



APPLICATION PROCESS:

1. A mailing address is **REQUIRED**. You will be notified by mail only.
2. Bring the following to submit with your Application for ALL HOUSEHOLD MEMBERS:
Birth Certificates/Drivers License/State I.D., Social Security Cards, Social Security Benefit Letter (**dated in last 60 days for all receiving SSI, SSD, SS**), **ALL** Household Income Sources (last 2 months pay stubs, self-employment ledgers for current year & last year's federal tax return, Proof of Unemployment Benefits, Retirement/Pension Letter (**dated in last 60 days**), Veterans Benefits Letter (**dated in last 60 days**), Current Bank Statements (2). If any household members are not U.S Citizens, please provide a Permanent Resident Card/Unexpired Foreign Passport/or other Naturalization Documentation
3. After Knox MHA determines 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.
4. Please answer all questions truthfully. Your answers will be verified. Any misrepresentation of information on the application is grounds for rejection.
5. Failure to provide these items will result in a delay in determining your household eligibility and potential assistance.

IMPORTANT INFORMATION

Knox Metropolitan Housing Authority (KMHA) must first determine if an applicant is eligible. The gross household income and benefits must be reported for ALL household members and must not exceed the appropriate income guidelines. All Applicants are waiting for funding, not housing.

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.

Waiting list Preferences for the Housing Choice Voucher Program:

Veterans Preference: As used in sections 5901.01 to 5901.37 of the Ohio Revised Code. (a) The member has an honorable report of separation from the active duty military service. Must provide Form DD214 or DD215 for verification purposes. Please see Knox MHA for further information.

Disability Preference: For a disabled person or families with a disabled member as defined in the KMHA administrative plan, KMHA will not inquire as to the nature or extent of the disability. A benefit letter from SSI, SSD or the submission of the KMHA Disability Verification Form completed and signed by a medical professional is required.

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. Please contact KMHA for detailed information.

Important Facts:

- 1) KMHA has no emergency housing. All applications are placed on the waiting list according to date and time of receipt of application and preferences.
- 2) **You are responsible to notify KMHA in writing of all changes in address, income, and family size, etc.**
- 3) Families who have been previous participants in the rental assistance program and who have lost their assistance for the violation of a Family Obligations cannot make application for 12 months following the termination date.

*****We will not accept screenshots of information, it must be in the form of a pdf or similar if sending by email.*****



Knox Metropolitan Housing Authority

An Equal Housing Opportunity Agency

201A West High Street • Mount Vernon, OH 43050

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

Website: www.knoxmha.org • Email: kmha@knoxmha.org

Housing Choice Voucher Program - Preliminary Application

PRINT ONLY

Name _____ Cell # _____

Address _____

City _____ State _____ Zip _____

Mailing Address if different from above: _____

Email Address: _____

PERSONAL INFORMATION

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

	Full Name	Relationship	Date of Birth	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 American Indian Hispanic Asian 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 INCOME
		\$ _____ month
		\$ _____ month
		\$ _____ month

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. # _____

Savings Account: Bank _____ Current Balance \$ _____ Acct. # _____

Certificate of Deposit: Bank _____ Current Balance \$ _____ Acct.#. _____

Other (Please List) _____

Do you own any property? _____ If yes, what is the current value? \$ _____

Property Address: _____

PROGRAM INFORMATION AND PREFERENCES

1. Are you a Veteran of the U.S. Armed Forces? Yes _____ No _____ (Provide DD214)
2. Are you OR a member on the application disabled? Yes _____ No _____ (Provide a benefit letter from SSI, SSD or submit the KMHA Disability Verification Form)
3. Are you currently Homeless? Yes _____ No _____

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.

I understand it is my responsibility to update Knox Metropolitan Housing Authority with any changes to this Application in writing within 10 days of the change. A current mailing address is required for KMHA to contact me. As required, KMHA will purge its waiting list annually to verify my continued desire to remain on the waiting list. Therefore; I must keep KMHA updated with a current mailing address. Failure to do so may result in KMHA removing me from the waiting list due to their inability to contact me.

Signature of Applicant

Date



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.