the information you have provided on this application changes in any way [address, phone#, income, rent/utilities, family composition, preference, etc.], please provide the Allen Metropolitan Housing Authority with those changes as soon as possible. You must provide us with a yearly update even without changes to maintain a place on our waiting list.

I understand that all household adults will be subject to a background check of any and all appropriate sources, which may include Local and National Law Enforcement, Traffic/Criminal Court and Civil Court Records. These checks will be done prior to approval and admission to any program.

\_\_\_\_\_  
Signature of head of household or spouse

\_\_\_\_\_  
Date

**A COPY OF THIS APPLICATION WILL BE PROVIDED TO YOU UPON REQUEST.**

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