

176 Rustic Drive  
Circleville, OH 43113  
740-477-2514  
Fax: 740-477-7456  
[pmha@pickawaymha.com](mailto:pmha@pickawaymha.com)



**PLEASE READ THE FOLLOWING INFORMATION  
BEFORE COMPLETING THE APPLICATION.**

Dear Applicant:

Attached is the application for the Housing Choice Voucher and Public Housing programs. It is very important that you answer every question as completely as possible. Additionally, please note that **we require ALL adult household members to sign the Release Form for Law Enforcement Agencies**, which is attached to this application. Please note that the **following verifications MUST be submitted when you return this application to our office:**

- **Proof of ALL GROSS household income. Income verifications MUST be dated within the last 90 days;**
- **Birth certificates for ALL household members;**
- **Social Security cards for ALL household members;**
- **A statement from your physician or clinic (no ultrasound photos) verifying your estimated due date if you are claiming an unborn child; and**
- **A DD214 or other documentation that you are eligible for Veterans' benefits if you wish to claim Veteran status.**

**IF YOU FAIL TO PROVIDE WRITTEN EVIDENCE OF YOUR HOUSEHOLD INCOME, WE WILL NOT BE ABLE TO PROCESS YOUR APPLICATION!**

This application only determines if you are an eligible applicant. If you are found to be eligible for our program(s), your name will be placed on our waiting list(s) and your position will be determined by the date and time you submitted your application.

To be considered for either program, you will be sent an appointment letter for an interview and briefing, which will explain the program in more detail. In addition, if you are sent a Public Housing appointment letter, we will be conducting landlord and personal reference checks on you, as well as a police background check. **If you have submitted all of the verification we need with your application and you are found eligible to participate in our program(s), you will receive a letter from our office advising that you have been placed on our waiting list(s) and approximately how long your wait will be before we are able to assist you.**

Persons applying for Public Housing should be aware that Housing Providers must make reasonable accommodations in lease and other policy requirements when requested by a qualified resident with disabilities. The concept of reasonable accommodation involves helping a resident meet essential requirements; it does not require the lowering or waiving of essential requirements. Accommodations are not reasonable if they require fundamental alteration in the nature of the program or impose undue financial and administrative burdens on the housing provider.

Thank you for your interest in our programs and for your cooperation. We will do our best to process your application as quickly and fairly as possible.

Cordially,

The Pickaway Metropolitan Housing Authority

# PICKAWAY METROPOLITAN HOUSING AUTHORITY

Application for  
Public Housing/Housing Choice Voucher (Section 8)  
For Waiting List Purpose Only



If you or anyone in your family is a person with disabilities or limited English proficiency, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.



FOR THE HEARING IMPAIRED:  
TTY/TDD  
1-800-877-8339

I AM INTERESTED IN APPLYING FOR (please check one)

HOUSING CHOICE VOUCHER (SEC. 8) ONLY \_\_\_\_\_ (Qualifying Veterans only)

PUBLIC HOUSING ONLY \_\_\_\_\_

**Please print all information and complete this application in black or blue pen!**

Your Name \_\_\_\_\_

Spouse/Other Adult(s) Name(s) \_\_\_\_\_  
(PLEASE LIST EACH ADULT WHO WILL BE LIVING WITH YOU)

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Please list maiden name, other former married names or alias for all adult household members:

**List all members who will be living in the unit, including self:**

Full Name	Birth Date	Social Security No.	Age	Gender	Relationship to HOH	US Citizen Yes or No
1.					Self	
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Are you or any member of your household disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

Is any household member receiving a benefit based on a disability? Yes \_\_\_\_\_ No \_\_\_\_\_

Family member name receiving disability benefit \_\_\_\_\_

Are you or any member of your household handicapped? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your household have a need for an accessible unit? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any household member ever appeared on a sex offender list? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, where? \_\_\_\_\_

**\*\*Failure to answer the above question may jeopardize the approval of your application\*\***

Are you or any household member currently on probation? \_\_\_\_\_ Where? \_\_\_\_\_

Have you lived in any other states other than Ohio? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, list other states you have lived in. \_\_\_\_\_

Are you a Veteran?	Yes _____	No _____
Is your spouse a Veteran?	Yes _____	No _____
Are you a widow/widower of a Veteran?	Yes _____	No _____

***If you answered "yes" to any of the questions above, please provide our office with a copy of your (or your spouse's) DD214 as proof of this status.***

Please list the names, mailing addresses, and telephone numbers of two (2) relatives we can contact if we are unable to reach you:

Name: _____	Name: _____
Address: _____	Address: _____
_____	_____
Phone Number: _____	Phone Number: _____

**EMPLOYMENT:** List all full and/or part time employment for all household members. Include self-employed earnings.

Gross Earnings

Household Member	Name & Address of Employer	<u>CURRENT</u> per month	<u>ANTICIPATED</u> per month
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

**OTHER SOURCES OF INCOME:** (Examples: ADC, Social Security, SSI, pensions, disability compensation, unemployment compensation, interest payments, babysitting, caretaking, spousal support, child support, annuities, dividends, income from rental property, Armed Forces, Reserves, scholarships, and/or grants).

Household Member	Source	Amount
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

**ASSETS:**

Checking Account: Bank \_\_\_\_\_ Acct. # \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Passbook Savings: Bank \_\_\_\_\_ Acct. # \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Certificates of Deposit: Bank \_\_\_\_\_ Acct. # \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Credit Union Shares: Credit Union Name \_\_\_\_\_

Address \_\_\_\_\_

Current Balance: \$ \_\_\_\_\_

Stocks and Bonds (Value): \$ \_\_\_\_\_ War Bonds (Value): \$ \_\_\_\_\_

Do you now own real estate? \_\_\_\_\_ If yes, what is its value? \$ \_\_\_\_\_

**If the answer to the question above is yes, please provide us with a copy of the appraisal of this property.**

Have you ever owned real estate? \_\_\_\_\_ If yes, when? \_\_\_\_\_

List below any life insurance policy numbers that you may have, including names and addresses of insurance companies:

Policy # \_\_\_\_\_ Name/Address \_\_\_\_\_

Policy # \_\_\_\_\_ Name/Address \_\_\_\_\_

**CHILDCARE EXPENSES:**

Do you pay for babysitting while a family member is employed? \_\_\_\_\_

If yes, list childcare provider's name, address, and telephone number:

\_\_\_\_\_

\_\_\_\_\_

Cost per week: \$ \_\_\_\_\_ or per month: \$ \_\_\_\_\_

**MEDICAL EXPENSES: (Applies ONLY to elderly, disabled, or handicapped households)**

Are you receiving Medicare? \_\_\_\_\_

Are you receiving Medicaid (through Human Services)? \_\_\_\_\_

Do you pay for any medical insurance/hospitalization, such as Blue Cross, etc.? \_\_\_\_\_

If yes, how much? \_\_\_\_\_ How often paid? \_\_\_\_\_

Are you making payments on outstanding medical bills? \_\_\_\_\_

Do you take prescription drugs on a regular basis? \_\_\_\_\_

Do you anticipate any healthcare-related expenses for the next 12 months which are not covered by insurance? \_\_\_\_\_

PROGRAM INFORMATION:

Have you ever applied for or participated in a rental assistance program? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

Are you participating in a rental assistance program at the present time? \_\_\_\_\_

Name of present Landlord: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

The following information is required for statistical purposes so the Department of HUD may determine the degree to which its programs are utilized by minority families.

ETHNIC CATAGORIES: \_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Not Hispanic or Latino

RACIAL GROUP IDENTIFICATION (used for statistical purposes only):

\_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian  
\_\_\_\_\_ Black or African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander  
\_\_\_\_\_ White \_\_\_\_\_ Other

The following information will be used by the PMHA to apply for future funding; you are not required to complete, but your answers will be valuable in applying for prospective grants.

Do you consider yourself "homeless"? \_\_\_\_ Yes \_\_\_\_ No. If yes, which of these describes your living conditions: \_\_\_\_ living in a shelter, \_\_\_\_ living without shelter, \_\_\_\_ living from place to place, \_\_\_\_ living temporarily with family or friends.



**COMPLETE THIS SECTION ONLY**  
**IF YOU ARE NOT INTERESTED IN APPLYING FOR BOTH PROGRAMS!**

The Housing Choice Voucher (Section 8) Rental Assistance Program and the Public Housing Program have been explained to me. I understand how each program works. I am **NOT** interested in applying for the following program:

\_\_\_\_\_ Housing Choice Voucher (Section 8) Rental Assistance  
\_\_\_\_\_ Public Housing

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

PLEASE READ ALL TERMS BELOW AND SIGN:

It is understood that the premises for which you have applied is to be used as a residence to be occupied by a number of persons not to exceed the guidelines established by the Pickaway Metropolitan Housing Occupancy Policy. Occupancy is subject to possession of the housing unit by the Housing Authority. This application, including each prospective occupant, is subject to approval and acceptance by Landlord in its sole discretion. I hereby authorize Landlord to obtain information it deems desirable to the processing of my application, including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information; and release Landlord, its employees and agents from all liability and damage whatsoever incurred in furnishing or obtaining such information. Upon approval and acceptance, the applicant agrees to execute a lease before possession is given and to pay the security deposit and any pro-rated rent at the date and time agreed upon. The applicant hereby waives any claim for damages by reason of non-acceptance of this application which the Landlord or his agent may reject without stating reasons for so doing. It is further agreed that if any information herein is false, the lease made on the strength of this application may, at the option of the landlord, be terminated at any time.

Successful applicants also accept that information pertaining to their rental history through the Pickaway Metropolitan Housing Authority will be submitted to the Registry upon their move from housing managed by the Authority.

**ALL INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature (**HEAD OF HOUSEHOLD**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Date

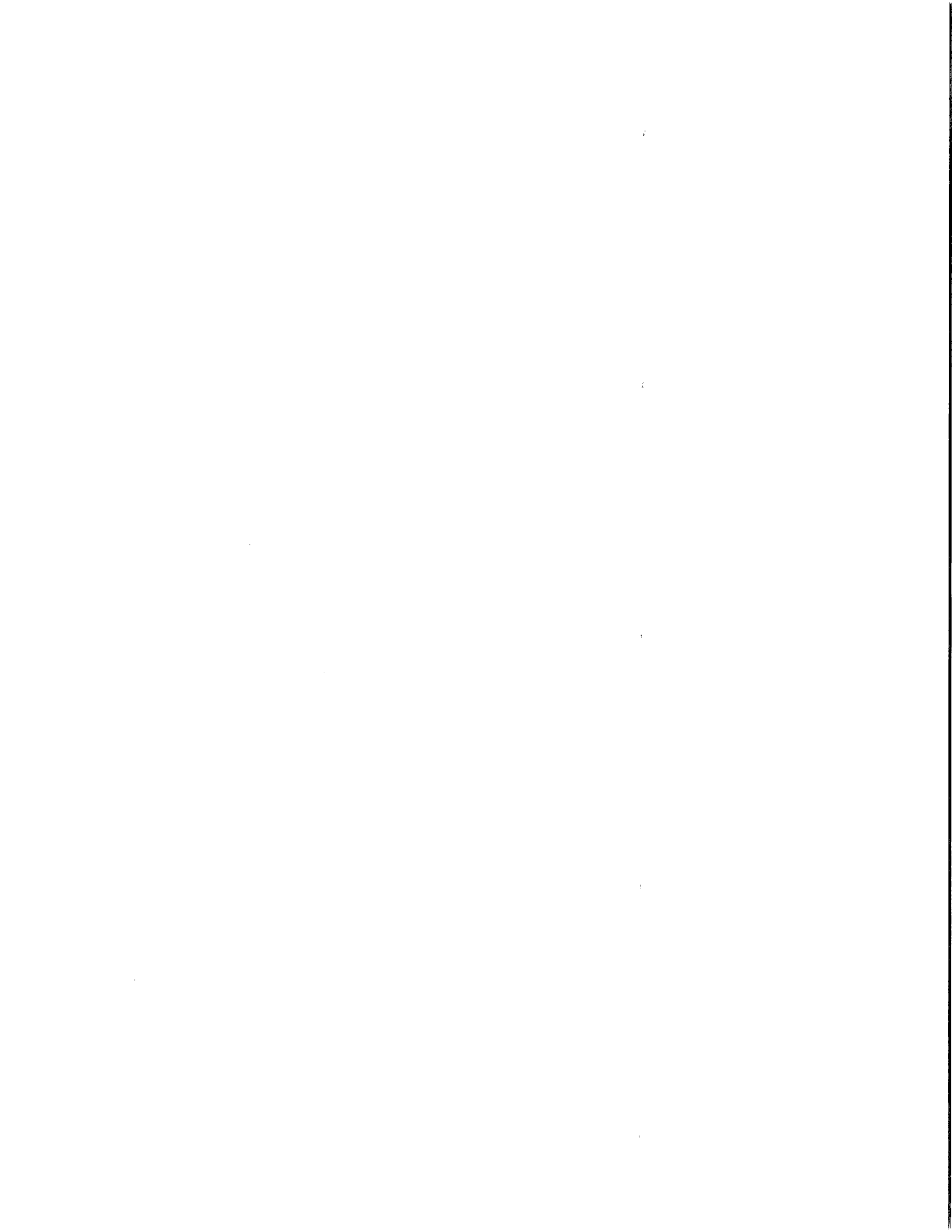
\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
PMHA Representative



Equal Housing Opportunity



May 1998

P-88-2

# THINGS YOU SHOULD KNOW

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application and recertification forms.

## PURPOSE

This is to inform you that there is certain information you must provide when applying for assisted housing. There are penalties that apply if you knowingly omit information or give false information.

## PENALTIES FOR COMMITTING FRAUD

The United States Department of Housing and Urban Development (HUD) places a high priority on preventing fraud. If your application or recertification forms contain false or incomplete information, you may be:

- Evicted from your apartment or house;
- Required to repay all overpaid rental assistance you received;
- Fined up to \$10,000;
- Imprisoned for up to 5 years; and/or
- Prohibited from receiving future assistance

Your State and local governments may have other laws and penalties as well.

## ASKING QUESTIONS

When you fill out your application, you should know what is expected of you. If you do not understand something, say so. That person can answer your question or find out what the answer is.

## COMPLETING THE APPLICATION

When you give your answers to application questions, you must include the following information:

### INCOME:

- All sources of money you and any member of your family receive (wages, welfare payments, alimony, social security, pension, etc.);
- Any money you receive on behalf of your children (child support, social security for children, etc.);
- Income from assets (interest from a savings account, credit union, or certificate of deposit; dividend from stocks, etc.);
- Earnings from second job or part-time job;
- Any anticipated income (such as a bonus or pay raise you expect to receive).
- ASSETS:
- All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family/household who will be living with you.
- Any business or asset you sold in the last 2 years for less than its full value, such as your home to your children.

### FAMILY/HOUSEHOLD MEMBERS:

- The names of all the people (adults and children) who will actually be living with you, whether or not they are related to you.

## SIGNING THE APPLICATION

- Do not sign any form unless you have read it, understand it, and you are sure everything is complete and accurate.
- When you sign application and certification forms, you are claiming that they are complete to the best of your knowledge and belief. You are committing fraud if you sign a form knowing that it contains false or misleading information.



- Information you give on your application will be verified by your housing agency. In addition, HUD may do computer matches of the income you report with various Federal, State or private agencies to verify that it is correct.
- 

### **RECERTS**

You **must** provide updated information at least once a year. Some programs require that you report any changes in income or family/household composition immediately. Be sure to ask when you must recertify. You **must** report on recertification forms:

- All income changes, such as pay increases or benefits, change of job, loss of job, loss of benefits, etc., for all adult family/household members.
  - Any family/household member who has moved in or out.
  - All assets that you or your family/household members own and any asset that was sold in the last 2 years for less than its full value.
- 

### **BEWARE OF FRAUD**

You should be aware of the following fraud schemes:

- Do not pay any money to file an application.
  - Do not pay any money to move up on the waiting list.
  - Do not pay for anything not covered by your lease.
  - Get a receipt for any money you pay.
  - Get a written explanation if you are required to pay any money other than rent (such as maintenance charges).
- 

### **REPORTING ABUSE**

If you are aware of anyone who has falsified an application, or if anyone tries to persuade you to make false statements, report them to the manager of your project or PHA. If you cannot report to the manager, call the local HUD office or the **HUD Hotline at (202) 472-4200**. This is not a toll-free number. You can also write to the **HUD Hotline, Room 8254, 451 Seventh Street, S.W., Washington, DC 20410**.

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LANGUAGE IDENTIFICATION FLASHCARD

- |                          |   |                        |
|--------------------------|---|------------------------|
| <input type="checkbox"/> | ضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.                         | 1. Arabic              |
| <input type="checkbox"/> | Խորհրդով ենք նշում կատարեք այս քառակուսով, եթե խոսում կամ կարդում եք հայերեն: | 2. Armenian            |
| <input type="checkbox"/> | যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।                        | 3. Bengali             |
| <input type="checkbox"/> | លូមបញ្ជាក់ក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។                         | 4. Cambodian           |
| <input type="checkbox"/> | Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.  | 5. Chamorro            |
| <input type="checkbox"/> | 如果你能读中文或讲中文，请选择此框。  | 6. Simplified Chinese  |
| <input type="checkbox"/> | 如果你能讀中文或講中文，請選擇此框。  | 7. Traditional Chinese |
| <input type="checkbox"/> | Označite ovaj kvadratic ako čitate ili govorite hrvatski jezik.               | 8. Croatian            |
| <input type="checkbox"/> | Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.                        | 9. Czech               |
| <input type="checkbox"/> | Kruis dit vakje aan als u Nederlands kunt lezen of spreken.                   | 10. Dutch              |
| <input type="checkbox"/> | Mark this box if you read or speak English.                                   | 11. English            |
| <input type="checkbox"/> | اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.                  | 12. Farsi              |

- Cocher ici si vous lisez ou parlez le français. 13. French
- Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. 14. German
- Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά. 15. Greek
- Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen. 16. Haitian Creole
- अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। 17. Hindi
- Kos lub voj no yog koj paub twm thiab hais lus Hmoob. 18. Hmong
- Jelölje meg ezt a kockát, ha megérte vagy beszéli a magyar nyelvet. 19. Hungarian
- Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. 20. Ilocano
- Marchi questa casella se legge o parla italiano. 21. Italian
- 日本語を読んだり、話せる場合はここに印を付けてください。 22. Japanese
- 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. 23. Korean
- ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ. 24. Laotian
- Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. 25. Polish

- Assinale este quadrado se você lê ou fala português. 26. Portuguese
- Însemnați această căsuță dacă citiți sau vorbiți românește. 27. Romanian
- Пометьте этот квадратик, если вы читаете или говорите по-русски. 28. Russian
- Обележите овај квадратик уколико читате или говорите српски језик. 29. Serbian
- Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky. 30. Slovak
- Marque esta casilla si lee o habla español. 31. Spanish
- Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog. 32. Tagalog
- ให้กาเครื่องหมายลงในช่องดำผ่านถ่านหรือทุกภาษาไทย. 33. Thai
- Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga. 34. Tongan
- Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою. 35. Ukrainian
- اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔ 36. Urdu
- Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ. 37. Vietnamese
- באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש. 38. Yiddish