

CAMBRIDGE METROPOLITAN HOUSING AUTHORITY
P.O. BOX 1388 – CAMBRIDGE, OH 43725
740.439.0731 – 740.439.6651 ext. 1010
FAX: 740.435.3114 – EMAIL: PHM@CAMBRIDGEHOUSING.ORG

SCATTERED SITES- Two, three and four bedroom homes located throughout Guernsey County. Range and refrigerator provided. Water and trash removal are included in monthly rent.

****All rental agreements require a \$200 security deposit for 2 bedroom homes, a \$300 security deposit for 3 bedroom homes and a \$400 security deposit for 4 bedroom homes. Rent is based on income. ** Scattered Sites Community is a non-smoking community. The use of electronic nicotine delivery systems (ENDS) such as e-cigarettes are not included under this ban.**

The Cambridge Metropolitan Housing Authority also offers rental assistance through the Housing Choice Voucher Rental Assistance Program. A separate application is required for this program. Call 740.439.6651, extension 101 to obtain more information regarding the Housing Choice Voucher Program.

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****IF YOU NEED ASSISTANCE IN COMPLETING THIS APPLICATION, PLEASE CALL 740.439.0731**

I/We, _____ / _____, do hereby authorize the Cambridge Metropolitan Housing Authority staff to contact any person, agency, offices, group or organization to obtain any information or material which is deemed necessary for participation in the Public Housing Programs.

Signature – Head of Household

Signature – Co-Applicant

1. HEAD OF HOUSEHOLD _____
2. ADDRESS _____
3. CITY _____ STATE _____ ZIP CODE _____
4. HOME PHONE _____ WORK PHONE _____
5. PHONE NUMBERS WHERE A MESSAGE COULD BE LEFT _____
6. EMAIL ADDRESS (we will not share email addresses with anyone outside of the organization) _____
7. LIST ALL MEMBERS OF YOUR HOUSEHOLD (INCLUDING YOURSELF): _____

	FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY #		
1.		HEAD OF HOUSEHOLD					
2.							
3.							
4.							
5.							
6.							

8. Current marital status: Never married _____ Divorced _____ Separated _____ Married _____ Widowed _____
9. Is anyone in the household disabled? Yes or No If so, whom? _____
10. How soon do you need housing? _____
11. Do you smoke? Yes or No _____
12. Do you have a pet? Yes or No If so, what type? _____
13. Has anyone in your household ever received rental assistance before? Yes or No
If so, whom and where? _____
14. Has anyone in your household been convicted of a drug-related criminal activity in the past ten years?
Yes or No If so, whom? _____
15. Has anyone in your household ever used an alias or maiden name? Yes or No
If so, whom? _____ What was his/her alias or maiden name? _____

16. The following information is required for statistical purposes so the Department of Housing and Urban Development may determine the degree to which it's programs are utilized by minority families:

White _____ African American _____ American Indian _____
Asian/Pacific Islander _____ Hispanic _____ Other _____

17. **INCOME:**

- A. List all full and/or part time employment for all household members (include self-employment earnings).

HOUSEHOLD MEMBER	SOURCE	AMOUNT
		\$ _____ PER _____
		\$ _____ PER _____
		\$ _____ PER _____

- B. List all sources of other income: (General Assistance, Jobs & Family Services, DA, SSI, VA, SS Pensions, Unemployment, Baby-sitting, Child Support, Income from rental property, Military pay, etc.)

HOUSEHOLD MEMBER	SOURCE	AMOUNT
		\$ _____ PER _____
		\$ _____ PER _____
		\$ _____ PER _____

- C. List all regularly received monetary gifts or non-cash contributions (utility bills paid by someone else, etc.) _____

18. **ASSETS:** (Savings, Checking, CD's, Stocks, Bonds, Credit Union Shares, Mutual Funds, etc.)

TYPE OF ASSET	BANK /FINANCIAL INSTITUTION	BALANCE
		\$ _____
		\$ _____
		\$ _____

19. Has anyone in the household ever owned any real estate? Yes or No

If so, when? _____ Tax Assessed Value \$ _____

20. Has anyone in the household disposed of any assets in the past two years? Yes or No

If yes, explain. _____

21. **LANDLORD REFERENCE:**

- A. PRESENT LANDLORD

NAME	LANDLORD'S COMPLETE ADDRESS	PHONE #	FROM/TO
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REASON FOR MOVING: _____

- B. PREVIOUS LANDLORD #1

NAME	LANDLORD'S COMPLETE ADDRESS	PHONE #	FROM/TO
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YOUR COMPLETE PREVIOUS ADDRESS: _____

REASON FOR MOVING: _____

- C. PREVIOUS LANDLORD #2

NAME	LANDLORD'S COMPLETE ADDRESS	PHONE #	FROM/TO
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YOUR COMPLETE PREVIOUS ADDRESS: _____

REASON FOR MOVING: _____

22. How did you hear about our apartment community?

Radio _____ Drove by Site _____ Newspaper _____ Other _____

Were you referred to us by someone? Yes or No If so, please provide name: _____

I CERTIFY THAT ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Head of Household Signature

WARNING: SECTION 1001 OF TITLES 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN IT'S JURISDICTION.

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AUTHORIZATION FOR RELEASE OF INFORMATION

NOTIFICATION

As part of the screening process to determine eligibility in the housing choice voucher and public housing programs, the Public Housing Authority (PHA) must conduct a criminal background check for all adult members in the household. In the public housing program, this criminal background check is also conducted at regular reexaminations for purposes of lease enforcement. This criminal background check includes criminal history reference searches and sex offender registry searches.

If the PHA seeks to deny admission for either the housing choice voucher or public housing program, or terminate your public housing lease based on criminal records which are not public information, the PHA will notify you of its intention to deny or terminate based on such records, will mail you a copy of such records, and provide you the opportunity to dispute the accuracy of such records before notification of denial of assistance or termination of your public housing lease.

The PHA and the U.S. Department of Housing and Urban Development (HUD) may use this authorization and the information obtained with it only to administer and enforce rules and regulations governing its housing programs.

Information Covered: Inquiries may be made about: child care expenses, credit history, criminal record, family composition, employment, income, pensions, assets, Federal, state or local benefits, expenses, identity, medical expenses, Social Security numbers, residences and housing history.

Individuals, Organizations or Agencies that may release information: Any individual, organization or agency including any governmental agency may be asked to release information. For example, information may be requested from: bank and other financial institutions; past and present employers; landlords; schools and colleges, shelters, Social Security Administration, Department of Veterans Affairs, unemployment agencies, utility companies, welfare agencies, providers of: alimony, child care, child support, credit, assistance programs, medical care and pensions/annuities.

Computer Matching Notice and Consent: I agree that the PHA may conduct computer-matching programs with other governmental agencies including Federal, state or local agencies. Governmental agencies include: HUD, U.S. Office of Personnel Management, Social Security Administration, Department of Defense, Postal Service, State Employment Security Agencies, state welfare and Food Stamp agencies. The match will be used to verify information supplied by the family.

Conditions: I agree that photocopies of this authorization may be used for the purpose stated above. If I do not sign this Authorization, I also understand that my housing assistance may be denied or terminated. I understand this authorization is good for 15 months from date of signature.

Sect. 1001 of Title 18 of the United States Code makes it a criminal offense to knowingly make false statements or misrepresent to any Department or Agency of the United States to any matter within its jurisdiction and has established penalty of fines up to \$100, 000 and/or imprisonment not to exceed 5 years

Authorization: I authorize the release of any information pertinent to eligibility for or participation in the Public Housing and Section 8 Housing Choice Voucher Programs, including the Project-Based voucher program. I authorize HUD and the PHA to obtain information about my family, or me which is pertinent to eligibility or participation in assisted housing programs. I hereby authorize the PHA to obtain criminal records and criminal history as outlined above for the determination of eligibility for housing assistance in all the PHA programs, and for lease enforcement purposes in the low-income public housing program. I also release any and all sources of information for any and all liability from disclosure of factual information.

Head of Household Name

Signature

Date

Other Adult Name

Signature

Date

Other Adult Name

Signature

Date

HUD, the HA and any owner (or any employee of HUD, the HA 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 the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

ADDENDUM TO LEASE

SPONSOR / EMERGENCY CONTACT

Whereas, _____, hereinafter referred to as the Resident, has leased an apartment from the Cambridge / Noble Metropolitan Housing Authority, hereinafter referred to as the Authority, and hereby requests that

NAME

ADDRESS

CITY

STATE

TELEPHONE NUMBER

RELATIONSHIP TO RESIDENT

act as Sponsor and, whereas the Authority deems it necessary to require a member of the family or a friend of the resident to declare that he or she shall assume responsibility for the resident regarding the matter of the lease the Resident has executed with the Authority;

Now, therefore, the Resident hereby grants permission to the undersigned Sponsor to terminate the lease and remove personal belongings from the apartment, if the Resident has been absent from the premises for an extended period of time, or in any manner, or for any reason unable to fulfill the terms of the lease with the Authority. The sponsor will in no way be held accountable for any debt incurred with the Housing Authority by the resident.

RESIDENT

ACCEPTED:

SPONSOR

DATE

ADDENDUM TO LEASE

SPONSOR / EMERGENCY CONTACT

Whereas, _____, hereinafter referred to as the Resident, has leased an apartment from the Cambridge / Noble Metropolitan Housing Authority, hereinafter referred to as the Authority, and hereby requests that

NAME

ADDRESS

CITY

STATE

TELEPHONE NUMBER

RELATIONSHIP TO RESIDENT

act as Sponsor and, whereas the Authority deems it necessary to require a member of the family or a friend of the resident to declare that he or she shall assume responsibility for the resident regarding the matter of the lease the Resident has executed with the Authority;

Now, therefore, the Resident hereby grants permission to the undersigned Sponsor to terminate the lease and remove personal belongings from the apartment, if the Resident has been absent from the premises for an extended period of time, or in any manner, or for any reason unable to fulfill the terms of the lease with the Authority. The sponsor will in no way be held accountable for any debt incurred with the Housing Authority by the resident.

RESIDENT

ACCEPTED:

SPONSOR

DATE