

# THANK YOU FOR YOUR INTEREST IN OUR SECTION 8 VOUCHER AND/OR OUR

\*\*\*PLEASE USE BLUE OR BLACK PEN WHEN COMPLETING THE APPLICATION\*\*\*

Once your application has been completed and returned to our office, your name will be placed on the appropriate waiting list as indicated by you on the application, (Section 8, Seneca Village Apartments, or Miller School Apartments or All Three). There is a separate application for Public Housing. If you are interested in Public Housing, please complete the application for FMHA Developments.

Please keep in mind that ALL questions on the application need to be answered in order to put the information in our system. \*\*\*\*Under household composition on page 2, list ALL persons that will be in the assisted household.\*\*\*\*

THERE IS NOTHING MORE YOU NEED TO DO AT THIS TIME, we will notify you by mail when your name has approached the top of the list. The only time it is necessary to call is if you have changes to report, (mailing address, telephone number, household composition, if you started or ended employment, or a member of your household becomes disabled, etc.).

WE ARE NOT ABLE TO TELL YOU HOW LONG YOU MAY BE ON THE WAITING LIST, ORIENTATION MEETINGS ARE SCHEDULED BASED ON FUNDING AVAILABILITY FOR SECTION 8.

As mentioned earlier, you will be notified by mail at the address that you provided when your name is at the top of the waiting list and we have scheduled you to attend a group orientation meeting for Section 8.

\*\*\*\*\*Remember to sign and date the back of your application\*\*\*\*\*

For more program information visit [www.fmhousing.com](http://www.fmhousing.com)





# The Fairmont-Morgantown Housing Authority

Date _____	Time _____
FOR OFFICE USE ONLY	

## ELIGIBILITY DETERMINATION APPLICATION FOR SECTION 8

### *The Fairmont - Morgantown Housing Authority*

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

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

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Go ckn \_\_\_\_\_

Eq/Cr r nccpvu' % "Eq/Cr r nccpvu'Go ckn \_\_\_\_\_

Rrgcug'check ALL the'programs'vj cvyou are applying for:

\_\_\_\_\_ **FMHA Section 8** (Xqwej gt'Rtqi tco 'hqt'Marion, Monongalia, Preston, & Taylor Counties)

\_\_\_\_\_ **Ugpgcc 'Xknci g'Cr ct wo gpvu'** O qti cpqy p.'O qpqi ctk'Eqwv'/'O wu'dg'77'qt'qrf gt'cpf lqt'f kcdrgf +

\_\_\_\_\_ **Miller School Apartments** (Hckto qp'Qpn'.'O ctkqp'Eqwv'/'O wu'dg'77'qt'qrf gt)

"K" {qw'ctg'cr r n' kpi 'hqt'Ugevkp": "qpn' <

Do you live in the HO J C'F gxgr o gpw now? (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

J cxg" {qw'tgegpv' 'cr r n' gf 'hqt'cuukcpeg'kp'vj g'HO J C'F gxgr o gpwA'(Yes) \_\_\_\_\_ (No) \_\_\_\_\_

### LIST NAMES, ADDRESS AND TELEPHONE NUMBERS OF TWO RELATIVES OR FRIENDS, WHO GENERALLY KNOW HOW TO CONTACT YOU:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_

**I. HOUSEHOLD COMPOSITION** - 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.

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

Does anyone live with you now who is not listed above? \_\_\_\_\_ If yes, please explain:

\_\_\_\_\_

Do you plan to have anyone living with you in the future who is not listed above? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Identify any special housing needs required by you or any other family members: \_\_\_\_\_

\_\_\_\_\_

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

**II. CURRENT HOUSING STATUS**

- How many people live in your household now? \_\_\_\_\_ How many bedrooms do you have? \_\_\_\_\_
- Do you wish to move? \_\_\_\_\_ If yes, explain: \_\_\_\_\_
- Do you own the Stove in your home? \_\_\_\_\_ Refrigerator? \_\_\_\_\_
- Are you now living in a government subsidized unit? \_\_\_\_\_
- Have you or any family member ever lived in Public Housing ? \_\_\_\_\_ or in a Section 8 rental unit? \_\_\_\_\_  
If yes, when and where? \_\_\_\_\_
- What is your current rent? \_\_\_\_\_ What utilities do you pay for? \_\_\_\_\_
- What are the current monthly expenses of your household (from preceding month)?

Rent	_____	Phone	_____	Medical	_____	Credit Card	_____
Electric	_____	Car Pmt.	_____	Cable	_____	Loan	_____
Gas	_____	Car Ins.	_____	Insurance	_____	Rentals	_____
Water	_____	Garbage	_____	Sewage	_____	Child care	_____
Other	_____						

### III. INCOME INFORMATION

1. Is any member of your household employed full-time, part-time or seasonally? \_\_\_\_\_
2. Does any member of your household expect to work for any period during the next twelve months? \_\_\_\_\_
3. Does any member of your household work for someone who pays them in cash? \_\_\_\_\_
4. Does any member of your household currently receive regular cash contributions from individuals not living in the unit or from agencies? \_\_\_\_\_
5. Does any member of your family currently receive income from assets including interest on checking account? \_\_\_\_\_ Savings account? \_\_\_\_\_ Interest on dividends from certificate of deposits? \_\_\_\_\_ Stocks? \_\_\_\_\_ Bonds? \_\_\_\_\_ Income from the rental of property? \_\_\_\_\_

5. 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 check)	_____	_____
_____ Food Stamps	_____	_____
_____ Child Support	_____	_____
_____ Employment	_____	_____
_____ Social Security, SSI or SSD	_____	_____
_____ Unemployment	_____	_____
_____ Pension	_____	_____
_____ Worker's Compensation	_____	_____
_____ VA Benefits	_____	_____

6. Do you owe money to a Housing Authority agency? \_\_\_\_\_ If so, what Agency and from when?  
\_\_\_\_\_

7. For each type of income that your household receives, give the source of the income and the amount of income that can be expected from the source during the next twelve months. If an adult in the household does not have any income source write NONE.

<b>FULL NAME</b>	<b>SOURCE/TYPE INCOME</b>	<b>ANNUAL INCOME</b>
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

Workers Compensation / Unemployment Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

Workers Compensation / Unemployment Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

#### IV. HOUSEHOLD ASSET INFORMATION

(If you do not have any of the assets listed please write NONE, DO NOT leave it blank and DO NOT write N/A)

Checking Account

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Whose Account: \_\_\_\_\_

Phone/Fax of Bank: \_\_\_\_\_

Checking Account

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Whose Account: \_\_\_\_\_

Phone/Fax of Bank: \_\_\_\_\_

Savings Account/Checking Account

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Whose Account: \_\_\_\_\_

Phone/Fax of Bank: \_\_\_\_\_

Savings Account/Checking Account

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Whose Account: \_\_\_\_\_

Phone/Fax of Bank: \_\_\_\_\_

IRA's/Keogh Accounts

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Whose Account: \_\_\_\_\_

Phone/Fax of Bank: \_\_\_\_\_

Certificates of Deposit (CD's)

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

Whose Account: \_\_\_\_\_

Phone/Fax of Bank: \_\_\_\_\_

Life Insurance

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Whose Account: \_\_\_\_\_

Company Phone/Fax: \_\_\_\_\_

Policy #: \_\_\_\_\_

Life Insurance

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Whose Account: \_\_\_\_\_

Company Phone/Fax: \_\_\_\_\_

Policy #: \_\_\_\_\_

Stocks/Bonds/Trust Fund/Pension

Name of Company: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Whose Account: \_\_\_\_\_

Company Phone/Fax: \_\_\_\_\_

1. Do you own a home or other real estate? \_\_\_\_\_

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? \_\_\_\_\_

If yes, what is the current market value of the assets? \_\_\_\_\_

3. Does anyone in your household 18 years of age and older attend any type of school or training program? \_\_\_\_\_

Do they receive financial aid? \_\_\_\_\_

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

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

Phone / Fax #: \_\_\_\_\_

\_\_\_\_\_

## V. EXPENSES

Do you pay for child care which enables you or another family member to work or go to school? \_\_\_\_\_  
If yes, give name and address of the child care provider.

Child Care Provider:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Child Care Provider:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

## VI. DISABLED FAMILIES ONLY

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

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? \_\_\_\_\_

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

## VII. DISABLED/ELDERLY FAMILIES ONLY

(Head of Household or Spouse must be one of the above-IF THIS DOES NOT APPLY TO YOUR HOUSEHOLD PLEASE GO TO SPECIAL ACCOMMODATION SECTION-NEXT PAGE)

If this section applies to you but you do not have any medical bills or prescriptions please indicate by writing NONE.

Do you have Medicare (through Social Security)? \_\_\_\_\_

If yes, what is your Medicare premium? \_\_\_\_\_

Do you have any other medical insurance? \_\_\_\_\_ If yes, give name and address of insurance company.

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

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

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

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

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

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

Do you receive medical assistance through the Department of Health and Human Resources? \_\_\_\_\_

Do you have any outstanding medical bills on which you are currently making monthly payments? \_\_\_\_\_

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

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

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

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

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

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

Do you have any prescriptions or over the counter medicine that you pay for? \_\_\_\_\_

Do you take this medicine on a regular monthly or weekly basis? \_\_\_\_\_

If you are taking any Medications please provide the name and address of the pharmacy:

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

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

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

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

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

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

Do you expect to have any medical expenses during the next twelve (12) months? \_\_\_\_\_

### VIII. SPECIAL ACCOMMODATIONS

(Submission of this information is voluntary)

1. Does any member of your family/household require special housing accommodations due to a disability? \_\_\_\_\_ If yes, what type of accommodations will be needed? Explain below:

\_\_\_\_\_

### IX. 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. Have you or any member of your household ever been arrested or convicted of a crime? \_\_\_\_\_  
If so, when and what was the nature of the crime that you, or a household member was arrested for, or convicted of?

\_\_\_\_\_

3. Have you, or any household member, ever engaged in felonious use/possession/selling of illegal drugs? \_\_\_\_\_

4. Are you or any other adult member of the household under house arrest? \_\_\_\_\_  
Do you or any other adult member of the household expect to be placed under house arrest? \_\_\_\_\_

5. Have you ever used any names other than the one you are using now? \_\_\_\_\_ 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 may be conducted to confirm your answer.\*\***

6. 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. *If this is a Recertification Packet, you do not need to complete #6.*

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: \_\_\_\_\_

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

