



# COLUMBUS METROPOLITAN HOUSING AUTHORITY

COMMUNITY. COMMITMENT. COLLABORATION.

## PRELIMINARY APPLICATION FOR PUBLIC HOUSING

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.

**PUBLIC HOUSING DEPT  
APPLICATIONS OFFICE  
880 E. 11<sup>th</sup> AVENUE  
COLUMBUS, OHIO 43211  
(614) 421-6307**

**Note:** The acceptance of your application places you on the wait list for the Public Housing program. This is not a promise of housing. All applicants are subject to suitability and eligibility requirements. selection is based upon wait list position and unit availability

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

Household Head (HOH): \_\_\_\_\_ Spouse/Co-Tenant: \_\_\_\_\_

Social Security No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Address City State Zip Code

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 below:

3) \_\_\_\_\_ Will you require a handicapped accessible unit or accommodation?

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

(Please see reverse side of this form)

Rev. 8/11

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

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX	RELATION TO HOH	RACE CODE
1. _____	/ /	- -			
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.

NOTE: Will you require an interpreter at the time of your interview? Yes\_\_\_ No\_\_\_ What Language \_\_\_\_\_

**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 all income below:

Person Receiving Income	Gross Monthly Amount	Source

**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 5 years? If yes, please explain: \_\_\_\_\_

( ) Yes ( ) No Have you ever been ever been evicted?

( ) Yes ( ) No Are you or any adult member a registered sexual offender?

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 a department or agency of the United States.**