



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



Pickaway Metropolitan  
 Housing Authority



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

## Louise Terrace Waiting List Application

Located at 270 Lexington Avenue in Ashville, OH. Head of household or spouse must be 62 or older. There are one bedroom apartments.

### Household Information

Please include information for all household members, including children under age 18.

If a household member qualifies for a reasonable accommodation due to a disability, please select “Yes” for “Has Disability”.

If no social security number use all 9s.

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

Name (First MI Last)	Social Security Number	Date of Birth	Gender	Relation to HOH	Primary Race	Ethnicity	Has Disability
				Head			

**Waiting List Preferences (please select all that apply):**

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The owner/agent places households in units based on date and time the completed application is received and the household's eligibility for preference. Please indicate if you qualify for the preferences listed below.

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.

**Waiting List Questions:**

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Please answer all the questions listed below

Is any household member receiving a benefit based on a disability? If so, please provide the member's name.:

Answer:  Yes  No

Explain: \_\_\_\_\_

Does your household have a need for a handicap accessible unit?:

Answer:  Yes  No

Explain: \_\_\_\_\_

Do you have an additional person who we can contact in case we cannot reach you? If so, please provide name, address, phone number and email address.:

Answer:  Yes  No

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ Email address: \_\_\_\_\_

Is anyone in your household currently pregnant? If so, provide estimated due date as well as information about the gender if known.

Answer:  Yes  No

Explain: \_\_\_\_\_

Do you have additional information that you wish to add to your application for the waiting list?

Answer:  Yes  No

Explain: \_\_\_\_\_

## Reasonable Accommodation

A reasonable accommodation is a change, exception, or adjustment to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to participate fully in a program, take advantage of a service, live in dwelling or perform a job.

Applicants with disabilities that need a reasonable accommodation in order to participate in the application process or to make effective use of the housing program, have the right to request such an accommodation.

Needs Accommodation:     Yes         No

Explain: \_\_\_\_\_

## Add Gross Annual Income (Before Taxes):

In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information. Please provide the total amount of gross annual income (before taxes) **for all family members** from all sources.

<b>Pension:</b>		<b>TANF:</b>	
<b>SSI:</b>		<b>Unemployment:</b>	
<b>Wages:</b>		<b>Child Support:</b>	
<b>Social Security:</b>		<b>Other Non-Wage</b>	

## Contact Information:

To ensure we are able to contact you, please includes your contact information below.

Primary address is required, other contact information is optional.

<b>Primary Phone #:</b>	
<b>Secondary Phone #:</b>	
<b>Email Address:</b>	

Primary Mailing Address:

<b>Address Line 1:</b>	
<b>Unit #:</b>	
<b>Address Line 2:</b>	
<b>Zip Code</b>	
<b>City:</b>	
<b>State:</b>	

Secondary Mailing Address:

<b>Address Line 1:</b>	
<b>Unit #:</b>	
<b>Address Line 2:</b>	
<b>Zip Code</b>	
<b>City:</b>	
<b>State:</b>	

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):

Tammy McGlone, Pickaway Metropolitan Housing Authority, 176 Rustic Drive, Circleville OH 43113, Phone: 740-477-2514, Email: [tmcglone@pickawaymha.com](mailto:tmcglone@pickawaymha.com)