

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, Miller School Apartments, Gaston Avenue Apartments or All Four).

There is a separate application for Public Housing. If you are interested in Public Housing, please complete the application for that program.

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





The Fairmont-Morgantown Housing Authority

NOTE: If you have 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.

Date _____ Time _____

FOR OFFICE USE ONLY

ELIGIBILITY DETERMINATION APPLICATION FOR SECTION 8 *The Fairmont - Morgantown Housing Authority*

Applicant Name: (Head of Household) _____

Current Address: _____ Mailing Address: _____

Home #: _____ Work #: _____ Email: _____

Co-Applicant's #: _____ Co-Applicant's Email: _____

Please check ALL the programs that you are applying for:

****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, & Taylor Counties)

_____ **Miller School Apartments** (Fairmont Only, Marion County - Must be 55 or older PBV only)

_____ **Seneca Village Apartments** (Morgantown Only, Mon. county-Must be 55 or older or disabled)

_____ **Gaston Avenue Apartments** (Fairmont only, Marion county-Multi-family PBV only)

Do you live in the FMHA Developments now? (Yes) _____ (No) _____

Have you recently applied for assistance in the FMHA Developments? (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.

FULL NAME	SOURCE/TYPE INCOME	ANNUAL INCOME
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

Name of Bank: _____

Address of Bank: _____

Whose Account: _____

Phone/Fax of Bank: _____

Savings Account

Name of Bank: _____

Address of Bank: _____

Whose Account: _____

Phone/Fax of Bank: _____

IRA's/Keogh Accounts/401 K

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: _____

Whole 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: _____
Address: _____
Phone #: _____

Name: _____
Address: _____
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: _____
Address: _____
Phone #: _____

Name: _____
Address: _____
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: _____
Address: _____
Phone #: _____

Name: _____
Address: _____
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? _____

3. If yes, please list date and charges of **ALL ARRESTS** and **CONVICTIONS**, regardless of dismissal or acquittal. Please use extra paper if necessary.

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 will 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.

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: _____

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

X. 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 if I am moving it is my responsibility to send in a proper moving notice to the Housing Authority and Landlord. If I change my mind about moving it is my responsibility to notify the Housing Authority immediately.

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.

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.

(FOR OFFICE USE ONLY)

NOTES:
