

SHELBY METROPOLITAN HOUSING AUTHORITY
706 North Wagner Avenue, Sidney, OH 45365
(937) 498-9898

**PUBLIC HOUSING
APPLICATION**

**The Shelby Metropolitan Housing Authority accepts applications on Thursday's only between the hours of
8:00 a.m. – 11:30 a.m. and 1:00 p.m. - 4:00 p.m.**

Please be ready to spend at least 30 minutes when turning in your application. Application must be completed in blue or black ink. All applicants must be able to provide the following documentation for all family members in order to apply:

- Birth Certificates for all family members.
- Social Security Cards for all family members.
- Award letter or a printout from the Social Security Office for any family member receiving income from the Social Security Office.
- Other Proof of Income
- Green cards and passports for all family members not a U.S. citizen.
- Bank Statements
- DD214 for Veteran's

To be eligible for Low/Moderate rent housing, the applicant:

1. MUST be 18 years of age or older,
2. MUST qualify as a family (have minor children), OR
3. MUST be 62 years of age or older, OR
4. MUST be physically handicapped or disabled as certified by Section 23 or 105 (5) of the Social Security Administration,
5. MUST meet the following income requirements:

| <u>NO. IN FAMILY</u> | <u>APPROXIMATE MAXIMUM GROSS YEARLY INCOME</u> |
|----------------------|--|
| 1 | \$54,150 |
| 2 | \$61,850 |
| 3 | \$69,600 |
| 4 | \$77,300 |
| 5 | \$83,500 |
| 6 | \$89,700 |
| 7 | \$95,900 |
| 8 | \$102,050 |

Shelby Metropolitan Housing Authority
706 North Wagner Ave.
Sidney, Ohio 45365
(937) 498-9898

For Office Use Only

Date: _____

Time: _____

Full Name of Head of Household: _____

Address: _____ Mailing Address: _____

Telephone Number _____

1. **CONTACTS**: List name, address, and telephone number of two people who know how to contact you:

Name: _____

Name: _____

Address: _____

Address: _____

Telephone #: _____

Telephone #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

2. List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.

| | Full Name first / middle initial / last | Relationship to Head | Birth Date | Race *see below | Disabled Handicap (y-n) | Sex M/F | Social Security Number |
|---|--|-------------------------|------------|-----------------------|-------------------------------|------------|------------------------|
| 1 | | HEAD | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |

*W=White, B=Black/African American, AI=American Indian/Alaska Native, A=Asian, NH=Native Hawaiian/Other Pacific Islander

3. **Ethnicity of Head of Household**: (check one – used for statistical purposes only)

Mark One: _____ Hispanic/Latino _____ Not Hispanic/ Not Latino

4. Does anyone live with you now who is not listed above? Yes No

5. Does anyone plan to live with you in the future who is not listed above? Yes No
Explain if you answered yes to either question:

6. How many people live in your unit now? _____ How many bedrooms do you have? _____

7. Do you wish to move? Yes No If yes, why?

8. Are you now living in a federally subsidized housing unit? Yes No

9. Have you ever lived in Public Housing or an assisted unit? Yes No If yes, where?

10. Have you or any member of your household ever participated in the Section 8 Voucher Program? Yes No
If yes where and the date(s) of occupancy: _____

11. Have you or any member of your household ever been evicted/terminated from Public Housing, Indian Housing or Section 8 Program? Yes No If yes, When? _____ For what reason? _____
Name of Owner _____

12. Have you or any member of your household ever been arrested for illegal use of a controlled substance or activities related to an abuse of alcohol or for violent crimes? Yes No

13. Have you or any member(s) of your household ever been arrested or convicted of any felony or misdemeanor other than traffic violations? Yes No

14. Name and address of current landlord:

Phone: _____

15. Name and address of previous landlord:

Phone: _____

16. Previous address where you lived:

Dates you lived there: From _____ to _____

PREFERENCES: (Primarily for the determination of placement on the waiting list).

1. ____ Yes ____ No Is the family displaced due to government action of whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relive laws?

2. ____ Yes ____ No Is the head or spouse a Veteran or Serviceman?

3. ____ Yes ____ No Victim of Domestic Violence?

These questions are asked primarily for the purposes of calculating total tenant payment and determining the family's need for an accessible unit.

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes", provide details in the lines below.

Does any member of your household:

- ☐ Yes ☐ No Work full-time, part-time, or seasonally?
- ☐ Yes ☐ No Expect to work for any period during the next year?
- ☐ Yes ☐ No Work for someone who pays in cash?
- ☐ Yes ☐ No Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
- ☐ Yes ☐ No Now receive or expect to receive unemployment benefits?
- ☐ Yes ☐ No Now receive or expect to receive child support?
- ☐ Yes ☐ No Have an entitlement or court order to receive child support?
- ☐ Yes ☐ No Now receive or expect to receive alimony?
- ☐ Yes ☐ No Have an entitlement to receive alimony that is not currently being received?
- ☐ Yes ☐ No Now receive or expect to receive public assistance (TANF or welfare)?
- ☐ Yes ☐ No Now receive or expect to receive Social Security or SSI benefits?
- ☐ Yes ☐ No Now receive or expect to receive income from a pension or annuity?
- ☐ Yes ☐ No Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- ☐ Yes ☐ No Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property?
- ☐ Yes ☐ No Own real estate or any assets for which you receive no income (checking account, cash)?
- ☐ Yes ☐ No Does anyone receive grants, scholarships or income from educational purposes?
- ☐ Yes ☐ No Have you sold or given away real property or other assets (including cash) in the past two years?

| Household Member | Employer or Type of Income | Annual Income |
|------------------|----------------------------|---------------|
| | | |
| | | |
| | | |
| | | |

ASSETS

List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

| Household Member | Bank Name | Type of Account | Balance |
|------------------|-----------|-----------------|---------|
| | | | |
| | | | |
| | | | |

List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member:

List the value of any assets disposed of for less than fair market value during the past two years:

EXPENSES

____ Yes ____ No Do you have expenses for childcare of a child under 13 years of age? If yes, provide the name, address, and telephone number of the provider:

What is the weekly cost to you of the childcare? _____

____ Yes ____ No Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work?

If you pay a care attendant, provide the name, address, and telephone number:

What is the cost to you for the care attendant and/or the equipment?

Elderly/Disabled Families Only

____ Yes ____ No Do you have a Medicare discount drug card that you pay for?

____ Yes ____ No Do you have any other kind of medical insurance? If yes, provide name and address of carrier, policy number, premium amount, and agent's name.

____ Yes ____ No Do you have outstanding medical bills which you are paying? If yes, list them below. This includes bills that you are paying on for any member of the household.

What medical expenses do you expect to incur in the next twelve months?

____ Yes ____ No Do you pay for prescription expenses? What pharmacy do you regularly use? _____

References

Complete names and addresses needed for all references. **References cannot be related to applicant(s)** and you must have a total of six (6) references in combination of Landlord, Personal or Credit.

Landlord References:

| Date: Month/Year | Unit Address | Landlord Address |
|---------------------|-------------------------|---|
| From: | Address: _____ _____ | Name: _____ Address: _____ |
| To: | Lot No. _____ | City, State, Zip _____ Phone No. _____ |
| From: | Address: _____ _____ | Name: _____ Address: _____ |
| To: | Lot No. _____ | City, State, Zip _____ Phone No. _____ |

Personal References:

| | Name | Address | City, State, Zip | Phone # |
|---|------|---------|------------------|---------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

Credit References:

| | Name | Address | City, State, Zip | Phone # |
|---|------|---------|------------------|---------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

APPLICANT CERTIFICATION

I/We certify that the information given to the PHA on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head: _____ Date: _____

Signature of Spouse: _____ Date: _____

Signature of Other Adult: _____ Date: _____

Signature of Other Adult: _____ Date: _____

PHA Representative: _____ Date: _____


NOTE TO APPLICANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at (800) 424-8590.

| | |
|---|-----------------------|
| SIDNEY POLICE DEPARTMENT POLICE RECORD CHECK | Public Housing |
|---|-----------------------|

Section I
(to be completed by Shelby MHA)

| | |
|---|------------------------|
| Name of Applicant (Last, First, Middle) | |
| Date of Birth (mm/dd/yy) | Social Security Number |

Section II

| |
|--|
| I hereby consent to release from your files the information requested below in Section III. |
| SIGNATURE  |

Section III
(to be completed by Police Agency)


| | | |
|--|--------------|----|
| Has the applicant a police record? | YES see back | NO |
| This is to certify that the above data as corrected are true and correct according to the record on file in this office. This information is confidential and cannot be used in any other manner except for official purposes. | | |
| Verified by: | Date: | |

| | |
|---|---------------|
| SIDNEY POLICE DEPARTMENT POLICE RECORD CHECK Housing | Public |
|---|---------------|

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(to be completed by Shelby MHA)

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