

**PRELIMINARY APPLICATION FOR HOUSING CHOICE VOUCHER
RENTAL ASSISTANCE**

Complete this application (please print) and return to CMHA. Each family member must be a current household member. All adult members 18 years or older must sign this application to certify that the information about this is complete and correct. Failure to complete this application as instructed may cause your application to be rejected.

HOUSING CHOICE VOUCHER DEPT
ATTN: APPLICATIONS
880 E. ELEVENTH AVENUE
COLUMBUS, OHIO 43211
(614) 421-6307

CMHA's acceptance of your application places you on the Housing Choice Voucher waitlist. It does not mean that you will be immediately provided Housing Choice Voucher assistance. You will be contacted to complete your application when your name comes to the top of the Housing Choice Voucher waitlist.

INCOME LIMITS FOR PARTICIPATION IN THE HOUSING CHOICE VOUCHER PROGRAM

INCOME ELIGIBILIY IS DETERMINED BY AN APPLICANT'S INCOME **GROSS** INCOME BY FAMILY SIZE. IF YOUR GROSS FAMILY (ALL ADULT MEMBERS) INCOME EXCEEDS THE INCOME LIMITS LISTED BELOW BY FAMILY SIZE, YOU ARE **NOT** ELIGIBLE FOR HOUSING CHOICE VOUCHER ASSISTANCE AT THIS TIME.

SIZE OF FAMILY (PERSONS THAT LIVE WITH YOU ON A FULL TIME BASIS)

1	2	3	4	5	6	7	8
\$17,650	\$20,150	\$22,650	\$26,500	\$31,040	\$35,580	\$40,120	\$44,600

ATTENTION: PLEASE USE LAST NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

Household Head: _____ Spouse/Co-Tenant: _____

Social Security No: _____ Social Security No: _____

Date of Birth: _____ Date of Birth: _____

Present Address: _____
Address City State Zip Code Telephone

Phone (Home): _____ (Work): _____

PLEASE ANSWER THE FOLLOWING QUESTIONS WITH YES OR NO:

- 1) _____ Have you (or your spouse) served (or are currently serving) in the U.S. Armed Forces? (Verification of military status will be requested at a later date.)
 - 2) _____ Is your rent currently subsidized by any other housing assistance program?
- If applicable, how much are you currently paying for rent at your current address? \$ _____ If none, please explain:

ATTENTION SINGLE NON-DISABLED OR NON-ELDERLY (UNDER 62 YEARS) APPLICANTS!

HUD regulations require CMHA to accept your application. However, your application will not be processed until CMHA first assists all elderly, disabled or families with children on the HCV waitlist. It is possible that your application will never be processed until you become elderly or disabled.

Please provide the following information. Failure to complete the application may cause CMHA to determine you to be ineligible for the HCV program. All information is subject to verification when you are requested to complete a final application.

(Please see reverse side of this form)

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HOUSEHOLD COMPOSITION Please list all members of your family, including yourself:

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX	RELATION TO HEAD	SEX	RACE CODE
1. _____	____/____/____	____-____-____	_____	HEAD	_____	_____
2. _____	____/____/____	____-____-____	_____		_____	_____
3. _____	____/____/____	____-____-____	_____		_____	_____
4. _____	____/____/____	____-____-____	_____		_____	_____
5. _____	____/____/____	____-____-____	_____		_____	_____
6. _____	____/____/____	____-____-____	_____		_____	_____
7. _____	____/____/____	____-____-____	_____		_____	_____
8. _____	____/____/____	____-____-____	_____		_____	_____

***RACE CODE:** (1) White (2) Black (3) Native American (4) Hispanic/Latino (5) Asian/Pacific Islander

Note: HUD requires CMHA to collect and report race/ethnicity information for statistical purposes.

TOTAL HOUSEHOLD INCOME List *all sources* and amounts of household income.

Note: **INCOME INCLUDES** the following sources: **Employment, Public Assistance, Pensions, Social Security, Worker's Comp, Disability Payments, Child Support, Informal Support, Recurring Gifts, etc.**

Please list the monthly amount of total household income

SOURCE: _____ GROSS MONTHLY AMOUNT: _____

SOURCE: _____ GROSS MONTHLY AMOUNT: _____

SOURCE: _____ GROSS MONTHLY AMOUNT: _____

Are you enrolled or employed in a job training program? _____ YES _____ NO If yes, please list the program: _____

OTHER INFORMATION TO DETERMINE ELIGIBILITY: You *must* answer the following questions:

() Yes () No Have you or anyone in your household been *convicted* of any drug related or violent criminal activity in the last 12 months? If yes, please explain: _____

() Yes () No Have you ever been evicted from any of CMHA's Public Housing communities or terminated from the CMHA HCV (Section 8) Program for fraud or program violations?

() Yes () No Are you or any adult member a registered sexual offender with local law enforcement agencies?

I/We hereby *swear* and *attest* that **all** of the information given above about my household is *complete, true* and correct to the best of my knowledge. I/We *agree* that my/our application may be **withdrawn** from the waitlist if I/we fail to inform CMHA of any change of address or if any of the above information that I/we provided is determined to be untrue. I/we understand that I/we may be banned from federally assisted housing if I/we furnish false information to CMHA.

_____/_____
Head of Household Date

_____/_____
Spouse/Co-tenant Date

_____/_____
Other Adult Date

_____/_____
Other Adult Date

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to and department or agency of the United States.

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