

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



REQUESTED INFORMATION

In order for the Hardin 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**
- Picture Identification for all Household Members over 18 years of age**
- 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)

For HMHA 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 \$ _____
Do you currently pay for child care? ___ If so, how much and how often: \$ _____

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 your 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.**

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) **Please 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

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 Hardin 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.
