



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 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:

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

Requester Signature: _____

FMHA Staff Signature: _____

Description of Accommodation: _____

Approved by: _____ **Date:** _____

