



# The Fairmont-Morgantown Housing Authority

## SECTION 8 VOUCHER AND PROJECT BASED VOUCHER PROGRAMS APPLICATION

- PLEASE USE BLUE OR BLACK PEN WHEN COMPLETING THIS APPLICATION
- Once your application has been completed and returned to our office, your name will be placed on the appropriate waiting list(s).
- If you are interested in Public Housing (City of Fairmont Only) there is a separate application.
- **ALL** questions on this application must be answered. Incomplete applications may be returned and your name will not be added to our waiting list(s).
- Preferences are given on our Section 8 waiting list. The preferences for Section 8 are as follows:
  - Working Families-The Head, Spouse or sole member must be employed to receive this preference. Elderly and disabled families (Head, spouse or sole member) will be given the benefit of this preference
  - Displaced Families-Families displaced by a government action or government declared natural disaster.
  - Disabled Families-Families that include a disabled household member.
  - Residency-Families who are WV residents

Miller School, Seneca Village, and Gaston Avenue Apartments (Project Based Vouchers) waiting lists are time and date stamped only and do not have preferences.

If you have completed your application and returned, faxed, or mailed it back to office, **there is nothing more you need to do at this time.** FMHA will notify you by mail when your name approaches the top of the waiting list.

**PLEASE REMEMBER TO CALL IN TO UPDATE ANY CHANGES TO ADDRESS, PHONE NUMBER, INCOME OR HOUSEHOLD COMPOSITION.**

For more program information please visit our website at [www.fmhousing.com](http://www.fmhousing.com) then click the Section 8 tab for application and additional information.



Fairmont (304)363-0860  
Morgantown (304)291-1660  
Toll Free (800)637-7464

# The Fairmont-Morgantown Housing Authority

Fax (304)366-0469  
www.fmhousing.com

**FOR OFFICE USE 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.

## ELIGIBILITY DETERMINATION APPLICATION FOR SECTION 8 RENTAL ASSISTANCE *The Fairmont-Morgantown Housing Authority (FMHA)*

Applicant Name (Head of Household): \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please check **ALL** the programs that you are applying for:

**NOTE: Only a certain number of units at Seneca Village and Gaston Avenue Apartments have project based vouchers. If interested in these complexes please check FMHA Section 8 as well.**

- FMHA Section 8** (Voucher program for Marion, Monongalia, Preston, and Taylor counties)
- Miller School Apartments** (Fairmont Only; **Must be 55 or older**)
- Seneca Village Apartments** (Morgantown Only; **Must be 55 or older or Disabled**)
- Gaston Avenue Apartments** (Fairmont Only)

Are you currently living in FMHA Public Housing Developments or any other government subsidized housing?       Yes       No

Have you or any family member ever lived in Public Housing or in a Section 8 rental unit?       Yes       No



**HOUSEHOLD COMPOSITION:** Please answer all questions and list the Head of Household and all other **members who will be living in the assisted unit full time, including foster children.** Give the relationship of each family member to the head.

<u>Full Name</u> (First Name, Last Name)	<u>Relationship to Head of Household</u>	<u>Social Security Number:</u>	<u>Date of Birth:</u>	<u>Sex:</u>	<u>Ethnicity:</u> Circle One	<u>Race:</u> Circle One	<u>Disabled:</u> Circle One
1.	Head of Household				Hispanic Non-Hispanic	White Black Asian Other Native American	YES NO
2.					Hispanic Non-Hispanic	White Black Asian Other Native American	YES NO
3.					Hispanic Non-Hispanic	White Black Asian Other Native American	YES NO
4.					Hispanic Non-Hispanic	White Black Asian Other Native American	YES NO
5.					Hispanic Non-Hispanic	White Black Asian Other Native American	YES NO
6.					Hispanic Non-Hispanic	White Black Asian Other Native American	YES NO
7.					Hispanic Non-Hispanic	White Black Asian Other Native American	YES NO

\*\*\* Evidence of citizenship status will be required during the eligibility process.\*\*\*

**MARITAL STATUS: Select one (Head of Household Only)**

- Single       Married       Separated       Divorced       Widowed

1. Have you or any member of your household **EVER** been **CONVICTED** of a crime?  Yes  No  
If yes, please list convictions and dates: \_\_\_\_\_

\_\_\_\_\_

2. Is any household member currently on, or ever been on, a sex offender registry?  Yes  No

3. Have you ever used any names other than the one you are using now (including married or maiden names)?  Yes  No

If yes, please list the names: \_\_\_\_\_

\_\_\_\_\_

4. Does anyone live with you now who is not listed on the application?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

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

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

6. Are all household members U.S. Citizens or eligible Non-Citizens?  Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

7. Are there now, or will there be any children in your household, under the age of 6 years, with an (Environmental Intervention Blood Level?) EIBL  Yes  No

**PREFERENCES**

8. Does the family currently reside in the state of WV?  Yes  No

9. Has the family been displaced by a government action or natural disaster?  Yes  No

10. Is any member of the family disabled?  Yes  No

11. Is the head of household, spouse or sole member of the family employed?  Yes  No

12. Is anyone in the household age 62 or older?  Yes  No

**INCOME INFORMATION:**Please circle YES or NO to each of the following income sources for your household:

<b><u>SOURCE</u></b>	<b><u>YES OR NO</u> Circle One</b>	<b><u>PERSON RECEIVING IT</u></b>	<b><u>MONTHLY GROSS AMOUNT RECEIVED</u></b>
<b>TANF (WV Works Check)</b>	YES NO		
<b>Food Stamps</b>	YES NO		
<b>Child Support</b>	YES NO		
<b>Employment</b>	YES NO		
<b>Social Security, SSI, or SSD</b>	YES NO		
<b>Unemployment</b>	YES NO		
<b>Pension or Retirement Pay</b>	YES NO		
<b>Worker's Compensation</b>	YES NO		
<b>VA Benefits</b>	YES NO		
<b>Self-Employment</b>	YES NO		
<b>Family Help or Contributions from outside the Household</b>	YES NO		
<b>Other Income</b>	YES NO		

## **EMPLOYER INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email \_\_\_\_\_

## **STUDENT STATUS**

1. Does anyone in your household, **18 years of age or older**, attend any type of school or training program?  Yes  No
2. If yes, does the student receive financial aid?  Yes  No

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number/Fax Number: \_\_\_\_\_

## **HOUSEHOLD ASSET INFORMATION:**

1. Does you or anyone in the household own real estate, land or a mobile home?  Yes  No  
\* If you answered yes, you will need to provide a copy of your current tax records, mortgage payments (if applicable), and deed.
2. If you answered yes to the question above, do you receive rental income from this property?  
 Yes  No
3. Have you sold or given away any real estate, land or a mobile home or other assets within the past two years?  Yes  No

## **CHILD CARE EXPENSES:**

1. Do you pay for childcare, for a child under the age of 13, which enables you or another family member to work or go to school?  Yes  No

Child Care Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please circle YES or NO to the following asset questions for your household:

<u>TYPE OF ASSET</u>	<u>YES OR NO</u> Circle One	<u>OWNER OF ASSET</u>	<u>NAME OF BANK OR COMPANY</u>
Checking Account	YES NO		
2 <sup>nd</sup> Checking Account	YES NO		
3 <sup>rd</sup> Checking Account	YES NO		
Savings Account	YES NO		
2 <sup>nd</sup> Savings Account	YES NO		
IRA/401K	YES NO		
Retirement Account	YES NO		
Whole Life Insurance	YES NO		
CD's, Stocks, Bonds	YES NO		
Real Estate	YES NO		
Trust Funds and/or Inheritances	YES NO		
Personal Property Held as an Investment	YES NO		

**MEDICAL EXPENSES:**

- 1. 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
  
- 2. Do you have Medicare?  Yes  No  
If yes, what do you pay? \_\_\_\_\_.
  
- 3. Do you have any other medical insurance?  Yes  No
  
- 4. Do you receive Medicaid or have a medical card?  Yes  No
  
- 5. Do you have any outstanding medical bills, which you are currently making payments on?  Yes  No
  
- 6. Do you pay for prescriptions or over the counter medicine that your insurance does not cover?  Yes  No

**REASONABLE ACCOMODATIONS:**

- 1. Does any member of your family or household require special housing accommodations, due to a disability?  Yes  No

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

\_\_\_\_\_

\_\_\_\_\_

**HOUSING HISTORY**

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.

Landlord's Name: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_

Move In date: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Phone: \_\_\_\_\_

Move In 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 program participation and may be grounds for termination of assistance.

Signature of Head of Household \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse or Other Adult \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

HA Reviewed: \_\_\_\_\_ Date: \_\_\_\_\_

**Note to Applicant: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity Nation at Toll-Free Hot Line at 1-800-669-9777.**

**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.**

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## **FOR OFFICE USE ONLY**

<b><u>Reasonable Accommodations:</u></b>
Requester Signature: _____
FMHA Staff Signature: _____
Description of Accommodation: _____ _____ _____
Approved by: _____ Date: _____



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.

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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.