



PRELIMINARY APPLICATION FOR ALL MHA HOUSING PROGRAMS

1. Select the housing program(s) you wish to participate in:

- Family Public Housing** Income-based housing consisting of one hundred, 2 to 5 bedroom homes, in four separate neighborhoods. Locations include: Houck Street, Coulton Court, North Court/Curfman Road, and 12th Street/Upton Court.
- Elderly/Disabled Public Housing & Hilltop Towers** One bedroom, income-based apartments. In order to qualify for elderly/disabled housing, the head or co-head must be 62 years of age or older or handicapped/disabled.
- Thomas Jefferson Homes** Market rent, 2 and 3 bedroom homes, located near Meridian and 26th Streets. Applicants' income must be between 40-60% of the area median income for their family size. [Click here to view the area median income:](#)

2. Have you ever applied here before?	<input type="checkbox"/> Yes, when?	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
3. How did you hear about the program you are applying for?	<input type="checkbox"/> Family	<input type="checkbox"/> Friends	<input type="checkbox"/> Newspaper
<input type="checkbox"/> Other, please explain:			
4. Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
	<input type="checkbox"/> Engaged	<input type="checkbox"/> Co-Habiting	<input type="checkbox"/> Single
5. Have you ever received housing assistance?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, where?	
6. Do you owe money to any assisted housing program?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, where?	

7. Please check "Yes" or "No" for each question below:

- Yes No Do you live or work in Grant County?
- Yes No Are you currently homeless (living in a shelter, park, or vehicle)?
- Yes No Is the head of household/spouse/co-head elderly (62 or older)?
- Yes No Is the head of household/spouse/co-head disabled?
- Yes No Is the head of household/spouse/co-head currently working or been hired to work?
- Yes No Is the head of household/spouse/co-head a veteran?
- Yes No Does your household require a handicap accessible unit?
- Yes No Are you able to have utilities turned on in your name?
- Yes No Have you or any household member been convicted of any criminal activity?
- Yes No Are you or any household member subject to register as a sex offender?
- Yes No Do you or any household members have a disability? If Yes, please provide us with more information about the disability below:

8. HOUSEHOLD INFORMATION

List in this order: Head, Spouse/Co-Head, Other Adults, Minors (oldest to youngest)

Please indicate pregnancy by listing unborn children. List only those who will live with you, should your application be approved (do not include people you live with now, who will not be moving with you).

Name (First Last)	Relationship to Head	Date of Birth	Sex M/F optional	SSN	Place of Birth City, State	Disabled Y/N	Student Y/N	Citizen Y/N
1.	Head of Household							
2.								
3.								
4.								
5.								
6.								
7.								
8.								

9. Race & Ethnicity of Head of Household (for statistical purposes only)

- African American/Black
 Asian or Pacific Islander
 Native American/Alaskan Native
 Caucasian/White
 Hispanic/Latino
 Non-Hispanic/Non-Latino

10. Household Income: Include ALL sources of income for ALL household members.

Source (employment, SSI, TANF, child support, etc.) If employed, list name of employer.	Gross Amount	Frequency (monthly, weekly, etc.)	Member Name

11. Is your total household's Gross Annual Income at least \$12,500? YES NO

12. Mailing Address: *please provide a stable address where we can send you mail. Does not have to be your current residence.*

Mailing Address	Apt/Lot	City	State	Zip

13. Telephone-*please include area code.*

Home	Cell
Work	Contact/Other

14. Residence/Rental History

Please provide addresses for at least the past three years, beginning with present address.

Present Address	Move-In Date
Landlord Name	Landlord Address
Check All that Apply <input type="checkbox"/> I live with family <input type="checkbox"/> I don't pay rent or mortgage <input type="checkbox"/> I own this residence <input type="checkbox"/> I owe my landlord money	

Previous Address 1	Move-In Date	Move-Out Date
Landlord Name	Landlord Address	
Check All that Apply <input type="checkbox"/> I live with family <input type="checkbox"/> I don't pay rent or mortgage <input type="checkbox"/> I own this residence <input type="checkbox"/> I owe my landlord money		

Previous Address 1	Move-In Date	Move-Out Date
Landlord Name	Landlord Address	
Check All that Apply <input type="checkbox"/> I live with family <input type="checkbox"/> I don't pay rent or mortgage <input type="checkbox"/> I own this residence <input type="checkbox"/> I owe my landlord money		

15. Applicant Certification and Notice- Important READ BEFORE YOU SIGN!

I certify that the information given to the Marion Housing Authority on household composition, income, and family assets is accurate and complete to the best of my/our knowledge and hereby authorize verification of all references. I/we understand that providing false statements and/or incomplete or inaccurate information are grounds for denial, termination or eviction. I/we authorize inquiries to be made to verify the information contained in this application. I/we also authorize this agency to obtain credit reports and criminal background information. I/we understand that all incomplete applications are not accepted, and will be returned to the applicant. I understand that all changes in household members, income or mailing address must be reported to the Marion Housing Authority in writing within 10 business days of the change.

Warning! TITLE 18, SECTION 1001 OF THE UNITED STATE CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

I represent that the statements made in this application are true and complete. Any false statements made hereon are grounds for denial, termination and eviction.

Signature of Applicant Date

Signature of MHA Representative Date

Would you like to provide an additional contact on your application form to assist in resolving any issues, provide any special care, etc.?
 (NOTE: this section is **OPTIONAL** and not required for completing your application) Yes No

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:
E-Mail Address (if applicable):	
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
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.

Signature of Applicant	Date
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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.