

Cambridge Metropolitan Housing Authority
PO Box 1388
Cambridge OH 43725
740.439.6651 FAX: 740.439.5366
1.800.457.6651 TDD

INITIAL APPLICATION FOR HOUSING CHOICE VOUCHER HOUSING ASSISTANCE

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

Full legal name of head of household: _____

Street Address: _____

Mailing Address (if different): _____

Phone Number: _____ Alternate Phone: _____

Contact person: (who could we contact if we are unable to reach you?)

Name: _____ Phone: _____

Address: _____

INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all persons age 18 or older who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

Name	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #
	HEAD					

CHILDREN 17 AND YOUNGER

List all children who will be living in the home, oldest to youngest.

Name	Relation to Head	US Citizen Y/N	Disabled? Y/N	Sex M/F	Date of Birth	Soc. Security # or Alien Registration #	School Name

RACE, ETHNICITY, RELIGION, AND NATIONAL ORIGIN OF HEAD OF HOUSEHOLD

The information below is requested for statistical purposes only. According to 24 CFR 107.30(a), the Housing Authority is required to maintain racial, religious, national origin, and sex data required by the Department in connection with its programs and activities.

Race: check the appropriate race. (More than one category can be entered if applicable.)

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

Ethnicity: (Check the appropriate ethnicity.) _____ Hispanic or Latino _____ Not Hispanic or Latino

Religion: Please state your religious affiliation. _____

National Origin: Please state your birth nationality. _____

List the sources and amounts of all income (money) expected for the coming 12 months for all members from any and all sources.

Family Member Name	Income Source	Amount \$	Frequency- (Check one)
			_____ Week _____ Month _____ Year
			_____ Week _____ Month _____ Year
			_____ Week _____ Month _____ Year
			_____ Week _____ Month _____ Year
			_____ Week _____ Month _____ Year

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR MORE THAN FIVE YEARS OR BOTH.

Signature of Head of Household

Date

Signature of Spouse or Cohead

Date

For Office Use Only:

Application received on _____, 20____ at _____ AM PM

PHA Representative

EHO

03.2017

CAMBRIDGE METROPOLITAN HOUSING AUTHORITY

P.O. BOX 1388, CAMBRIDGE, OHIO 43725

PHONE: 740.439.6651 FAX: 740.439.5366

TDD: 800.457.6651

By signing below, I acknowledge Cambridge Metropolitan Housing Authority (CMHA) has a policy restricting the use of the Housing Choice Voucher outside of CMHA's jurisdiction if an applicant did not have a legal residence within CMHA's jurisdiction at the time of placement on the waiting list. From CMHA's Administrative Plan:

The initial PHA may establish a policy denying the right to portability to nonresident applicants during the first 12 months after they are admitted to the program [24 CFR 982.353(c)].

PHA Policy

If neither the head of household nor the spouse/cohead of an applicant family had a domicile (legal residence) in the initial PHA's jurisdiction at the time that the family's initial application for assistance was submitted, the family must lease a unit within the initial PHA's jurisdiction for at least 12 months before requesting portability.

I also understand that if I did not have a legal residence within CMHA's jurisdiction at the time of my placement on the waiting list, I will not be permitted to lease up outside of the jurisdiction of CMHA for at least one year after being admitted to CMHA's Housing Choice Voucher program.

I also understand that if I choose to dispute my residency, I will be required to provide proof of my legal physical address at the time of my waiting list application.

Signature/Date of the Head of Household: _____

Signature/Date of Other Adult: _____

Signature/Date of Other Adult: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



November 2004

Things You Should Know

Don't risk your chances for Federally assisted housing by providing false, incomplete, or inaccurate information on your application 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	<p>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:</p> <ul style="list-style-type: none">▪ 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. <p>Your State and local governments may have other laws and penalties as well.</p>				
Asking Questions	When you meet with the person who is to fill out your application, you should know what is expected of you. If you do not understand something, ask for clarification. That person can answer your question or find out what the answer is.				
Completing The Application	<p>When you answer application questions, you must include the following information:</p> <table><tr><td>Income</td><td><ul style="list-style-type: none">▪ All sources of money you or any member of your household 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; dividends from stock, etc.);▪ Earnings from second job or part time job;▪ Any anticipated income (such as a bonus or pay raise you expect to receive)</td></tr><tr><td>Assets</td><td><ul style="list-style-type: none">▪ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.</td></tr></table>	Income	<ul style="list-style-type: none">▪ All sources of money you or any member of your household 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; dividends from stock, etc.);▪ Earnings from second job or part time job;▪ Any anticipated income (such as a bonus or pay raise you expect to receive)	Assets	<ul style="list-style-type: none">▪ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's household who will be living with you.
Income	<ul style="list-style-type: none">▪ All sources of money you or any member of your household 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; dividends from stock, etc.);▪ Earnings from second job or part time job;▪ Any anticipated income (such as a bonus or pay raise you expect to receive)				
Assets	<ul style="list-style-type: none">▪ All bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you and any adult member of your family's 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.
- The names of all of the people (adults and children) who will actually be living with you, whether or not they are related to you.

Signing the Application	<ul style="list-style-type: none"> ▫ Do not sign any form unless you have read it, understand it, and are sure everything is complete and accurate. ▫ When you sign the 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.
Recertifications	<p>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:</p> <ul style="list-style-type: none"> ▫ All income changes, such as increases of pay and/or benefits, change or loss of job and/or benefits, etc., for all household members. ▫ Any move in or out of a household member; and, ▫ All assets that you or your household members own and any assets that was sold in the last 2 years for less than its full value.
Beware of Fraud	<p>You should be aware of the following fraud schemes:</p> <ul style="list-style-type: none"> ▫ 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; and, ▫ Get a written explanation if you are required to pay for anything other than rent (such as maintenance charges).
Reporting Abuse	<p>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 complex or your PHA. If that is not possible, then call the local HUD office or the HUD Office of Inspector General (OIG) Hotline at (800) 347-3735. You can also write to: HUD-OIG HOTLINE, (GFI) 451 Seventh Street, S.W., Washington, DC. 20410.</p>



The Section 8 Housing Choice Voucher Program, which is designed by the Department of Housing and Urban Development (HUD) and administered by the Housing Authority, provides rental assistance to low-income individuals and families. This program is not set up to provide assistance on an emergency basis, and there is a limited amount of funding available. Once this limit is reached, applicants are placed on a waiting list in the order their application is received. The Housing Authority does not recognize any preferences.

Policy does not permit us to distribute available unit listings until an applicant has come to the top of the list and been issued a Housing Choice Voucher. If you are in immediate need of housing, the Housing Authority suggests checking with other local independently subsidized units. Other options include checking newspaper ads and bulletin boards in laundromats or grocery stores. You may also consider contacting area real estate agencies, which sometimes have units for rent.

Once an application is pulled from the waiting list, the Housing Authority must determine whether or not the individual applicant or applicant family meets all eligibility requirements, such as or including:

- All household members to receive assistance must declare their citizenship or eligible immigrant status.
- The family must provide household income information, which may not exceed established income limits. Income limits are based on family size and local income levels as published by HUD.
- Copies of birth certificates and Social Security cards must be provided for all family members.

When all the requirements have been met, a Briefing appointment will be scheduled to issue a Housing Choice Voucher and to further explain the Program and all its policies. Listings of available units will also be available. The Housing Choice Voucher, which is the family's agreement with the Housing Authority, lists the participant's responsibilities under the Section 8 Housing Choice Voucher Program. It also indicates the subsidy standard for the size unit approved for the family.

Under the Section 8 Housing Choice Voucher Program, the family is responsible to find housing that meets Section 8 Housing Choice Voucher Affordability requirements and Housing Quality Standards. The owner must also agree to participate in the Program.

When choosing a unit, whether it be an apartment, a mobile home, a townhouse or a single family home, you should consider the following:

- Location – is the unit near work, schools, stores, etc.
- Size
- Neighborhood safety/crime
- Cleanliness

All units must meet Section 8 Housing Choice Voucher Affordability requirements and Housing Quality Standards. If the family chooses to move into the unit before a Housing Choice Voucher is issued and the unit has not been approved, the family will be responsible for the full rent amount. Section 8 Housing Choice Voucher rental assistance will not begin until the unit is approved. The amount the family pays is based on a percentage of their income and the family composition or size, as well as the amount of rent for the unit and the utilities that the family is responsible for. The Section 8 Housing Choice Voucher Program does not assist with the security deposit.

Once tenancy is approved and the unit passes an inspection, the Housing Authority will enter into a contract with the owner by which assistance payments are made on behalf of the family. It is the family's responsibility to comply with the owner's lease, HUD and Housing Authority policies and the family obligations.