



The Fairmont-Morgantown Housing Authority

NeighborWorks® HomeOwnership Center

Agency Stamp of Receipt:
(FOR OFFICAL USE ONLY)

APPLICATION FOR PUBLIC HOUSING RENTAL ASSISTANCE

The Fairmont-Morgantown Housing Authority

Please note, Public Housing units are located in Fairmont city limits ONLY

Note: If you have an impairment, disability, language barrier or otherwise require an alternative means of completing forms or accessing information about FMHA programs, please contact FMHA staff about arranging alternative accommodations.

Applicant Name: (Head of Household) _____

Current Address: _____ City, State, Zip Code: _____

Mailing Address: _____ City, State, Zip Code: _____

Phone Number: _____ Email: _____

Co-Applicant Number: _____ Email: _____

HOUSEHOLD COMPOSITION

List the Head of Household and all other members who will be living in the unit.

	Full Name	Relationship to Head of Household	Birthdate	Sex	Social Security #	Disabled Y / N
1.	_____	_____	_____	____	_____	_____
2.	_____	_____	_____	____	_____	_____
3.	_____	_____	_____	____	_____	_____
4.	_____	_____	_____	____	_____	_____
5.	_____	_____	_____	____	_____	_____
6.	_____	_____	_____	____	_____	_____
7.	_____	_____	_____	____	_____	_____
8.	_____	_____	_____	____	_____	_____
9.	_____	_____	_____	____	_____	_____
10.	_____	_____	_____	____	_____	_____

1. Does anyone live with you now who are not listed above? Yes No

If yes, please explain: _____

2. Do you plan to have anyone living with you in the future who are not listed above? Yes No

If yes, explain: _____

CURRENT HOUSING STATUS

1. How many people live in your household now? ____ How many bedrooms do you have? ____

2. Are you now living in a government subsidized unit? Yes No

3. Have you or any family member ever lived in Public Housing or Section 8? Yes No

If Yes, when and where? _____

4. What is your current rent? _____ What utilities do you pay for? _____

INCOME INFORMATION

3. Is any member of your household employed full-time, part-time or seasonally? Yes No

4. Does any member of your household expect to work for any period during the next twelve months?

Yes No

5. Does any member of your household work for someone who pays them in cash? Yes No

6. Does any member of your household currently receive regular cash contributions from individuals not living in the unit or from agencies? Yes No

7. Please answer YES or NO to each of the following income sources that apply to your household.

<u>Source:</u>	<u>Person Receiving It</u>	<u>Monthly Gross Amount Received</u>
_____ TANF (WV Works)	_____	_____
_____ Food Stamps	_____	_____
_____ Child Support	_____	_____
_____ Employment	_____	_____
_____ Social Security, SSI or SSD	_____	_____
_____ Unemployment	_____	_____
_____ Pension	_____	_____
_____ Worker's Compensation	_____	_____
_____ VA Benefits	_____	_____

8. Do you owe money to a Housing Authority agency? Yes No

HOUSEHOLD ASSET INFORMATION

(Please circle Yes or No. **DO NOT** leave any questions unanswered)

1. Do you own a home or other real estate? Yes No

If so, you will need to provide a copy of your current taxes, mortgage payments, deed, etc.

2. Have you sold or given away any real estate property or other assets in the past two (2) years?
Yes No
3. Does anyone in your household 18 years of age and older attend any type of school or training program?
Yes No
4. Does anyone receive financial aid?
Yes No
5. Do you have a checking account?
Yes No
6. Do you have a savings account?
Yes No
7. Do you have an IRA/Keogh Account?
Yes No
8. Do you have Certificates of Deposit?
Yes No
9. Do you have a life insurance policy?
Yes No
10. Do you have Stocks/Bonds/Trust Fund/Pension? Yes No

EXPENSES

Do you pay for child care? Yes No

DISABLED FAMILIES ONLY

(If this does not apply to your household please indicate by NONE)

Do you pay for a care attendant or for any equipment for the disabled person(s) of the household necessary to permit that person or someone else in the household to work? Yes No

If yes, explain expenses: _____

SPECIAL ACCOMMODATIONS

(Submission of this information is voluntary)

Does any member of your family/household require special housing accommodations due to a disability? Yes No

If yes, what type of accommodations will be needed? Explain below:

PERSONAL HISTORY

1. Marital Status (**Select one**): Single Married Separated Divorced Live-In

Racial Group (Select one): FOR STATISTICAL PURPOSES ONLY

White Black Native American Asian Spanish American Other

2. Do you understand that all adult household members must pass a satisfactory background check to qualify for public housing? Yes No

3. Have you ever used any names other than the one you are using now? Yes No

If yes, please list the names: _____

(Housing Authority policy prevents providing rental assistance to adults who currently are, or will be under house arrest.) **Note: A criminal background check will be conducted to confirm your answer**

4. Please provide a landlord history dating back 5 years for each adult on the application. If more space is needed you may attach a separate sheet of paper.

Current Address: _____
Landlord's Name: _____
Landlords Address: _____
Landlords Phone# & Email: _____
Move-in Date: _____

Previous Address: _____
Landlord's Name: _____
Landlords Address: _____
Landlords Phone# & Email: _____
Move-in Date: _____ Move-out Date: _____

INFORMATION CERTIFICATION

I certify that the information given above to The Fairmont-Morgantown Housing Authority is accurate and complete to the best of my knowledge and belief. I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for termination of assistance.

I understand that by signing below that should my application for Public Housing be approved, the unit that will be offered to me will be located in the city limits of Fairmont, West Virginia.

Signature of Head of Household: _____ Date: _____

Signature of Spouse or Other Adult: _____ Date: _____

Signature of Other Adult: _____ Date: _____

HA Representative: _____ Date: _____

NOTE TO APPLICANT: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 1-800-669-9777.

Note: If you have an impairment, disability, language barrier or otherwise require an alternative means of completing forms or accessing information about FMHA programs, please contact FMHA staff about arranging alternative accommodations.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.