



Public Housing Application
Jefferson Metropolitan Housing Authority
815 North 6th Avenue
Steubenville, OH 43952
740-282-0994



Jefferson Metropolitan Housing does not have emergency housing. If you are in need of shelter of any kind while you are waiting for a unit from us, please contact The Urban Mission, at 740-282-8010.

Please fill out the attached application completely.

Return the form to the appropriate address listed above or drop off at any of the Property Managers locations below.

JFK Hi-Rise Apartments and Family Units

Property Manager: Heather Randalson
815 North 6th Avenue
Steubenville, OH 43952
(740) 282-0994 Ext. 301
1 or 2 Bedroom Units Available
3 or 4 Bedroom JFK Family Units – All Electric

Schlernitzauer Apartments

Property Manager: Tiffanie Jones
208 Market Street
Yorkville, OH 43971
(740) 282-0994 Ext. 400
1 Bedroom Units Available (Only Three 2-Bedroom Units)
2-4 Bedroom Units Available

Earl Rogers Plaza

Lincoln Ave/Crabbe Boulevard/Lovers Lane

Scattered Sites in Steubenville

Property Manager: Tiffanie Jones
451 S. 5th St
Steubenville, OH 43952
(740) 282-0994 Ext. 400

Michael Myers Terrace

Property Manager: Angela Skaff
425 North 5th Street
Toronto, OH 43964
(740) 282-0994 Ext. 500
1 Bedroom Units only – Adults Only
1-4 Bedroom Family Units Available

Merkel Apartments

Property Manager: Tiffanie Jones
314 Grandview Avenue
Tiltsville, OH 43963
(740) 282-0994 Ext. 400
1 Bedroom Units Only

This application is only for all of the above sites within Public Housing.

Section 8, Gaylord Tower, and Washington Square Apartments requires the completion of different types of applications. Be sure to check the sites that you are interested in on the first page of the application. You may have multiple applications at various sites at the same time. Once you are housed, your other applications will be withdrawn. All adults (age 18 and over) are subject to a criminal background check, when the background check is completed, we will notify you in writing of that information.

Please contact us if there are any changes in: additions, withdrawals, addresses, telephone numbers, etc. Your contact information is essential. If we cannot contact you, your application will be withdrawn from the waiting list.

We look forward to serving you and your cooperation is greatly appreciated!!

PRELIMINARY APPLICATION FOR JEFFERSON METROPOLITAN HOUSING AUTHORITY

You MUST Answer ALL Questions. Incomplete Applications CANNOT be processed.
Please Print Legibly

Today's Date: _____ Time: _____ Applicant Number _____

Applicant Information

Last Name	First Name	Initial	Social Security #:
Street/Post Office Box	City	State	Zip Code
Telephone Number	Total Gross Annual Income in Household	Current Amount You Pay For Rent	
	\$	\$	

Please list all persons wishing to live in the household. Please Print Clearly. Start with Head of Household. Include ALL Income.

1.	Last Name	First Name	Middle Initial	Birth Date	Relationship to Applicant	Sex (circle one)
					Self	Male or Female
	Social Security Number			Race	Type of Income This Person Has	\$ Amount
2.	Last Name	First Name	Middle Initial	Birth Date	Relationship to Applicant	Sex (circle one)
						Male or Female
	Social Security Number			Race	Type of Income This Person Has	\$ Amount
3.	Last Name	First Name	Middle Initial	Birth Date	Relationship to Applicant	Sex (circle one)
						Male or Female
	Social Security Number			Race	Type of Income This Person Has	\$ Amount
4.	Last Name	First Name	Middle Initial	Birth Date	Relationship to Applicant	Sex (circle one)
						Male or Female
	Social Security Number			Race	Type of Income This Person Has	\$ Amount
5.	Last Name	First Name	Middle Initial	Birth Date	Relationship to Applicant	Sex (circle one)
						Male or Female
	Social Security Number			Race	Type of Income This Person Has	\$ Amount

Waiting Lists for Public Housing Developments. Please Select the Housing Site Desired:

☐ Earl Rodgers Plaza (024)
☐ JFK Hi-Rise (021)

☐ Lincoln Ave → Crabbe Blvd → Lovers Ln Circle (024)
☐ JFK Family Units (021)
☐ Schlernitzauer/Merkel Apartments
-Yorkville/Tiltonsville (025)

☐ Steub Scattered Sites (024)
☐ Bridgeview Apartments (21)
☐ Michael Myers Terrace
-Toronto (025)

*****Note to Office: If more than one site is checked, please copy to all appropriate property managers*****

Are you currently receiving Rental Assistance or living in Public Housing? ☐ Yes ☐ No

Marital Status : ☐ Single ☐ Divorced ☐ Married ☐ Other

Number of Bedrooms Requesting: _____

Ethnicity: (Please Check One)

☐ Hispanic ☐ Non-Hispanic

Head of Household or Spouse: (Please Check One)

☐ Elderly (62 or older) ☐ Disabled ☐ Does Not Apply

Armed Service: (Please Check One)

☐ Currently Serve – Branch _____ ☐ Honorably Discharged Veteran ☐ No Service

Are you or an Adult Family Member: (Please Check One)

☐ Enrolled an Employment Training Program ☐ Working at Least 20 Hours a Week ☐ Attending School Full-Time
☐ Does Not Apply

Displacement Status: (Please Check If Necessary)

☐ Government Action ☐ Fire ☐ Flood ☐ Declared Disaster ☐ Domestic Violence

Citizenship: (Please Check If Necessary)

☐ U.S. Citizen ☐ Resident Alien (Enter Alien # _____) ☐ In the U.S. on a Student Visa

Have YOU or any adult member of the household been arrested or convicted of a crime?

If yes, ☐ YES ☐ NO

Who: _____ What: _____

When: _____ Where: _____

Have YOU or any adult member of the household been evicted from Public or Assisted Housing within the past Three (3) years? ☐ YES ☐ NO

If Yes, Please list the address _____

Have YOU or any household member lived in Public Housing or Rental Assisted Program?

If Yes, ☐ YES ☐ NO

Who: _____

When: _____ Where: _____

Do YOU or any household member owe money to the Housing Authority for ANY reason?

☐ YES ☐ NO

Has any Child(ren) under the age of Six (6) tested positive for elevated lead levels?

☐ YES ☐ NO

**Authorizations, Representations and Certifications**

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I understand that the Housing Authority may inquire about and report on the rental history of applicants or tenants, and may exchange information with other landlords or any reporting agency that may exist for that purpose. Such information may include rental payment history, housekeeping practices, damage to property, general behavior, or other pertinent information. All adult applicants should initial and date as acknowledgement of the above statement.

ALL ADULTS INITIAL AND DATE

*****PLEASE READ COMPLETELY BEFORE SIGNING*****

Warning – Title 18 – Section 1001 of the US code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. Department of Housing & Urban Development is guilty of felony.

Notice: Any attempt to obtain Public Housing or Section 8 Rental Assistance, any rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under the OHIO REVISED CODE.

Request for Accommodation

Persons with disabilities may request a reasonable accommodation in order to fully utilize this housing program and any related services. The PHA will make all reasonable efforts to be flexible in assisting person(s) with disabilities to participate in the program successfully. Requests for accommodation 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 PHA offices
- TTD or TDY Devices
- Accessible format for PHA 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 known to the PHA that may be available.



ANY INDIVIDUAL WITH A DISABILITY OR LIMITED ENGLISH PROFICIENCY WHO NEEDS ACCOMMODATIONS OR ASSISTANCE AT ANY TIME DURING THE APPLICATION PROCESS SHOULD INFORM A HOUSING AUTHORITY REPRESENTATIVE



FOR THE HEARING IMPAIRED
TDD SERVICE
CONTACT
OHIO RELAY SERVICE
1-800-750-0750

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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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.

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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

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 Metro Housing Authority (JMHA) any information or material 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 JMHA to release information from my file about rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes information from my file about 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: identify 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 about me (depending on program requirements) include, but are not limited to: previous landlords (including public housing authorities), courts and post office, schools, and colleges, support and alimony providers, past and present employers, welfare agencies, Social Security Administration, medical and childcare providers, Veteran's Administration, retirement systems, banks and other financial institutions, 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 re-certification. If 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 Personal 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 a 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
_____ Adult Member	_____ Print Name	_____ Date
_____ Adult Member	_____ Print Name	_____ Date

Name/s _____

Present and former places of residence from Year 2003 of ALL adult members who are applying for housing. Please use the back of paper for additional information, if necessary.

1. Present Address: _____
City, State, Zip: _____
How long at this address: _____
Who are you staying with: _____
Landlord's name & contact information (if applicable): _____
2. Former Address: _____
City, State, Zip: _____
How long at this address: _____
Who are you staying with: _____
Landlord's name & contact information (if applicable): _____
3. Former Address: _____
City, State, Zip: _____
How long at this address: _____
Who are you staying with: _____
Landlord's name & contact information (if applicable): _____
4. Former Address: _____
City, State, Zip: _____
How long at this address: _____
Who are you staying with: _____
Landlord's name & contact information (if applicable): _____
5. Former Address: _____
City, State, Zip: _____
How long at this address: _____
Who are you staying with: _____
Landlord's name & contact information (if applicable): _____



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: _____