



Jefferson Metropolitan Housing Authority
 815 North Sixth Avenue, Steubenville, Ohio 43952
 Phone: (740)-282-0994 • Fax: (740)-283-7955



Office Use Only:

EL Income _____	Very Low Income _____	Low Income _____
Date Received: _____	Time Received: _____	Application #: _____

APPLICATION FOR ELIGIBILITY DETERMINATION FOR RESIDENCY WITH GAYLORD TOWER

PLEASE PRINT - USE INK

1. APPLICANT(S):

Head of Household:

First Name: _____ Middle Initial: _____ Last Name: _____

Current Mailing Address: Street: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____ Cell Phone: () _____ - _____

Spouse/Co-Head:

First Name: _____ Middle Initial: _____ Last Name: _____

Current Mailing Address:

Street: _____ Apt#: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ - _____ Cell Phone: () _____ - _____

2. Household Composition and Characteristics

(List the head of the household and all other members who will be living in the assisted unit give the relationship of each family member to the head).

Member's Full Name	Relationship-Circle	Birth Date	Sex- Male/Female/Other	Social Security Number
	Head			
	Spouse/Co-Head/Youth			

If a Live-In Attendant is needed: Name of Attendant: _____

Name/Address of a Doctor who can verify this need: _____

3. CURRENT HOUSING STATUS (Where you are living NOW)

Please list all addresses where you have lived in the past FIVE years:

(Use additional sheet if necessary).

Street Address Apt: #

City State Zip Code
Dates lived at the above address: _____ to _____ Rental: ___ Yes ___ No

If yes, complete:

Landlord/Manager Name Address Phone Number

Street Address Apt: #

City State Zip Code
Dates lived at the above address: _____ to _____ Rental: ___ Yes ___ No

If yes, complete:

Landlord/Manager Name Address Phone Number

List all the states where you lived: _____.

4. Employment:

Are you/household members currently employed? ___ Yes ___ No

If yes, give the name and address of your employer(s):

Name: _____
Address: _____
Telephone Number: _____
Fax Number: _____

Name: _____
Address: _____
Telephone Number: _____
Fax Number: _____

5. Income:

Do you or any members of your household receive any of the following types of income on a regular basis? ***DO NOT JUST CHECK YES, ENTER THE AMOUNT YOU ARE RECEIVING***

Please Select an Answer	Source	Monthly Amount	Documents Needed
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages/Salaries		Pay stub/letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security/SSI/SSDI		Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Pensions/Railroad/OPERS/ Etc.		Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities		Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Insurance/Workers Comp		Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Interest from Investments		Bank Statement; 1099 Forms
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dividends		Dividend Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Income		Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Self-Employment		Tax Documents/Notarized Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (eg: rental property/monthly contributions, etc.		Tax Documents/Notarized Statement

Do you or any members of your family have any regular sources of income not listed above? Yes No

If yes, Please

describe: _____

6. Assets

Do you or any members of your family have any of the following assets?

Please Select an Answer	Asset	Current Value	Documents to Attach
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash (In excess of \$1,000)	\$	Signed Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s)	\$	Copy of Recent Statements- (6 months worth)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings/Money Market Account(s)	\$	Most Recent Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks and Bonds	\$	Most Recent Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit (CD's)	\$	Copy of Certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Collectibles held for Investment	\$	Current Appraisal
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts, IRAs, or Pension Accounts	\$	Most Recent Statement(s)

7. Do you or any members of your household own a home, commercial property, or other real estate?

Yes No

If yes, please list:

Address: _____

Estimated value: \$ _____

8. Do you or any members of your household have any life insurance policies with permanent cash value?

(May be called "Whole Life," "Universal" or "Paid Up" coverage).

If yes please list policies below:

Name of Company	Policy Number	Face Value	Current Cash Value
		\$	\$
		\$	\$
		\$	\$

9. Medical/Medical Expenses (only for elderly or disabled applicants)

Do you have Medicare? Yes No

Do you have other medical insurance? Yes No

If yes, give the name of the insurance company and your policy number:

Are your medical bills paid by insurance? _____

Are you receiving medical assistance through Welfare or Jobs and Family Services? Yes No

If you pay any portions of your medical and/or drug costs, please furnish us with an anticipated cost for The upcoming twelve (12) month period.

10. Do you have any dependents that live with you?

Yes No

11. Have you or any members of your household disposed of assets for less than fair market value during the past two years? Yes No If yes, Please describe: _____

12. List names, addresses and phone numbers of two relatives or friends who generally know how to contact you.

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

13. How did you hear about Gaylord Tower?

Current resident or resident family member

Friend

Employee

Religious Organization

Information provided by a government agency

Advertisement (Where)? _____

Other _____

14. Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past five (5) years? This also includes harassment, sexual assault, drug abuse and other crimes.

Yes No If yes, please explain: _____

15. Are you or any member of your household subject to a state lifetime sex offender registration program? (Failure to respond to the question may jeopardize the approval of the application).

Yes No

16. Are you or a member of your household a current drug user?

Yes No

17. Have you or a member of your household been evicted from Federally assisted housing within the past three (3) years?

Yes No

18. Do you have a pattern of alcohol abuse that could interfere with another's health, safety and/or right to a peaceful enjoyment of the premises? Yes No

19. Optional Information

Do you plan to use a service or assistance animal in this facility?

Yes No

If yes, please list the organization that trained and placed the animal:

Do you plan to bring a pet onto the premises or do you currently own a pet? If so, what type?

20. Are you enrolled as a student in an institute of higher education?

Yes No

21. Applicant(s) Certification

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. I/we authorize the owner/management to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background checks and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact Gaylord Tower in writing every six (6) months should we decide to remain on the waiting list. I/we understand that failure to complete this application in its entirety may result in the rejection of this application.

Signature of Head of Household: _____ Date: _____

Signature of Spouse/Co-Head: _____ Date: _____

Signature of Gaylord Manager: _____ Date: _____

Gaylord Tower does not discriminate in any fashion based upon a persons race, color, sex, creed, notional origin, handicap status, religion, familial status, source of income, sexual preference, or disability. Residency is open to all qualified eligible persons in accordance with any State recognized protected classes. Gaylord Tower does not discriminate based upon age for any reason, excluding HUD program/project requirements.

I do hereby certify that I have reviewed all answers and certification with applicant prior to signatures:

HA Rep Initials: _____ Date: _____

Date entered on computer: _____

Criminal History Sent: _____

Landlord History Checked: _____



Jefferson Metropolitan Housing Authority
 815 North Sixth Avenue, Steubenville, Ohio 43952
 Phone: (740)-282-0994 • Fax: (740)-283-7955



REQUEST FOR REASONABLE ACCOMMODATION

Persons with disabilities may request a reasonable accommodation in order to fully utilize this housing program and any related services. Gaylord Towers will make all reasonable efforts to be flexible in assisting person(s) with disabilities to participate in the program successfully. Request for accommodations will be verified to ensure that the accommodation is reasonable. Examples of reasonable accommodations are as follows:

- Home visits if your disability prevents you from coming to the Gaylord Tower office.
- TTD or TDY devices
- Accessible format for Gaylord correspondence
- The use of an advocate or interpreter
- If the family includes a person with a disability, the family may request a current listing of accessible units that may be available

I understand I have a right to request reasonable accommodation for disabilities to participate in Gaylord Tower program.

Signature of Applicant/Resident: _____ Date: _____

I wish to schedule a meeting to review my request for reasonable accommodation

Signature of Applicant/Resident: _____ Date _____

Accommodation request granted? Yes No

Gaylord Manger _____ Date _____



Authorization for Release of Information
Records of Arrests and Prosecutions

Applicant Name: _____

Social Security Number: _____

Date of Birth: _____ Sex: Male Female

Race: Black White Asian Native American Island Pacific Other: _____

State(s) that you have resided in for the last ten (10) years: _____

This person has applied for housing assistance under a program of the U. S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits. We ask your cooperation in providing this information and returning it to the person listed at the top of this page. Your prompt return of this information will assure timely processing of the application for assistance. Enclosed is a self-addressed stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

Applicant/Tenant Statement of Release:

I understand that my eligibility for housing assistance may be affected by the nature and extent of any criminal history that I may have. I have disclosed my criminal history (if any) on my application for housing assistance, and hereby authorize Jefferson Metropolitan Housing Authority to request verification from local, State, or Federal law enforcement agencies and court records.

Signature

Date

Result of Search:

_____ No record has been found

_____ Copy of record is attached

Signature of Police/Court/or Authorized Official and Title

Date

* Have you offered a unit? () Yes () No

* Landlord Rental History completed? () Yes () No

* All is correct on PHA-Web waiting list? () Yes () No (BC, SS & Photo ID)

* Current address is correct? () Yes () No

Property Manager requesting background check: _____

AMP: _____

Date: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.