

## SECTION 8 APPLICATION

The Shelby Metropolitan Housing Authority accepts applications on Thursday's only between the hours of  
8:00 am - 11:30 am and 1:00 pm- 4:00 pm

Please be ready to spend at least 30 minutes when turning in  
your application. Application must be completed in blue or black ink.

All applicants must be able to provide the following documentation for all family members in order to apply:

- Birth Certificates for all family members.
- Social Security Cards for all family members.
- Award letter or a printout from the Social Security Office for any family member receiving income from the Social Security Office.
- DD214 for Veteran's
- Green cards and passports for all family members not a U.S. citizen.

To be eligible for Section 8 housing, the applicant must be 18 years of age or older and meet the  
following income requirements:

<u>NO. IN FAMILY</u>	<u>APPROXIMATE MAXIMUM GROSS YEARLY INCOME</u>
1	\$33,250
2	\$38,000
3	\$42,750
4	\$47,500
5	\$51,300
6	\$55,100
7	\$58,900
8	\$62,700





These questions are asked primarily for the determination of placement on the waiting list.

**PREFERENCES:**

1.  Yes  No Is the family displaced due to government action of whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relive laws?
  
2.  Yes  No Is the head or spouse a Veteran or Serviceman?
  
3.  Yes  No Victim of Domestic Violence?

These questions are asked primarily for the purposes of calculating total tenant payment and determining the family's need for an accessible unit.

**INCOME AND ASSET INFORMATION**

Please answer each of the following questions. For each "yes", provide details in the lines below.

Does any member of your household:

- Yes  No Work full-time, part-time, or seasonally?
  
- Yes  No Expect to work for any period during the next year?
  
- Yes  No Work for someone who pays in cash?
  
- Yes  No Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
  
- Yes  No Now receive or expect to receive unemployment benefits?
  
- Yes  No Now receive or expect to receive child support?
  
- Yes  No Have an entitlement or court order to receive child support?
  
- Yes  No Now receive or expect to receive alimony?
  
- Yes  No Have an entitlement to receive alimony that is not currently being received?
  
- Yes  No Now receive or expect to receive public assistance (TANF or welfare)?
  
- Yes  No Now receive or expect to receive Social Security or SSI benefits?
  
- Yes  No Now receive or expect to receive income from a pension or annuity?
  
- Yes  No Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
  
- Yes  No Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property

- Yes  No Own real estate or any assets for which you receive no income (checking account, cash)?
- Yes  No Does anyone receive grants, scholarships or income from educational purposes?
- Yes  No Have you sold or given away real property or other assets (including cash) in the past two years?

Household Member	Source/Type of Income	Annual Income

**ASSETS**

List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.

Household Member	Bank Name	Type of Account	Balance

List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member:

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List the value of any assets disposed of for less than fair market value during the past two years:

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**EXPENSES**

Yes  No Do you have expenses for childcare of a child under 13 years of age? If yes, provide the name, address, and telephone number of the provider:

What is the weekly cost to you of the childcare? \_\_\_\_\_

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

If you pay a care attendant, provide the name, address, and telephone number:

What is the cost to you for the care attendant and/or the equipment? \_\_\_\_\_

**Elderly/Disabled Families Only**

\_\_\_ Yes \_\_\_ No Do you have a Medicare discount drug card that you pay for?

\_\_\_ Yes \_\_\_ No Do you have any other kind of medical insurance? If yes, provide name and address of carrier, policy number, premium amount, and agent's name.

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\_\_\_ Yes \_\_\_ No Do you have outstanding medical bills which you are paying? If yes, list them below. This includes bills that you are paying on for any member of the household.

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What medical expenses do you expect to incur in the next twelve months?

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\_\_\_ Yes \_\_\_ No Do you pay for prescription expenses? What pharmacy do you regularly use? \_\_\_\_\_

Additional Comments \_\_\_\_\_

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**APPLICANT CERTIFICATION**

I/We certify that the information given to the PHA on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

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

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

PHA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE TO APPLICANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at (800) 424-8590.

**SIDNEY POLICE DEPARTMENT  
POLICE RECORD CHECK**

**Section 8**

**Section I**

**(to be completed by Shelby MHA)**

Name of Applicant (Last, First, Middle)

Date of Birth (mm/dd/yy)

Social Security Number

**Section II**

I hereby consent to release from your files the information requested below in Section III.

SIGNATURE

**X**

**Section III**

**(to be completed by Police Agency)**

Has the applicant a police record?

YES see back

NO

This is to certify that the above data as corrected are true and correct according to the record on file in this office. This information is confidential and cannot be used in any other manner except for official purposes.

Verified by:

Date:

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