



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not supplied to JMHA, or the information provided in the pre-application is returned, the application will be placed on withdrawn and will not be processed.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 5th 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

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

U.S. Department of Housing and Urban Development, Office of Public and Indian Housing

PHA or IHA requesting release of information (full address, name of contact person, and date):

Authority: Section 904 of the Stewart 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 you to 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; and (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service.

Section 104 of the Housing Opportunity and Modernization Act of 2016. The relevant provisions are found at 42 U.S.C. 1437n. This law requires you to sign a consent form authorizing the HA to request verification of any financial record from any financial institutions as defined in the Right to Financial Privacy Act (12 U.S.C. 3401)), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or 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 law enforcement 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 family who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the family or whenever members of the family become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- Public Housing
- Housing Choice 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.

Revocation of consent: If you revoke consent, the PHA will be unable to verify your information, although the data matches between HUD and other agencies will continue to automatically occur in the Enterprise Income Verification (EIV) System if the family is not terminated from the program.

Sources of Information to be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received 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(l)(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 as defined in the Right to Financial Privacy Act (12 U.S.C. 3401), whenever the HA determines the record is needed to determine an applicant's or participant's eligibility for assistance or level of benefits. 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.

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 an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

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

Privacy Advisory. 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). Purpose: This form authorizes HUD and the above-named HA to request income 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. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) 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 applicant 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 or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form-HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart 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 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, US. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.