



# PERRY METROPOLITAN HOUSING AUTHORITY

## APPLICATION FOR PUBLIC HOUSING AND SECTION 8 HCV RENTAL ASSISTANCE

PLEASE PRINT CLEARLY

Last Name	First	Middle	
Street Address	City	State	Zip
Telephone Number	Email Address		

**HOUSEHOLD COMPOSITION** List head of household first plus all persons who will live in the household:

Name	Birth Date	Age	Sex	Relationship self	SS#	Race/Ethnicity

*Racial and ethnic data for statistical purpose only*

**Yes No**

Is anyone in the household disabled? If yes, any special housing needs \_\_\_\_\_

Do you have a live-in attendant? If yes, person's name \_\_\_\_\_

Is anyone in the household pregnant?

Do you have a family member(s) who is/are absent from the home but expected to return in the near future?

Are you currently residing in a homeless shelter?

Is head of household or spouse (widow or widower) of a veteran of the U.S. Military?

Are you or other person listed a victim of domestic violence?

Do you live in Perry County?

Does anyone in the household owe a debt to any Housing Authority?

Have you ever had an EID?

Marital Status:  Single  Married  Separated  Divorced  Widowed

**INCOME:** Report ALL sources of income for ALL household members

Name	Source of Income and Address	Amount per month

Do you receive food stamps?  YES  NO; if yes, amount per month \$ \_\_\_\_\_

**ASSETS :** Report ALL sources of assets for ALL household members

Name	Type of asset	Identify where held and address	Current balance

Have you disposed of any assets in the past two (2) years for less than fair market value?  YES  NO; if yes, identify asset(s) and \$ amount(s) \_\_\_\_\_

**RESIDENCY:**

How long have you lived at your present address? \_\_\_\_\_

Have you lived in any housing assisted by a federal housing program?  YES  NO; if yes, list name and address

Addresses for past five (5) years:

**Address**

**Date of Rental (from – to)**

Previous landlords: list landlord's name, address and date of rental

**Name**

**Address**

**Date of Rental (from – to)**

**MISCELLANEOUS**

Has any member of your household ever been convicted of a crime including drug-related and sexual offenses? (PMHA will verify through any and/or all available resources)  YES  NO if yes, complete the following:

Name \_\_\_\_\_ Date \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_

Identify the crime \_\_\_\_\_

Did you file a federal income tax return last year?  YES  NO

List any additional information relevant to your application for housing \_\_\_\_\_

**FOR THE APPLICANT:** *I hereby certify that the information contained wherein is correct and complete to the best of my knowledge. I understand that Perry Metropolitan Housing Authority will verify all relevant information and that any intentional or willful misrepresentation of the facts included on this application will result in denial of housing.*

\_\_\_\_\_  
*Signature of Applicant* Date \_\_\_\_\_

**Completed application and forms can be returned to any of the following locations:**

**Crooksville Public Housing**

26 Brown Circle Drive  
Crooksville, Ohio 43731  
Phone: (740) 982-5991  
Fax: (740) 982-1274  
TTY: 711 or 1-800-750-0750

**Roseville Public Housing**

13000 Parkview Drive  
Roseville, Ohio 43777  
Phone: (740) 697-0323  
Fax: (740) 697-0411  
TTY: 711 or 1-800-750-0750

**Section 8 HCV Rental Assistance**

26 Brown Circle Drive  
Crooksville, Ohio 43731  
Phone: (740) 982-8021  
Fax: (740) 982-8025  
TTY: 711 or 1-800-750-0750

Authority for information collection: The following laws authorize the collection of this information by HUD or Perry Metropolitan Housing Authority: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Act of 1968. The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security number of all household members.

**WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry, in any matter within the jurisdiction of a department or agency of the United State, shall be fined not more than \$10,000 or imprisoned for not more than five (5) year or both.

# RELEASE OF INFORMATION

I hereby grant Perry Metropolitan Housing Authority permission to gather information from the following organizations. I understand that the information will be used to determine my family's eligibility for rental assistance with Perry Metropolitan Housing Authority.

- Ohio Bureau of Employment Services
- School and Training Institutions
- Department of Job & Family Services
- Workforce Development
- Perry County United Ministries
- Catholic Social Services
- Six County, Inc.
- Perry County Board of Developmental Disabilities
- Children Services
- Employers
- Child Support Agency
- Social Security Administration
- Community Action Program
- Child Care Provider
- Veterans Administration
- Credit Bureau
- Sheriff/Police Department (Criminal Background)
- First Advantage (Criminal Background)
- Vacated Tenant/REAC Debt Owed (Credit Check)
- Financial Institution: Account # \_\_\_\_\_
- Other: \_\_\_\_\_

Head of Household:  
Print Name \_\_\_\_\_  
SS# \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

Other Adult 18+:  
Print Name \_\_\_\_\_  
SS# \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

*This form expires 15 months from the date signed.*

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 <sup>th</sup> Floor Washington, DC 20416
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.



	Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357