

C. Household Income: List all income for all household members:

Name of Household Member	Source of Income	\$ <u> </u> Amount Received
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D. Please answer the following questions regarding assets for every household member.

1) Does any household member have a checking account? Yes _____ No _____
 Name _____
 Bank _____ Account # _____ Amount \$ _____

2) Does any household member have a savings account? Yes _____ No _____
 Name _____
 Bank _____ Account# _____ Amount\$ _____

3) Does any household member own real estate? Yes _____ No _____
 Name _____
 Value \$ _____ (Please supply tax receipt for verification.)

4) Has any household member disposed of any real estate in the last two years for less than fair
 market value? Yes _____ No _____

5) Does any household member have any other assets? Yes _____ No _____

If yes, please explain

E. Please answer the following questions regarding qualified household expenses.

1) Do you pay for the child care of dependents in your home while a family member works or attends school? Yes _____ No _____

If yes, for which dependents? _____, _____, _____

_____ \$ _____
Name of Child Care Provider

_____ Mailing address of Child Care Provider

_____ City, State & Zip of Child Care Provider Telephone Number of Child Care Provider

2) Does your family have an expense that is paid (because of a disability) that allows a family member to work? Yes _____ No _____

If yes, please explain. _____

(YOU WILL BE ASKED TO PROVIDE RECEIPTS FOR ALL EXPENSES.)

3) Is the Head of Household, or spouse of the Head of Household 62 or older, or is the Head of Household or spouse of the Head of Household disabled? Yes _____ No _____

If no, skip to Section F. If yes, please answer the following:

a) Are you receiving Medicare Benefits (from Social Security)? Yes _____ No _____

b) Do you receive a Medical Card (from the Welfare Department)? Yes _____ No _____

c) Do you pay for medical insurance? Yes _____ No _____

If yes, name and address of Insurance Company _____

Do you anticipate any health care related expenses for the next twelve months which are not covered by Medicare, insurance, or a medical card? Yes _____ No _____

If yes, please explain. _____

(YOU WILL BE ASKED TO PROVIDE RECEIPTS FOR ALL EXPENSES.)

F. History

1) Has any individual listed on this application ever lived in public housing or received housing assistance of any kind? Yes _____ No _____

If yes, please explain. _____

2) Has any individual on this application ever been evicted from public housing or terminated from any housing program for any reason? Yes _____ No _____

If yes, please explain. _____

3) Does any individual on this application owe money to Gallia Metropolitan Housing Authority or any other housing authority? Yes _____ No _____

If yes, please explain. _____

4) Has any individual listed on this application ever been convicted of criminal activity of any kind? Yes _____ No _____

If yes, please explain. _____

5) Current Landlord's name: _____

Current Landlord's address: _____

Current Landlord's phone number: _____

Current rent amount: \$ _____

Current utilities paid: _____

Most recent prior landlord's name and address: _____

G. Certification:

I certify that all information provided on this form is true and complete to the best of my knowledge. I realize that providing false, incomplete, or inaccurate information to the Housing Authority is a violation of Federal and State Law and is punishable by fine and/or imprisonment. I also authorize the Housing Authority to make written and verbal inquiries to verify any and all information I have provided on this form.

_____	_____	_____	_____
Head of Household	Date of Birth	Social Security Number	Date
_____	_____	_____	_____
Spouse/Co-Tenant	Date of Birth	Social Security Number	Date
_____	_____	_____	_____
Other Household Member Over 18	Date of Birth	Social Security Number	Date

GALLIA METROPOLITAN HOUSING AUTHORITY
381 BUCK RIDGE ROAD
BIDWELL, OH 45614
(740) 446-0251
FAX: (740) 446-6728

SOCIAL SECURITY NUMBER

I, _____
FIRST NAME MIDDLE INITIAL LAST NAME

NUMBER & STREET CITY STATE ZIP CODE

PHONE NUMBER

DO HEREBY AUTHORIZE _____
(NAME OF EMPLOYER, CASEWORKER, OR OTHER AGENCY)

AND/OR THE CREDIT BUREAU OF GALLIA/MEIGS COUNTIES (PUBLIC HOUSING APPLICANTS ONLY) TO FURNISH INFORMATION TO THE GALLIA METROPOLITAN HOUSING AUTHORITY IN REGARDS TO MY INCOME OR CREDIT HISTORY. YOUR PROMPT ATTENTION IN THIS MATTER IS APPRECIATED.

SIGNATURE

DATE

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STOP STOP STOP STOP STOP STOP STOP STOP STOP STOP

WE WOULD LIKE TO REQUEST THE FOLLOWING INFORMATION:

DATE STARTED _____ GROSS AMOUNT \$ _____ PER HR/WK/MO/YR

HOURS PER WEEK _____ MEDICARE ONLY-NET AMOUNT \$ _____ MONTH

ADDITIONAL AMOUNT RECEIVED DUE TO CHILD SUPPORT \$ _____

SIGNATURE

BUSINESS OR AGENCY

DATE

THANK YOU,
ZACHARY D. FOSLER, DIRECTOR



GALLIA METROPOLITAN HOUSING AUTHORITY

Herman L. Koby
Chairman

Zachary D. Fosler
Executive Director

REGARDS: _____ DATE: _____

TO: All Police Agencies, Courts, Probation and Parole Authorities and Criminal Agencies

Please accept my signature on this document as evidence that I grant permission to your agency to release any and all records which may be in your possession concerning me to the Gallia Metropolitan Housing Authority, a political sub-division of the State of Ohio.*

I voluntarily waive my right of privacy specifically to the Gallia Metropolitan Housing Authority in accordance with Federal and State statutes and waive any and all claims against you, your department, or any officers or employees that may arise out of your furnishing such record.

(Signature) First Name Middle Last

(Signature) First Name Middle Last

(Print) First Name Middle Last

(Print) First Name Middle Last

Social Security Number

Social Security Number

Date of Birth (Month/Day/Year)

Date of Birth (Month/Day/Year)

*The Gallia Metropolitan Housing Authority is a political sub-division of the State of Ohio and as such is mandated by Federal and State statutes to receive information regarding applicants for Federal Housing programs and is responsible for the safeguarding of this information in accordance with Title 28, USC and all applicable statutes and laws.

Staff Representative

GALLIA METROPOLITAN HOUSING AUTHORITY will take applications unless a notice to the contrary has been published in the local newspapers.

When the waiting list is open, completed applications will be accepted from all applicants. Gallia Metropolitan Housing Authority will later verify the information on the application relevant to the applicant's eligibility and preferences.

The completed application will be dated and time-stamped upon its return to Gallia Metropolitan Housing Authority.

Persons with disabilities who require a reasonable accommodation in completing an application may ask Gallia Metropolitan Housing Authority to make special arrangements to complete their application.

The application process will involve two phases. The first phase is in the initial application for housing assistance or the application. The application requires the family to provide limited basic information including name, address, phone number, family composition, income source and amount, asset information and information establishing any preferences to which they may be entitled. This first phase results in the family's placement on the waiting list. In addition, family members will be asked to sign a form giving permission for us to do a criminal check at a later time.

Upon receipt of the family's application, Gallia Metropolitan Housing Authority will make a preliminary determination of eligibility. Gallia Metropolitan Housing Authority will notify the family in writing of the date and time of placement on the waiting list and the approximate amount of time before housing assistance may be offered. If Gallia Metropolitan Housing Authority determines the family to be ineligible, the notice will provide an explanation and offer the family the opportunity for an informal review of this determination.

An applicant should at all times report changes in their applicant status, including changes in family composition, income, or preference factors. Gallia Metropolitan Housing Authority will annotate the applicant's file and will update their place on the waiting list.

The second phase takes place when the family nears the top of the waiting list. Gallia Metropolitan Housing Authority will ensure that verification of all preferences & eligibility are current and determine the family's final eligibility. At that time we must secure updated verification of: income, assets, social security numbers, birth certificates (or other suitable proof of citizenship), criminal history and credit history (if applicable).