



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:_____



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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 _____