



Jefferson Metropolitan Housing Authority
815 North Sixth Avenue, Steubenville, OH 43952

Washington Square: 740-282-6430 Fax: 740-314-5358

Gaylord Tower: 740-282-6430 Fax: 740-283-8911

Public Housing: 740-282-0994 Fax: 740-314-5002

Section 8: 740-282-0994 Fax: 740-284-7079

www.jeffersonmha.org



WASHINGTON SQUARE APARTMENTS APPLICATION

153 N. 5TH Street, Steubenville, OH 43952

\$25.00 Non-Refundable Application Fee due by check or money order to accompany this Application to be made out to Jefferson Metropolitan Housing Authority or Application will not be processed.

(Water, sewage and trash are included with rent.)

Print legibly on all entries. All items must be answered. If any item does not apply enter "N/A". If a correction needs to be made, draw a single line only through the incorrect information, initial the error and enter the correct information. **No white out is permitted to be used on any form.**

All occupants must be listed on the application. Married couples will complete one application, roommates must complete separate applications, but list all occupants on each application. Applications must be fully completed, signed and dated by all adults. Birth Certificate(s) and Social Security Card(s) will be required for all household members. Additionally, all adults over the age of 18 will be required to provide a current Driver's License or State Issued ID card. Each adult member of the household must also complete an Income and Asset Statement.

Your application will be reviewed to ensure that you are income eligible for the HOME program guidelines and other guidelines if applicable. Your income, assets, credit, criminal background and landlord history will be verified and evaluated based on the criteria set forth by JMHA outlined in the Resident Selection Policy for the Washington Square Apartments community.

If approved for occupancy, only those listed on the initial lease are authorized to live in the housing unit. No additional occupants may be added to the lease agreement within the first six (6) months. Any individual(s) added to the household after the initial lease term, will not have survivor rights to the unit should the initial occupant(s) from the original household vacate the unit.

In accordance with Federal law and Ohio Fair Housing laws, JMHA is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex and familial status. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write the Ohio Civil Rights Commission, 30 E. Broad Street, 5th Floor; Columbus, OH or call (614) 466-2785.

PENALTIES FOR MISUSING THIS CONSENT: Title 118, Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department of the United States Government. HUD, the PHA and any owner (or employee of HUD, the PHA or 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 this verification form is restricted to the purposes cited above. Any person knowingly or willingly 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, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 442 U.S.C. 408 (f) (g) and (h).



WASHINGTON SQUARE APARTMENTS APPLICATION

Application fee paid by Check or Money Order # _____ Received by: _____ Date/Time Received: _____

APPLICANT INFORMATION

Last Name	First Name	Middle Initial	Social Security #
Address	City	State	Zip Code
Telephone Number	Total Gross Annual Income in Household		Apartment Size Requested

Directions to the Applicant: Answer all questions on this application. Enter "N/A" for those questions which do not apply to you. Include all members who you anticipate will occupy the unit at least 50% of the time during the next 12 months. For financial information, please provide the names and addresses of people who can verify the information that you provide. Please use additional paper to record any further information if there is not enough space provided on this application. Proof of identity and social security cards must be provided for all household members. All adults must sign/date the application.

1.	Last Name	First Name	Middle Initial	Birth Date	Relationship to Applicant
					Self
	Social Security Number			Full Time Student (Circle One)	Sex (Circle One)
				Yes or No	Male or Female
2.	Last Name	First Name	Middle Initial	Birth Date	Relationship to Applicant
	Social Security Number			Full Time Student (Circle One)	Sex (Circle One)
				Yes or No	Male or Female
3.	Last Name	First Name	Middle Initial	Birth Date	Relationship to Applicant
	Social Security Number			Full Time Student (Circle One)	Sex (Circle One)
				Yes or No	Male or Female
4.	Last Name	First Name	Middle Initial	Birth Date	Relationship to Applicant
	Social Security Number			Full Time Student (Circle One)	Sex (Circle One)
				Yes or No	Male or Female



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Circle Yes or No and explain:

Do you expect a change in family size in the next 12 months? **Yes or No** If yes, explain change and provide expected date of change: _____

Are there any temporarily absent household members not listed above? **Yes or No** If yes, provide name and date of return: _____

Are any family members over the age of 18 full or part-time students in a higher education institution? **Yes or No** If so, where? _____

Current Marital Status (circle one): **Never Married / Married / Separated / Divorced / Widowed**

Please tell us how you heard about us: _____

GENERAL INFORMATION:

You may request accommodations to your apartment if you have a disability. If you have a disability, you have certain rights that allow modifications to your apartment. Such changes can be requested by completing the "Request for Reasonable Accommodation" form. JMHA reviews the request and makes every effort to afford you the same right to live in our complex and use our facilities as any other resident. Please be advised, we do not discriminate on the basis of race, color, religion, sex, disability, familial status or national origin. **Circle Yes or No and explain:**

1. Would you or any member of you household benefit from a handicapped-accessible unit? **Yes or No**
If yes, explain: _____
2. Have you or anyone listed on the application ever been evicted or otherwise involuntarily removed from the rental housing due to fraud, non-payment of rent failure to cooperate with recertification procedures or for any other reason? **Yes or No** If yes, explain: _____
3. Have you or anyone listed on the application ever been arrested or convicted of a crime? **Yes or No**
Who: _____ What: _____
When: _____ Where: _____
4. Have you or anyone listed on the application ever filed for bankruptcy? **Yes or No**
If yes, explain: _____
5. Have you or anyone listed on the application lived in subsidized housing (this includes current housing)?
Yes or No If yes, Who: _____ When: _____ Where: _____
6. Have you ever received rental assistance?
Yes or No If yes, Where: _____ If yes, has your rental assistance ever been terminated for fraud, non-payment of rent or failure to recertify? **Yes or No** Explain: _____
7. Have you or any member of your household been convicted of the illegal distribution, manufacture, use, sale or possession of an illegal drug or other illegal controlled substance? **Yes or No** If yes, explain: _____
8. Do you have any pets? **Yes or No**
9. Will this be your only place of residence? **Yes or No** If no, explain: _____
10. Have you or any member of the household attended school full time any time in the past 5 months? **Yes or No**
11. *Failure to respond to this question may jeopardize the approval of your application.* Is there any member in the household (including juveniles) subject to a lifetime state sex offender registration in any state? **Yes or No**
If yes, Who: _____ Which State: _____



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EMERGENCY INFORMATION

Please list two persons who we may contact in case of an emergency.

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

INCOME

Type of Income	Person Receiving Income	Name of Agency or Employer	Address City, State Zip	Phone Number

ASSETS

Type of Account	Name of Account	Name of Financial Institute	Address City, State Zip	Phone Number

APPLICANT EMPLOYMENT HISTORY

Current Employer Name	Address City, State Zip	Phone Number	Position	Rate of Pay	How Long?

CO-APPLICANT EMPLOYMENT HISTORY

Current Employer Name	Address City, State Zip	Phone Number	Position	Rate of Pay	How Long?



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LANDLORD REFERENCES

Please list all landlords for the past five years.

Current Landlord Name	Address City, State Zip	Phone Number	From	To
Previous Landlord Name	Address City, State Zip	Phone Number	From	To
Previous Landlord Name	Address City, State Zip	Phone Number	From	To

DISPOSAL OF ASSETS

Please select one of the following:

I certify that:

- ☐ During the past 2 years, ***I have not sold*** or given away any assets for less than fair market value.
- ☐ During the past 2 years, ***I have sold*** and/or given away only the assets listed below for less than fair market value.

Type of Asset	Date of Disposal	Amount Sold For	Market Value	Cash Value**

** Cash value is the market value of the asset minus reasonable costs incurred in selling or converting the asset to cash. Such reasonable costs include:

1. Penalties for withdrawing funds before maturity.
2. Broker/legal fees for the sale or conversion of assets.
3. Settlement costs for real estate transactions.

Both head of household and spouse must execute this application. In the case of non-married adults, separate forms must be completed. I/We certify that all information contained in this application is true and accurate to the best of my knowledge:

Signature of Applicant (Head)

Date

Signature of Applicant (Spouse)

Date

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AUTHORIZATION FOR RELEASE OF INFORMATION

Jefferson Metropolitan Housing Authority (JMHA) may use this authorization and the information obtained with it to administer and enforce rules and policies related to Washington Square Apartments owned and managed by JMHA.

Authorization: I authorize Jefferson Metropolitan Housing Authority to obtain information about me and/or my family that is pertinent to the rental of Washington Square Apartments.

Information Covered – Inquiries to be made about:

- Credit History
- Criminal History
- Social Security Numbers
- Residential and Rental History
- Identity of Marital Status
- Family Composition
- Employment/Income/Pensions/Assets
- Federal/State/Tribal/Local Benefits

Individuals/Organizations That May Release Information:

Any individual or organization including any governmental organization, may be asked to release information. For example, information may be requested from:

- Banks and/or other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers past and present
- Landlords
- Schools and Colleges
- Utility Companies
- Welfare Agencies
- Providers of Alimony/Child Support Credit
- Handicapped Assistance
- Pensions/Annuities
- US Departments of Veteran Affairs
- US Social Security Administration

Computer Matching Notice & Consent

I agree that Jefferson Metropolitan Housing Authority may conduct computer matching programs with other governmental agencies including Federal, State, Tribal and local agencies. The government agencies include but may not be limited to:

- US Office of Personnel Management
- US social security Administration
- US Department of Defense
- US Postal Service
- State Employment Security Agencies
- State Welfare
- Food Stamp Agencies

Conditions: I agree that photocopies of this authorization may be used for the purpose(s) stated above. If I do not sign this authorization, I understand I may be denied occupancy of rental property owned and/or managed by Jefferson Metropolitan Housing Authority.

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

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I/We the undersigned, state that I/we have read and answered fully and truthfully each of the preceding questions for all members for the household who are to occupy the unit within Washington Square Apartments for which the application was made. I/we understand that providing false information or making false statements may be grounds for denial for my/our application. I/we further understand that as part of the application process my credit report may be obtained without further authorization and I/we will be required to authorize verification of my/our income and assets. I/we agree that, upon approval, this apartment will be my/our only place of residence. I further understand that failure to submit complete information may result in a delay for processing my/our application.

WARNING: Section 1001 of Title 18 US Code makes it a criminal offense to make willful, false statements or misrepresentation of any material fact involving the use of or obtaining federal funds.

Applicant Name	Signature	Date
----------------	-----------	------

Co-Applicant Name	Signature	Date
-------------------	-----------	------

Co-Applicant Name	Signature	Date
-------------------	-----------	------

The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

<u>Race:</u>	<u>Ethnicity:</u>	<u>Sex:</u>
<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Male
<input type="checkbox"/> Black	<input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Female
<input type="checkbox"/> American Indian or Alaskan Native		
<input type="checkbox"/> Asian		
<input type="checkbox"/> Native Hawaiian		
<input type="checkbox"/> Pacific Islander		

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AUTHORIZATION FOR RELEASE OF INFORMATION, RECORDS OF ARREST AND PROSECUTIONS

(Each adult member of household must complete, sign and date)

Applicant Full Name: _____

Other names used previously: _____

Social Security Number: _____ Date of Birth: _____

Race:

- ☐ White
- ☐ Black
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian
- ☐ Pacific Islander

Ethnicity:

- ☐ Hispanic
- ☐ Non-Hispanic

Sex:

- ☐ Male
- ☐ Female

States 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 Jefferson Metropolitan Housing Authority (JMHA) 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 Property Manager who witnessed below. Your prompt return of this information will assure timely processing of the application for assistance. The applicant has consented to this release of information as shown below.

Applicant Statement of Release: I, the below signed applicant, 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 JMHA to request further verifications from local, State or Federal law enforcement agencies and court records as necessary.

Applicant Name _____ Signature _____ Date _____

Property Manager requesting background check: _____ Date: _____

Name and Title of Police/Court/Authorized Official _____ Signature _____ Date _____

Results of Search:

- ☐ No record has been found.
- ☐ Record was found and is attached.

For Office Use Only:

Has a Landlord/rental history check completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you double checked that everything is correct on the Washington Square waitlist? <input type="checkbox"/> Yes <input type="checkbox"/> No (Complete immediately)
Is the applicants current address correct? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you offered a unit? <input type="checkbox"/> Yes <input type="checkbox"/> No

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