

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: \_\_\_\_\_

**Allen Metropolitan Housing Authority**  
**600 S. Main St.**  
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Pre-Application for Housing Assistance

1. Number of Bedrooms Needed 1\_\_\_ 2\_\_\_ 3\_\_\_ 4\_\_\_ 5\_\_\_

\*All bedroom sizing is based upon HUD qualifications and will be determined by our agency based on family composition

2. Type of Housing requested [check one or more]. If the housing requested is not available at the time of you request (date of application) or you do not qualify (age or bedroom sizing) you **will not** be placed on that waiting list.

Section 8 Voucher \_\_\_ must find own unit/ landlord must be willing to work with our agency  
 Public Housing \_\_\_ rent directly from our agency/ based on availability of our units  
 Furl Williams Apts. \_\_\_ must be elderly or near elderly (63 years and up)

**The Following Information will be verified when your name is pulled from the waiting list.**

**Name of Head of Household:**

3. \_\_\_\_\_ 4. \_\_\_\_\_  
           Last                      First                      Mi                      Social Security #

5. Birthday \_\_\_\_\_ 6. Age \_\_\_\_\_ 7. Race \_\_\_\_\_

8. Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

9. Phone # \_\_\_\_\_ 10. Alternate Phone # \_\_\_\_\_

**11. Below: Please List all Persons who will be Living In the Unit with You**

\*HUD Reporting Code for Race: White – 1, Black – 2, American Indian/Alaska Native – 3, Asian – 4  
 Native Hawaiian/Other Pacific Islander – 5

Ethnicity: Hispanic or Latino – 1      Not Hispanic or Latino – 2

Last Name	First Name	M I	Birth Date	Age	Relationship To Head	S E X	Race*	SS#

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: \_\_\_\_\_  
\_\_\_\_\_

17. Income	Source	Monthly Gross Amt.
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 and continue employment through the leasing process in order to qualify for 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

**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. We will also verify any past participation and/or money owed of any other HUD subsidized program. This information is now available to use through the use of HUD's data base EIV (Enterprise Income Verification). 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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