



Housing Choice Voucher (Section 8) Application Instructions

Thank you for applying to the Jefferson Metropolitan Housing Authority Housing Choice Voucher Program (Section 8). Please make sure to follow these instructions carefully:

- The application must be completely and correctly filled-out. Once completed and signed by all adults listed on application, either place it in the Section 8 drop-box in the lobby of the JFK Building at 815 North 6th Avenue, Steubenville, OH or mail to JMHA 815 North 6th Avenue, Steubenville, OH 43952.
- Only applications verified as complete will be placed on the waiting list.
- Special arrangements to complete the application for persons with disabilities needing specific accommodations may be provided by calling 740-282-0994, then select 1 for Section 8.

Household Composition Section:

- List all family members who will be living with you, including their personal data.
- Select any **preferences** that apply to the head of household only.

Authorization Section:

- All **adult** family members 18 and older, including the head of household, are required to sign, date, and write their Social Security number and date of birth.
- Only one application per household will be accepted.

After submitting the application:

- While on the waiting list, you are responsible to notify JMHA, in writing, of **ANY** changes to your application information.
- You are also required to respond to **ALL** requests from JMHA in writing. In addition, you will be notified by mail (no phone calls please) when you are selected from the waiting list. Please respond promptly to JMHA requests.

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



Revised April 2015



Jefferson Metropolitan Housing Authority
 815 N. 6th Avenue
 Steubenville, OH 43952

Housing Choice Voucher Program – Section 8
APPLICATION
 (Must be legible AND completed entirely in order to be processed)



Applicant Information:

| | | | |
|--------------------|------------|----------------|-------------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL | SOCIAL SECURITY # |
| | | | |
| STREET or P.O. BOX | CITY | STATE | ZIP CODE |
| | | | |

| | |
|--|--------|
| Mailing address (if different from above): | |
| Telephone # | Cell # |
| Email: | |
| Have you ever been known by any other name(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list names: | |

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

Starting with yourself, list ALL family members who will be living with you. All household members are required to have a Social Security number, which will be verified.

| | | | | | |
|-------------------|-------|----------------|------------|--|---|
| LAST NAME | FIRST | MIDDLE INITIAL | BIRTH DATE | RELATIONSHIP | SEX |
| | | | | Self | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| SOCIAL SECURITY # | | | RACE | ELDERLY (62+)? | DISABLED? |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| LAST NAME | FIRST | MIDDLE INITIAL | BIRTH DATE | RELATIONSHIP | SEX |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| SOCIAL SECURITY # | | | RACE | ELDERLY (62+)? | DISABLED? |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| LAST NAME | FIRST | MIDDLE INITIAL | BIRTH DATE | RELATIONSHIP | SEX |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| SOCIAL SECURITY # | | | RACE | ELDERLY (62+)? | DISABLED? |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| LAST NAME | FIRST | MIDDLE INITIAL | BIRTH DATE | RELATIONSHIP | SEX |
| | | | | | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| SOCIAL SECURITY # | | | RACE | ELDERLY (62+)? | DISABLED? |
| | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | <input type="checkbox"/> YES <input type="checkbox"/> NO |

A person with a DISABILITY may require special accommodations in order to have equal access to the HVC Program. The types of reasonable accommodations the PHA may provide include changes, exceptions or adjustments to a rule, policy, practice or service. Federal regulations stipulate that requests for accommodations will be considered reasonable if they do not create an "undue financial and administrative burden" for the PHA, or result in "fundamental alteration" in the nature of the program or service offered. A fundamental alteration is a modification that alters the essential nature of a providers operation.

PREFERENCES – for HEAD OF HOUSEHOLD ONLY (Check all that apply)

| | | |
|---|--|--|
| Disabled -OR- Elderly (62+) <input type="checkbox"/> Yes <input type="checkbox"/> No | Veteran/Veteran Family <input type="checkbox"/> Yes <input type="checkbox"/> No | Live/Work in Jefferson County <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employed <input type="checkbox"/> Yes <input type="checkbox"/> No Involuntarily displaced <input type="checkbox"/> Yes <input type="checkbox"/> No | Victim of Domestic Violence <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last occurrence: _____ | Public Housing residents (at least 1 yr.) in good standing <input type="checkbox"/> Yes <input type="checkbox"/> No |

AUTHORIZATION: I hereby grant permission and authorization to any bank, employer, physician, school, utility company, savings and loan association, insurance company, real estate company, law enforcement or corrections agency, landlord, US Postal Agency or financial institution to disclose to JMHA full information regarding my past, present, or potential situation. This includes property ownership and rentals, bank accounts, cash value of insurance policies, payments for services and merchandise, and all income, as well as any and all records deemed necessary to establish my eligibility.

It is understood that this information will be used solely for the purpose of determining my eligibility for assistance. Everyone on the application age 18+ must sign and write their social security number below:

| | | |
|------------------------------|---------|-------------------|
| X _____ | X _____ | X _____ |
| Head of Household Signature | Date | Social Security # |
| X _____ | X _____ | X _____ |
| Other Adult Member Signature | Date | Social Security # |
| X _____ | X _____ | X _____ |
| Other Adult Member Signature | Date | Social Security # |
| X _____ | X _____ | X _____ |
| Other Adult Member Signature | Date | Social Security # |

I understand it is my responsibility to update my application within ten (10) days of any changes. I understand that JMHA is not responsible for forwarding my mail if I move. I understand that failure to update my application will result in my name being withdrawn from the Section 8 waiting list. I also understand that all updates must be done in writing in order to meet all reporting responsibilities. I also certify that the statements above are true and complete to the best of my knowledge and belief. I understand that false statements of information are punishable under Federal Law.

| | | |
|-----------------------------|---------|-------------------|
| X _____ | X _____ | X _____ |
| Head of Household Signature | Date | Social Security # |



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