



**Jefferson Metropolitan Housing Authority**

**153 North Fifth Street, Steubenville, OH 43952**

**Phone: (740) 282-0994 Fax: (740) 284-7079**

Dear Applicant:

Welcome. To be placed on a JMHA waiting list, complete the attached and provide the requested documents. Incomplete or unreadable applications will not be processed. To qualify for admission in the Housing Choice Voucher Program at the Jefferson Metropolitan Housing Authority, an applicant must first complete this pre-application and be placed on the waiting list. The order of the waiting list is determined by date and time received, as well as verified preference points. Available preference points may include confirmed veterans (honorable discharge), current victims of domestic violence, and homeless individuals. These preferences must be confirmed before a point is given.

Once the applicant has reached the top of the waiting list, the JMHA will contact the applicant for additional information to determine final admission eligibility to participate in the chosen program.

All applicants 18 years old and older are screened for criminal background and credit reports. Income is verified, as well as all information provided by an applicant. Rental history and debts owed are also checked. The process is used for every applicant in the same way, fairly, consistently, and uniformly. By making application, you acknowledge that these checks and verifications will be completed, and you give your permission for JMHA to do so. Additionally, you understand that if you provide false information, you will be denied assistance. Being placed on the waiting list does not guarantee admission to any program; final admission eligibility is determined when your name reaches the top of the waiting list, and all information has been verified.

If JMHA cannot contact you because of a change in your address or phone number that was not supplied to JMHA, or the information provided in the pre-application is returned, the application will be placed on withdrawn and will not be processed. It is your responsibility to make certain that JMHA has valid information to contact you. Please contact the HCVP office if you have questions. Our hours of operation are 8:30 a.m. to 4:30 p.m. and phone number is 740-282-0994, prompt 2.



Jefferson Metropolitan Housing Authority  
Housing Choice Voucher Program (Section 8)  
153 North 5<sup>th</sup> Street  
Steubenville, OH 43952  
Phone (740) 282-0994 / Fax (740) 284-7079

Date Stamp:

Time Received:

JMHA Staff Member:

### Pre-Application

This application is to be considered for placement on the JMHA waiting list; being placed on the waiting list does not guarantee approval for the JMHA public housing or Housing Choice Voucher program. Final Determination is made when the application reaches or is near the top of the list, is provided a full application, the application is completed, all verifications are processed, and eligibility is verified.

Failure to complete this form completely and legibly will result in the application not being processed.

Housing Choice Voucher Rental Program (Section 8)

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

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

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

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact Information: If we are unable to contact you when your application reaches the top of our list, your application will be made inactive; therefore, it is to your benefit to provide information where you can be reached regarding this pre-application. Please list an alternate address and phone number.

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

Relationship to You: \_\_\_\_\_

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

Alternate City, State, Zip: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Note: your signature below authorizes JMHA to contact the alternate person regarding your application.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

You must provide copies of the following (note that based upon answers to questions on this application, you may be required to submit additional documents as noted with the questions):

- √ Birth Certificate for all household members
- √ Social Security Card for all household members
- √ Photo Identification (ages 18 and over)
- √ Proof of Income (this would include copies of recent pay stubs, award letters, etc.)

List all Household members, beginning with yourself, who will be residing in this apartment or house. (Note the column entitled Race is for statistical purposes only and is not required, but requested):

	Name First, Middle Initial, Last	Relationship to Head of Household	Sex	Social Security Number	Birth Date (month, date, year)	Birthplace (City, State, County)	OPTIONAL: Race (White, Black, American Indian/Native, Alaskan, Asian/Pacific Islander, other)
1		Head of Household					
2							
3							
4							
5							
6							
7							

Occupancy standards established by the housing authority require that persons of the opposite sex (other than spouse/children under age 5), persons of different generations, and live-in aid not share a bedroom. JMHA will generally assign one bedroom for every 2 persons in the household; single persons may select either a 0 (efficiency) or 1-bedroom unit. Live in aids will receive their own bedroom; however, this does not include members of their family. Based upon review of the application, a different size may be assigned by JMHA.

**Income:**

For each household member listed indicate Yes/No for the source of income. Note that Child Support and Pension also request provider name. (If additional space is needed, please attach a sheet.)

Household Member	Employer Name	Self-Employed	Soc. Sec/SS1	TANF	Child Support (Provider Name)	Pension (Provider Name)	Unemployment
1 (Head)							
2							
3							
4							
5							
6							
7							

Other Income not listed above?  Yes  No If yes, source of income \_\_\_\_\_

**Assets:**

For each household member listed above, indicate Yes/No for each type of asset. Where indicated, list bank/company name.

Household Member	Bank Account(s) (Bank Name)	Stocks, Bonds, Securities	Trust Fund	Pay into Pension, IRA, retirement account (Bank/Company Name)	Whole Life Insurance Policy (Insurance Company Name and Policy #)	Own Real Estate
1 Head)						
2						
3						
4						
5						
6						

List household members, age 18 and over, who attend school full or part-time and school attending.

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

School: \_\_\_\_\_

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

School: \_\_\_\_\_

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

School: \_\_\_\_\_

Are you elderly, disabled, or handicapped? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Definitions: Elderly is aged 62 or older; Disabled or handicapped is defined by the Social Security Act)

Are you or any member of your household a veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(To qualify for a preference point as a veteran, you must supply a DD214 with this application showing honorable/satisfactory service or certificate from a Federal, State, or local agency attesting to the veteran status)

Are you a legal resident of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently a public housing resident or a HCVP participant? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you received Government Assisted Housing before? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Provide the name, address, and phone number of your current landlord (if applicable):

LL Name: \_\_\_\_\_ LL Phone Number: \_\_\_\_\_

LL Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Term of Residency: \_\_\_\_\_ Address of Residency: \_\_\_\_\_

A Criminal background check is required to determine eligibility; likewise, a tenant history will be checked. Please review and sign the following. By signing this pre-application, you authorize the required checks by the housing authority.

All adult members of the household must sign below:

\_\_\_\_\_  
Head of Household Date

\_\_\_\_\_  
Adult Household Member Date

\_\_\_\_\_  
Adult Household Member Date

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**CONSENT**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Jefferson Metropolitan Housing Authority (JMHA) any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under Section 8 Rental Rehabilitation, Low Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD and/or the JMHA to release information from my file about rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes information on my payment history and any violations of my lease or JMHA policies.

**INFORMATION COVERED**

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to, identity and marital status, employment, income and assets, residences, and rental activity, medical or childcare allowances, and credit and criminal activity.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED**

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to: previous landlords (including public housing authorities), courts and post offices, schools and colleges, support and alimony providers, past and present employers, welfare agencies, state unemployment agencies, social security administration, medical and childcare providers, veteran's administration, retirement systems, banks and other financial institutions, credit providers, credit bureaus, and utility companies.

**COMPUTER MATCHING NOTICE AND CONSENT**

I understand that HUD or JMHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right of notification of any adverse information found and a chance to disprove incorrect information. HUD or JMHA may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to, state employment agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, The Social Security Administration, and state welfare and food stamp agencies.

**CONDITIONS**

I agree that a photocopy of this authorization may be used for the purposes stated above. The original is on file with JMHA and will stay in effect for fifteen (15) months from the date it was signed. I understand I have the right to review my file and correct any information that I can prove is incorrect.

**SIGNATURES**

_____	_____	_____
Head of Household	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date
_____	_____	_____
Adult Member	Print Name	Date

Authorization for the Release of Information/

U.S. Department of Housing

Privacy Act Notice Office of Public and Urban and Indian Development Housing to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

PHA requesting release of Information: (Cross out space if none) (Full address, name of contact person, and date)

IHA requesting release of information: (Cross out space if none) (Full address, name of contact person and date)

JEFFERSON METROPOLITAN HOUSING AUTHORITY
153 North 5th Street
Steubenville, OH 43952

Authority: Section 904 of the Steward B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers: (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information: (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for employment suitability purposes, to Federal agencies for employment suitability purposes, and to HAS for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form: PHA-owned rental public housing

- Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only). (This consent is limited to the wage and self-employment information and payments of retirement income as referenced at Section 6103(1)7(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only). (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I received assisted housing benefits.



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Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAS that receive income information under this consent form cannot use it to deny, reduce, or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given the opportunity to contest those determinations.

This consent form expires 15 months after signed.

**Signatures:**

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

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Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S. C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

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**Penalties for Misusing this Consent:**

HUD, the HA, and any owner (or any employee of HUD, the HA, or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an application or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate against the officer or employee of HUD, the HA, or the owner responsible for the unauthorized disclosure or improper use.