



**PICKAWAY METROPOLITAN
HOUSING AUTHORITY**

176 Rustic Drive
Circleville, Ohio 43113
740-477-2514
Fax: 740-477-7456
pmha@pickawaymha.com

Dear Applicant:

The application form for **Williamsport Terrace** is attached. It is very important that you completely answer every question on the application. Please note that the following verifications **must** be attached when you return the application to our office.

- **Birth Certificates** for ALL household members;
- **Proof of Income** for ALL household members; and
- **Social Security Cards** for ALL household members

If you fail to provide written proof of your income, we will not be able to process your application.

Completing and returning this form to us only assists us to determine if you are an eligible applicant. Eligible applications are placed on our waiting list. When your name approaches the top of the waiting list, you will be contacted for an Intake Interview. At that time eligibility for the program will be determined. Prior landlord references and police records, and other screening criteria will be checked as part of the Intake process.

Thank you for your interest in Williamsport Terrace.

Cordially,

Pickaway Metropolitan Housing Authority



ANY INDIVIDUAL WITH A DISABILITY OR LIMITED ENGLISH PROFICIENCY WHO NEEDS ACCOMODATIONS OR ASSISTANCE AT ANY TIME DURING THE APPLICATION PROCESS SHOULD INFORM A HOUSING AUTHORITY REPRESENTATIVE



For the hearing impaired:

TDD SERVICE – CONTACT

TTY/TDD

1-800-877-8339

PICKAWAY METROPOLITAN HOUSING AUTHORITY

Preliminary Application for

Williamsport Terrace Apartments

For Waiting List Purposes Only

PERSONAL INFORMATION

Application # _____

Name of Head of Household: _____

Name of Spouse, Co-head or Other Adult _____

(List all adults who will be living with you, including adult children)

Current Street Address _____

City _____ State _____ County _____ Zip Code _____

Home Telephone _____ Work Telephone _____

Please list below all people who you believe will live in the rental unit for which you are now applying, including yourself:

Full Name	Birth Date	Social Security No.	Age	Gender	Relationship to HOH
1.					Self
2.					
3.					
4.					
5.					

Are any of the individuals listed above age 18 or over AND full-time students in high school, college, business or trade school, etc.? Yes No

If yes, who? _____

Are you or any person listed above disabled? Yes No

Are you applying for a wheelchair accessible unit only? Yes No

If yes, is this the only unit you are requesting? Yes No

Have you or any member of your household ever appeared on a sex offender registry? Yes No

If yes, where? _____

****Failure to answer the above will jeopardize the acceptance of your application****

Have you ever lived in any other states other than Ohio? ____ Yes ____ No If yes, list other states lived in:

In the event of an emergency, who should we contact?

Name _____

Address _____

Telephone _____

Income Information

List all income for **all members** of the household:

Household Member	Type of Employment
	<p>Name and Address of Employer:</p> <p>Telephone:</p> <p>Hourly Rate of Pay _____ OR Salary Amount _____</p> <p>Number of Hours Weekly _____ How often Paid _____</p>
	<p>Name and Address of Employer:</p> <p>Telephone:</p> <p>Hourly Rate of Pay _____ OR Salary Amount _____</p> <p>Number of Hours Weekly _____ How often Paid _____</p>

	<p>OWF (Jobs and Family Services)</p> <p>Amount Received Monthly _____</p>
	<p>Unemployment Benefits Date Benefit Began _____</p> <p>Amt. rec'd every 2 wks _____ Date Benefit Ends _____</p>
	<p>SSI Amount received monthly? _____</p>
	<p>Veterans Administration Amount received monthly? _____</p>
	<p>Retirement Pension Amount received monthly? _____</p>
	<p>Child Support or Alimony</p> <p>Amount received? _____ How often? _____ (weekly, monthly?)</p>
	<p>Social Security Amount received monthly? _____</p>
	<p>Other Income Amount received? _____</p> <p>How often? _____</p> <p>Source of Income:</p> <p>Address of Source:</p> <p>Telephone Number of Source:</p>

You must attach written proof of ALL income. For example, attach at least (3) paystubs, written verification pertaining to your SSI check, a computer printout from Human Services verifying your OWF grant, etc. IF YOU FAIL TO ATTACH ADEQUATE PROOF OF ALL INCOME, THIS PRELIMINARY APPLICATION WILL NOT BE PROCESSED.

Assets

Type of Account	Name on Account	Name/Address of Bank	Account Number

Do you now own real estate? Yes No If "yes", what is its value? _____

Have you ever owned real estate? Yes No If "yes", when? _____

Have you disposed of any asset for less than the fair market value in the past 2 years? Yes No

Present Housing and Living Situation

How long have you lived at your present address? _____

Do you own this home? Yes No

Do you rent this house/apartment? Yes No

If you rent, please list your landlord's name and address: _____

If you have rented any property in the past five years, please list all landlords and addresses:

1) _____ 2) _____

3) _____

General Information

In the event of an emergency, who should we contact? Name _____
Address _____

Telephone _____

Have you ever received rental assistance
through the Pickaway Metropolitan Housing Authority? _____ Yes _____ No

If yes, when? _____

Are you now receiving rental assistance from this agency? _____ Yes _____ No

By my signature below, I understand and agree that my credit and references will be checked and all other information provided on this application may be verified by a representative of the Pickaway Metropolitan Housing Authority.

I certify that if I am accepted for residency at Williamsport Terrace, this is/will be my permanent residence and I do/will not maintain a separate subsidized apartment in a different location.

I FURTHER CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, FALSIFIED OR FRAUDULENT STATEMENTS MADE ON THIS APPLICATION WILL LEAD TO REJECTION OF THIS APPLICATION. THIS INCLUDES PRESENT AND PAST LANDLORD INFORMATION, AS ALL LANDLORDS ARE SOUGHT FOR REFERENCES.

Applicant

Date

Co-Applicant

Date

PMHA Representative

It is the policy of the PMHA to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; and the U.S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity.

No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Pickaway Metropolitan Housing Authority's programs.

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 the Pickaway MHA to obtain information it deems desirable to the processing of my application, including: credit reports, civil or criminal action, 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 prorated 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 here is false, the lease made on the strength of his 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.

Signature

Date

Signature

Date

Signature

Date



The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Race (mark one or more)

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Ethnicity

- Hispanic or Latino
- Not Hispanic or Latino

Gender

- Male
- Female



"This institution is an equal opportunity provider and employer."

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."