



The Fairmont-Morgantown Housing Authority

| | |
|---------------------|------------|
| Date _____ | Time _____ |
| FOR OFFICE USE ONLY | |

ELIGIBILITY DETERMINATION APPLICATION FOR SECTION 8 RENTAL ASSISTANCE and PUBLIC HOUSING PROGRAMS

The Fairmont-Morgantown Housing Authority

Applicant Name (Head of Household): _____

Current Address: _____ Mailing Address: _____

Home telephone # _____ Head Work #: _____ Spouse Work #: _____

E-mail Address: _____

Please check ALL programs that you are applying for:

_____ **FMHA Section 8** (Voucher Program for Marion, Monongalia, Preston, & Taylor County)

_____ **FMHA Developments** (Housing Units within the city limits of Fairmont, Marion County)

If you are applying for Section 8 only:

Do you live in the FMHA Developments now? (Yes) _____ (No) _____

Have you recently applied for assistance in the FMHA Developments? (Yes) _____ (No) _____

LIST NAMES, ADDRESS AND TELEPHONE NUMBERS OF TWO RELATIVES OR FRIENDS, WHO GENERALLY
KNOW HOW TO CONTACT YOU:

1. Name: _____
Address: _____
Telephone #: _____
Email: _____

2. Name: _____
Address: _____
Telephone #: _____
Email: _____

I. HOUSEHOLD COMPOSITION - List the Head of Household and all other members who will be living in the assisted unit full time, including foster children. Give the relationship of each family member to the head.

| Full Name | Relationship to Head of Household | Birthdate | Sex | Social Security # | Disabled Y / N |
|-----------|-----------------------------------|-----------|-----|-------------------|----------------|
| 1. _____ | _____ | _____ | ___ | _____ | _____ |
| 2. _____ | _____ | _____ | ___ | _____ | _____ |
| 3. _____ | _____ | _____ | ___ | _____ | _____ |
| 4. _____ | _____ | _____ | ___ | _____ | _____ |
| 5. _____ | _____ | _____ | ___ | _____ | _____ |
| 6. _____ | _____ | _____ | ___ | _____ | _____ |
| 7. _____ | _____ | _____ | ___ | _____ | _____ |
| 8. _____ | _____ | _____ | ___ | _____ | _____ |
| 9. _____ | _____ | _____ | ___ | _____ | _____ |
| 10. _____ | _____ | _____ | ___ | _____ | _____ |

Does anyone live with you now who is not listed above? _____ If yes, please explain:

Do you plan to have anyone living with you in the future who is not listed above? _____ If yes, explain: _____

Identify any special housing needs required by you or any other family members: _____

Are there now, or will there be any children in your household under the age of 6 years with an EIBL (Environmental Intervention Blood Level)? _____ Yes _____ No

II. CURRENT HOUSING STATUS

- How many people live in your household now? _____ How many bedrooms do you have? _____
- Do you wish to move? _____ If yes, explain: _____
- Do you own the Stove in your home? _____ Refrigerator? _____
- Are you now living in a government subsidized unit? _____
- Have you or any family member ever lived in Public Housing ? _____ or in a Section 8 rental unit? _____
If yes, when and where? _____
- What is your current rent? _____ What utilities do you pay for? _____
- What are the current monthly expenses of your household (from preceding month)?

| | | | | | | | |
|----------|-------|----------|-------|-----------|-------|-------------|-------|
| Rent | _____ | Phone | _____ | Medical | _____ | Credit Card | _____ |
| Electric | _____ | Car Pmt. | _____ | Cable | _____ | Loan | _____ |
| Gas | _____ | Car Ins. | _____ | Insurance | _____ | Rentals | _____ |
| Water | _____ | Garbage | _____ | Sewage | _____ | Child care | _____ |
| Other | _____ | | | | | | |

III. INCOME INFORMATION

1. Is any member of your household employed full-time, part-time or seasonally? _____
2. Does any member of your household expect to work for any period during the next twelve months? _____
3. Does any member of your household work for someone who pays them in cash? _____
4. Does any member of your household currently receive regular cash contributions from individuals not living in the unit or from agencies? _____
5. Does any member of your family currently receive income from assets including interest on checking account? _____ Savings account? _____ Interest on dividends from certificate of deposits? _____ Stocks? _____ Bonds? _____ Income from the rental of property? _____
5. Please answer YES or NO to each of the following income sources that apply to your household.

| <u>Source:</u> | <u>Person Receiving It</u> | <u>Monthly Gross Amount Received</u> |
|-----------------------------------|----------------------------|--------------------------------------|
| _____ TANF (WV Works check) | _____ | _____ |
| _____ Food Stamps | _____ | _____ |
| _____ Child Support | _____ | _____ |
| _____ Employment | _____ | _____ |
| _____ Social Security, SSI or SSD | _____ | _____ |
| _____ Unemployment | _____ | _____ |
| _____ Pension | _____ | _____ |
| _____ Worker's Compensation | _____ | _____ |
| _____ VA Benefits | _____ | _____ |

6. Do you owe money to a Housing Authority agency? _____ If so, what Agency and from when?

7. For each type of income that your household receives, give the source of the income and the amount of income that can be expected from the source during the next twelve months. If an adult in the household does not have any income source write NONE.

| FULL NAME | SOURCE/TYPE INCOME | ANNUAL INCOME |
|------------------|---------------------------|----------------------|
| a. _____ | _____ | _____ |
| b. _____ | _____ | _____ |
| c. _____ | _____ | _____ |
| d. _____ | _____ | _____ |
| e. _____ | _____ | _____ |

| | |
|----------------------|----------------------|
| Employer Name: _____ | Employer Name: _____ |
| Address: _____ | Address: _____ |
| Phone #: _____ | Phone #: _____ |
| Fax #: _____ | Fax #: _____ |

| | |
|---|---|
| Workers Compensation / Unemployment Name: _____ | Workers Compensation / Unemployment Name: _____ |
| Address: _____ | Address: _____ |
| Phone #: _____ | Phone #: _____ |

IV. HOUSEHOLD ASSET INFORMATION

(If you do not have any of the assets listed please write NONE, DO NOT leave it blank and DO NOT write N/A)

Checking Account

Name of Bank: _____
Address of Bank: _____
Whose Account: _____
Phone/Fax of Bank: _____

Checking Account

Name of Bank: _____
Address of Bank: _____
Whose Account: _____
Phone/Fax of Bank: _____

Savings Account/Checking Account

Name of Bank: _____
Address of Bank: _____
Whose Account: _____
Phone/Fax of Bank: _____

Savings Account/Checking Account

Name of Bank: _____
Address of Bank: _____
Whose Account: _____
Phone/Fax of Bank: _____

IRA's/Keogh Accounts

Name of Bank: _____
Address of Bank: _____
Whose Account: _____
Phone/Fax of Bank: _____

Certificates of Deposit (CD's)

Name of Bank: _____
Address of Bank: _____
Whose Account: _____
Phone/Fax of Bank: _____

Life Insurance

Name of Company: _____
Address of Company: _____
Whose Account: _____
Company Phone/Fax: _____
Policy #: _____

Life Insurance

Name of Company: _____
Address of Company: _____
Whose Account: _____
Company Phone/Fax: _____
Policy #: _____

Stocks/Bonds/Trust Fund/Pension

Name of Company: _____
Address of Company: _____
Whose Account: _____
Company Phone/Fax: _____

1. Do you own a home or other real estate? _____

If so, you will need to provide a copy of your current taxes, mortgage payments, deed, etc.

2. Have you sold or given away any real estate property or other assets in the past two (2) years? _____

If yes, what is the current market value of the assets? _____

3. Does anyone in your household 18 years of age and older attend any type of school or training program? _____

Do they receive financial aid? _____

Name of School: _____ Address: _____
Phone / Fax #: _____

V. EXPENSES

Do you pay for child care which enables you or another family member to work or go to school? _____
If yes, give name and address of the child care provider.

Child Care Provider:
Name: _____
Address: _____
Phone: _____
Fax: _____

Child Care Provider:
Name: _____
Address: _____
Phone: _____
Fax: _____

VI. DISABLED FAMILIES ONLY

(If this does not apply to your household please indicate by NONE)

1. Do you pay for a care attendant or for any equipment for the disabled person(s) of the household necessary to permit that person or someone else in the household to work? _____
If yes, explain expenses: _____

VII. DISABLED/ELDERLY FAMILIES ONLY

(Head of Household or Spouse must be one of the above-IF THIS DOES NOT APPLY TO YOUR HOUSEHOLD PLEASE GO TO SPECIAL ACCOMMODATION SECTION-NEXT PAGE)

If this section applies to you but you do not have any medical bills or prescriptions please indicate by writing NONE.

Do you have Medicare (through Social Security)? _____
If yes, what is your Medicare premium? _____

Do you have any other medical insurance? _____ If yes, give name and address of insurance company.

Name: _____
Address: _____
Phone #: _____

Name: _____
Address: _____
Phone #: _____

Do you receive medical assistance through the Department of Health and Human Resources? _____

Do you have any outstanding medical bills on which you are currently making monthly payments? _____

Name: _____
Address: _____
Phone #: _____

Name: _____
Address: _____
Phone #: _____

Do you have any prescriptions or over the counter medicine that you pay for? _____
Do you take this medicine on a regular monthly or weekly basis? _____

If you are taking any Medications please provide the name and address of the pharmacy:

Name: _____
Address: _____
Phone #: _____

Name: _____
Address: _____
Phone #: _____

Do you expect to have any medical expenses during the next twelve (12) months? _____

VIII. SPECIAL ACCOMMODATIONS

(Submission of this information is voluntary)

1. Does any member of your family/household require special housing accommodations due to a disability? _____ If yes, what type of accommodations will be needed? Explain below:

IX. PERSONAL HISTORY

1. Marital Status (Select one): Single Married Separated Divorced Live-in

| | | | | | |
|--|--------------------------------|--|--------------------------------|---|--------------------------------|
| Racial Group (Select one): FOR STATISTICAL PURPOSES ONLY | | | | | |
| White <input type="checkbox"/> | Black <input type="checkbox"/> | Native American <input type="checkbox"/> | Asian <input type="checkbox"/> | Spanish American <input type="checkbox"/> | Other <input type="checkbox"/> |

2. Have you or any member of your household ever been arrested or convicted of a crime? _____
If so, when and what was the nature of the crime that you, or a household member was arrested for, or convicted of?

3. Have you, or any household member, ever engaged in felonious use/possession/selling of illegal drugs? _____

4. Are you or any other adult member of the household under house arrest? _____
Do you or any other adult member of the household expect to be placed under house arrest? _____

5. Have you ever used any names other than the one you are using now? _____ If yes, please list the names:

(Housing Authority policy prevents providing rental assistance to adults who currently are, or will be under house arrest.) **Note: A criminal background check may be conducted to confirm your answer.**

6. Please provide a landlord history dating back 5 years for each adult on the application. If more space is needed you may attach a separate sheet of paper. *If this is a Recertification Packet, you do not need to complete #6.*

Current Address: _____
 Landlord's Name: _____
 Landlords Address: _____
 Landlords Phone# & Email: _____
 Move-in Date: _____

Previous Address: _____
 Landlord's Name: _____
 Landlords Address: _____
 Landlords Phone# & Email: _____
 Move-in Date: _____ Move-out Date: _____

Previous Address: _____
 Landlord's Name: _____
 Landlords Address: _____
 Landlords Phone# & Email: _____
 Move-in Date: _____ Move-out Date: _____

