

- YES ○ NO 2. Are you a serviceman, veteran or the spouse of a deceased veteran discharged under conditions other than dishonorable? _____
 - YES ○ NO 3. Do any adults in the household work 15 hours per week or more?
If yes, who? _____
 - YES ○ NO 4. Are you now living in a federally subsidized housing unit?
 - YES ○ NO 5. Have you ever lived in Public Housing? **If yes, where?** _____
 - YES ○ NO 6. Have you ever participated in the Section 8 Housing Choice Voucher Program?
If yes, enter the place(s) and date(s) of occupancy: _____
 - YES ○ NO 7. Have you ever been evicted from Public Housing, Section 23 or Section 8 Program?
If yes, provide the following information: When? For what reason?

Name of Housing Authority/Owner : _____
 - YES ○ NO 8. Have you been terminated from an Voucher Program due to loss of funding?
 - YES ○ NO 9. Do you owe money to any Housing Authority?
If yes, provide the name of the Housing Authority: _____
 - YES ○ NO 10. Has any member of your family been evicted within the last five (5) years due to drug use?
 - YES ○ NO 11. Have you ever had your assistance or tenancy terminated in a subsidized Housing Program for fraud, non-payment of rent or failure to cooperate in recertification procedures?
 - YES ○ NO 12. Has any household member been convicted of drug-related or violent criminal activity within the past five (5) years?
 - YES ○ NO 13. Is any household member subject to a lifetime registration requirement under a State sex offender registration program?
 - YES ○ NO 14. Do you require any modifications or a reasonable accommodation in order to fully utilize the Housing Choice Voucher Program?
If yes, please explain: _____
 - YES ○ NO 15. Are you being referred by a service agency as a result of recent domestic violence?
(Provide the referral with application)
 - YES ○ NO 16. Are you disabled and being referred by a social service agency due to a disability that may result in institutionalization or homelessness? (Case Management is an example of referral)
If yes, which agency? _____
17. How many people live in your unit? _____
18. How much rent are you currently paying? _____
19. Who is your current landlord? _____

20. Indicate where you slept in the last five (5) nights:

DATE	LOCATION (be as specific as possible)
(last night)	

LIST ALL HOUSEHOLD INCOME:

Household Member Name	Source of Income/Type of Income	Monthly or Annual Income

LIST CHECKING, SAVINGS AND ALL OTHER FINANCIAL ASSETS:

Household Member Name	Name of Bank or Institution	Type of Account	Balance

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 NOT MORE THAN FIVE YEARS OR BOTH.

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

Applicant Signature

Date

Co-Head/Spouse Signature

Date

Please return application to:

W-M CAP/City of Marietta Housing Authority
Attn: HUD
218 Putnam Street
Marietta, OH 45750

Agency Contact Information:

Phone: (740) 373-3745
Fax: (740) 374-2005

For office use only:
Preference points

 Total _____

PLEASE NOTE: YOU MUST NOTIFY THIS AGENCY OF ANY CHANGE OF ADDRESS OR PHONE NUMBER. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

When vouchers become available we will contact you and you will be required to provide verification of the information you have claimed in your application.

You may use this space to supply additional information:

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:
Reason for Contact: (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	
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.

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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.