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:

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

Shelby Metropolitan Housing Authority

706 North Wagner Ave. Sidney, Ohio 45365 (937) 498-9898

For Office Use Only	
Date:	
Time:	

ddress:			Mailing Address:				
elephone Number							
. <u>CONTACTS</u> : List name, addre						·	
ame:			Name	::			
ddress:			Address:				
elephone #:			Telepl	hone #: _			
OUSEHOLD COMPOSITION	AND CHARACTER	ISTICS					
Full Name first / middle initial / last	Relationship to Head	Birth Date	Race *see	Disable Handi (v-n)	Sex	Social Security Number	
	· ·	Birth Date			Sex (M-F)	Social Security Number	
	to Head	Birth Date	*see	Handi		Social Security Number	
	to Head	Birth Date	*see	Handi		Social Security Number	
first / middle initial / last	to Head	Birth Date	*see	Handi		Social Security Number	
first / middle initial / last	to Head	Birth Date	*see	Handi		Social Security Number	
first / middle initial / last	to Head	Birth Date	*see	Handi		Social Security Number	
first / middle initial / last	to Head	Birth Date	*see	Handi		Social Security Number	
	to Head	Birth Date	*see	Handi		Social Security Number	

_Not Hispanic/Not Latino

Mark One: ____Hispanic/Latino

4.	Does anyone live with you now who is not listed above? Yes	No
5.	Does anyone plan to live with you in the future who is not listed above? Explain if you answered yes to either question:	Yes No
6.	. How many people live in your unit now?	How many bedrooms do you have?
7.	. Do you wish to move? Yes No If yes, why?	
8.	. Are you now living in a federally subsidized housing unit? Yes	No
9.	. Have you ever lived in Public Housing or an assisted unit? Yes	No If yes, where?
10.	. Have you or any member of your household ever participated in the Secti If yes where and the date(s) of occupancy:	
11.	. Have you or any member of your household ever received and Earned Inc What is the last place worked and date?	
12.	. Have you or any member of your household ever been evicted/terminate Section 8 Program? Yes No If yes, When?Name of Owner	For what reason?
13.	. Have you or any member of your household ever been arrested for illegal related to an abuse of alcohol or for violent crimes? Yes No	use of a controlled substance or activities
14.	. Have you or any member(s) of your household ever been arrested or conv than traffic violations? Yes No	victed of any felony or misdemeanor other
15.	. Who was your last employer and the date of employment?	
16.	. Name and address of current landlord:	
		Phone:
17.	. Your last address:	
ı	Dates you lived there: From to	
18.	. Name and address of previous landlord:	
		Phone:

These quest		ked primarily for the determination of placement on the waiting list.
1Yes	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 quest		ked primarily for the purposes of calculating total tenant payment and determining the family's unit.
		INFORMATION the following questions. For each "yes", provide details in the lines below.
		our 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 O	Yes No Own real estate or any assets for which you receive no income (checking account, cash)?				
Yes No D	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 Ir	ncome
		. ,,			
ASSETS List all checking and savings accounts (including IRAs, Keogh accounts, and Certificates of Deposit) of all household members.					
Household Member	Bank N	lame	Type of Account		Balance
List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member: List the value of any assets disposed of for less than fair market value during the past two years:					
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?				
V	vhat is th	ie weekly cost to you of the	e childcare?		
	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	If you pay a care attendant, provide the name, address, and telephone number:				
V	What is the cost to you for the care attendant and/or the equipment?				

Elderly/D	isabled Far	nilies 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.
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.
		What medical expenses do you expect to incur in the next twelve months?
Yes	No	Do you pay for prescription expenses? What pharmacy do you regularly use?
Additional	Comments	
	•	

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, Mi		
Name of Applicant (Last, 111st, 1911)	duie)	
Date of Birth (mm/dd/yy)	Social Security Number	
Section II		
·	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?		NO
	ata as corrected are true and correct according to the record (on file in this office. This
•	nnot be used in any other manner except for official purpose	
Verified by:	Date:	
	SIDNEY POLICE DEPARTMENT	
	POLICE RECORD CHECK	Section 8
Section I	(to be completed by Shelby MHA)	
Name of Applicant (Last, First, Mi		
,,	,	
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?		NO
. ,	ata as corrected are true and correct according to the record of	
	innot be used in any other manner except for official purpose	S.
Verified by:	Date:	