

For the hearing impaired: TDD SERVICE - CONTACT OHIO RELAY SERVICE AT 711 or 1-800-750-0750 or 1-877-644-6826



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

### **Waitlist Application**

## **Head of Household (HOH)**

First Name	Middle Initial	Last Name	Social Se	Social Security Number		
	Current A	ddress		Apart./Unit #		
	City		State	Zip		
			•			
Secondary Address				Apart./Unit #		
	City		State	Zip		
			•			
Primary Phone:		Secondary Phone:				
Email Address:						
Waitlist Preference						

☐ U.S. military veterans, their legal spouse or widows. Veteran must have 6 months of active duty and honorable discharge; or a veteran eligible for VA benefits. DD214/Proof of VA benefits required.

# **Household Composition (list all members of the household)**

Please list all members of the household which will be included in the Waitlist Application utilizing the reference key below.

Gender	Relation to HOH	Primary Race	Ethnicity	Disabled
(M) Male	(S) Spouse	(1) White	(1) Hispanic	(Y) Yes
(F) Female	(K) Co-Head	(2) Black or African American	(2) Non-Hispanic	(N) No
(U) Unspecified	(F) Foster Child/Foster Adult	(3) American Indian/Alaska Native	(N) Not Disclosed	
	(Y) Other Youth Under 18	(4) Asian		
	(E) Full-time Student 18+	(5) Native Hawaiian/Other Pacific Islander		
	(L) Live-in-Aide	(N) Not Disclosed		
	(A) Other Adult			

Name (First MI Last)	Social Security Number	Date of Birth	Gender	Relation to HOH	Primary Race	Ethnicity	Disabled
Applicant							

## **Handicapped / Disabled Household Members**

s any household member receiving a benefit based on a disability?	☐ Yes	□ No
Family member name receiving disability benefit		
s any household member handicapped?	☐ Yes	□ No
Name of household member with a handicap		
Does your household have a need for a handicap accessible unit?	☐ Yes	□ No

# **Reasonable Accommodation** Does the household require a reasonable accommodation? ☐ Yes ☐ No If yes, Please Explain: **Annual Income** Pension Social Security / SSI Wages **TANF** Unemployment **Child Support** Other non-wage **Supplemental Questions** Do you have an additional person who we can contact in case we cannot reach you? П № Name: Address: Phone number(s): Email address: Is anyone in your household currently pregnant? If so, provide estimated due date as well as information □ No about the gender if known. ☐ Yes If yes, please explain : \_\_\_\_\_ Do you have additional information that you wish to add to your application for the waiting list? ☐ Yes ☐ No

☐ Yes

□ No

If yes, please explain:

For Eden Place Waiting List Only: Would you be interested in a studio apartment?

### **Waitlist Selection**

Please review the description information and select the waiting list(s) you wish to apply for.

	Waiting List	Description	Status
		Located at 1175 Atwater Avenue in Circleville, OH. Head of household	
	Eden Place	or spouse must be 62 or older, OR if head of household or spouse is	Open
		under 62, there must exist a need for the mobility impairment features	Open
		of the accessible units. There are studio and one bedroom apartments.	
$  \Box $	Louise Terrace	Located at 270 Lexington Avenue in Ashville, OH. Head of household or	Open
	Louise Terrace	spouse must be 62 or older. There are one bedroom apartments.	Open
	Pickaway Terrace	Located on Chickasaw and Arapaho Dr. in Circleville, OH. Head of	
		household or spouse must be 62 or older OR if head of household or	
		spouse is under 62, must meet the program disability requirements.	Open
		There are one and two bedroom apartments. PMHA policy determines	
		what size unit an applicant family qualifies for.	
		Public Housing has 1, 2, 3 and 4 bedroom units in Circleville, OH, 3 and 4	
	Public Housing	bedroom units in Ashville, OH and 4 bedroom units in Williamsport, OH.	Open
		PMHA policy determines what size unit an applicant family qualifies for.	
	Williamsport Terrace	Located at 634 S. Water Street in Williamsport, OH. There are one and	
		two bedroom apartments. PMHA policy determines what size unit an	Open
		applicant family qualifies for.	

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\*

☐ The above information is correct and complete to the best of my knowledge.	
Applicant Signature Date	





#### **USDA Non-Discrimination Statement**

This institution is an equal opportunity provider.

### **HUD Notification of Non-Discrimination on the Basis of Disability Status**

Pickaway Metropolitan Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988):

Jean Maynard, Pickaway Metropolitan Housing Authority, 176 Rustic Drive, Circleville OH 43113, Phone: 740-477-2514, Email: <a href="maynard@pickawaymha.com">maynard@pickawaymha.com</a>