



If you are handicapped, disabled, or have difficulty completing this application, please advise. Appropriate assistance will be provided in a confidential manner and setting.

If you have any questions, please feel free to call between the hours of 8 a.m. and noon or 1 p.m. and 4 p.m. There is someone to answer your call Monday – Friday. Our office is open on Monday, Tuesday, and Thursday.

**Answering questions on the application:**

Please answer all questions truthfully. Your answers will be verified. Any misrepresentation of information on the application is grounds for termination.

Answers to questions concerning handicap or disability are optional. We may use this information to calculate your rental assistance properly. Information you provide on handicap or disability status will remain confidential by our agency. In accordance with program regulations, information may be released to appropriate Federal, State, and or local agencies.



## Eligibility Process

The Knox Metropolitan Housing Authority (KMHA) must first determine that an applicant is eligible. The gross household income of all ADULT family members in the household must not exceed the appropriate income guidelines. The income limits are available from our office and are determined by the number of household members. For more information on Income Guidelines and Limits <[LINK TO Tenants → Income Guidelines](#)>

[http://www.huduser.org/datasets/il/il2008/2008summary.odn?INPUTNAME=NCNTY39083N39083\\*3908399999%2BKnox+County&selection\\_type=county&stname=Ohio&statefp=39&year=2008](http://www.huduser.org/datasets/il/il2008/2008summary.odn?INPUTNAME=NCNTY39083N39083*3908399999%2BKnox+County&selection_type=county&stname=Ohio&statefp=39&year=2008)

After KMHA determines that an applicant family meets the eligibility requirements, the family's application is placed on a waiting list according to the date and time the application is received. Veterans, service members or their families (see following definitions) may be given a veterans preference.

**Veteran:** an individual who has served in the active military or naval service of the United States and who was discharged or released. Please contact KMHA for detailed information. **For KMHA's purposes, the DD-214 must state honorable, under general honorable conditions or general discharge.**

**Service Members:** a person actively serving in the military or naval service of the United States.

**Family of a veteran or service member:** Please contact KMHA for detailed information prior to completing your application. ***Proof of relationship must be supplied upon receipt of your application.***

Once a family's application reaches the top of the waiting list and funding is available, KMHA will verify statements of eligibility from the application.

### Important Facts To Remember:

- 1) KMHA has no emergency housing. All applications are placed on the waiting list according to date and time of receipt of application and veteran status. KMHA will notify you by mail indicating an **estimated date of assistance**. You are responsible to notify KMHA in writing of all changes in address, income, and family size.
- 2) All applicants are waiting for funding, not housing. KMHA does not own or manage any rental housing. If a family locates a unit that a property owner claims to be "Metro approved," this will not place the family higher on the waiting list.
- 3) Families who have been previous participants in the rental assistance program and who have lost their assistance for the violation of a Family Obligation cannot be served for 12 months following the violation.



# Knox Metropolitan Housing Authority

*An Equal Housing Opportunity Agency*

201A West High Street • Mount Vernon, OH 43050

Ph: (740) 397-8787 • Fax: (740) 397-8226

Toll Free: (877) 530-5669 • TTY/TDD: (800) 750-0750

Website: [www.knoxmha.org](http://www.knoxmha.org) • Email: [kmha@knoxmha.org](mailto:kmha@knoxmha.org)

## Preliminary Application For Section 8 Rental Assistance

PRINT ONLY

Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Knox County Residents only: Are you living doubled up with another family? Yes or No

### PERSONAL INFORMATION

List yourself and all people who will be living with you should you receive rental assistance:

	Full Name	Relationship	Birthday	Sex M/F	Disabled Y/N	Social Security
1		Head of Household				
2						
3						
4						
5						
6						
7						
8						

NOTE: The information you provide to Knox Metropolitan Housing Authority will be strictly confidential. However, the information you provide may be seen by someone other than our staff, such as an auditor or the Department of HUD.

The following information is required for statistical purposes only in order for the Department of HUD to determine the degree to which its programs are utilized by minority families.

Please identify the race of the head of household: (check one)

White   
  Black/Afro-American   
  American Indian   
  Spanish American  
 Oriental (Japanese, Korean, Chinese, Filipino)   
  Other

### INCOME SOURCES

THIS SECTION CANNOT BE LEFT BLANK. IF YOU DO NOT HAVE AN INCOME ENTER: N/A

Employment: List all full and/or part-time employment for all household members. Include self-employment earnings. Attach additional sheets if necessary

HOUSEHOLD MEMBER	EMPLOYER NAME AND ADDRESS	GROSS EARNINGS
		\$ _____ month
		\$ _____ month
		\$ _____ month

PLEASE CONTINUE ON THE REVERSE SIDE

**INCOME SOURCES CONTINUED**

Other Sources of Income: Include ADC benefits, Social Security/Supplemental Security Income for all household members, Child Support, Alimony, Unemployment/Disability Compensation, Annuities, Dividends and any other income that is received on a routine basis.

HOUSEHOLD MEMBER	Source	GROSS EARNINGS
		\$ month
		\$ month
		\$ month

**ASSETS**

Checking Account: Bank \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
Acct. No. \_\_\_\_\_

Savings Account: Bank \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
Acct. No. \_\_\_\_\_

Certificate of Deposit: Bank \_\_\_\_\_ Current Balance \$ \_\_\_\_\_  
Acct. No. \_\_\_\_\_

Other (Please List) \_\_\_\_\_

Do you own real estate? \_\_\_\_\_ If yes, what is the current value? \$ \_\_\_\_\_

Real Estate Address: \_\_\_\_\_

**PROGRAM INFORMATION AND PREFERENCES**

1. You are a United States Veteran. (See cover sheet for definition of Veteran and be sure to provide copy of DD214 Form at the time you apply)
2. Have you or any adult household member ever been convicted and labeled as a sex offender? \_\_\_\_\_
3. Have you or **any** member of your household been evicted from Public housing, Indian housing, Section 23 housing, or housing assisted by the Section 8 program for **drug related criminal activity during the last 3 years?** \_\_\_\_\_  
If yes, explain: \_\_\_\_\_
4. Do you currently live or have previously lived in any type of public housing? \_\_\_\_\_ If yes, provide the complete name and address.  
\_\_\_\_\_
5. Has **ANY** household member been terminated from Metro in the past 12 months? \_\_\_\_\_ Who? \_\_\_\_\_

**U.S. CITIZENSHIP NOTIFICATION AND CERTIFICATION**

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 or imprisoned up to five years if I furnish false or incomplete information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

