



Housing Authority of The City of Moundsville

OFFICE, 501 TENTH STREET
MOUNDSVILLE, WEST VIRGINIA 26041

TELEPHONE: (304) 845-3141
FAX: (304) 845-3147

(PLEASE KEEP FOR YOUR RECORDS)

TO BE COMPLETED BY MHA STAFF ONLY

Date Submitted to MHA: _____ MHA Staff Signature: _____

The Housing Authority of the City of Moundsville is responsible for determining the eligibility of all applicants who seek to reside in one of our units. In order to be eligible, the applicant must fall within the applicable income limits as set by the Department of Housing and Urban Development.

Please complete the application and return it, **in person**, to The Moundsville Housing Authority. It will be necessary for you to provide our office with photo static copies of birth certificates, social security cards, proof of SNAP benefits documenting all names included on those benefits and verification of income for **ALL** family members and appropriate marriage or divorce decrees. If you have minor children in your household, of any type of relation, subject to a court order we must be provided a copy of the order granting legal custody to one of the adult household members. If you have any questions on what documentation is needed, please bring the completed application to the office for assistance.

You will only be placed on the waiting list after your application has been processed, determined to be complete and all preliminary reference checks have been performed. Once placed on the wait list and you are at the top of the list we will contact you to perform criminal background check of all adults age 18 and older. Upon passage of the background check you will then be interviewed for an apartment once one becomes available for occupancy.

While on the waiting list you must report all changes of address, income and family composition IN WRITING within 10 days. You may mail, fax to (304) 845-3147, or drop off in person the changes you need made to your application. Phone calls will not be accepted to report any change to your application. If the post office returns any type of correspondence stamped "insufficient address," "moved", or "vacant," the Authority will immediately remove your name from the waiting list.

PLEASE NOTE: IF THE DOCUMENTATION TO COMPLETE YOUR APPLICATION IS NOT RETURNED, YOUR NAME WILL NOT BE ADDED TO THE WAITING LIST. YOU MUST HAVE THE APPLICATION FILLED OUT COMPLETE, INCLUDING COPIES OF INCOME VERIFICATION, BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS ALONG WITH A SIGNED DECLARATION OF CITIZENSHIP FORM FOR ALL FAMILY MEMBERS. PARENTS/GUARDIANS ARE TO SIGN FOR CHILDREN UNDER THE AGE OF 18. RETURN TO THE AUTHORITY MANAGEMENT OFFICE, 501 TENTH STREET, MOUNDSVILLE, WV.

Shelley Glatzer
Executive Director

Housing Authority of The City of Moundsville

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Application Checklist

Please note that your application will **NOT** be processed if you do not follow the instructions below. All questions must be answered. If the question does not apply, please put a "N/A" for that question. All family members 18 years and over must submit a copy of their social security card and a current State I.D. with the application. ALL persons 18 years or older **MUST** sign the application.

No Exceptions.

You **MUST** have the following documents in order for our agency to process your application for public housing – no exceptions can be given:

- Full Application for Admission
- Criminal Background Questionnaire
- HUD Form 92006 Supplement to Application for Federally Assisted Housing
- Debts Owed to Public Housing Agencies and Terminations (*One for each adult member 18 years of age or older of household and included in Application for Admission.*)

The following Items **MUST** be returned for **each member** of the household and/or included in the Application for Admission, regardless of age.

- Declaration of Section 214 Status (Citizenship)
- Birth Certificate (Copy)
- Social Security Card (Copy)
- Verification of Income
- Proof of SNAP benefits with documentation of all names included on those benefits
- Zero Income Statement (If you are claiming zero income)
- Proof of Pregnancy (if applicable)

IF THE ABOVE DOCUMENTATION IS NOT ATTACHED TO THE APPLICATION IT WILL NOT BE PROCESSED AND YOUR NAME WILL NOT BE ADDED TO THE WAIT LIST.

Moundsville Housing Authority

- Please be advised that we will be a NON-SMOKING apartment complex on July 1, 2018. Residents will no longer be allowed to smoke any and all lit tobacco or use e-cigarettes in the apartments or in any common areas in and around the building. Please see the No Smoking Policy for more information.
- If you currently have a pet or are thinking about obtaining a pet please ask for a copy of our pet policy so you can review the rules and regulations BEFORE bringing your pet or obtaining a pet once you become a resident.
- If you are displaced due to a fire, flooding, or natural disaster please make sure the staff is aware as we do give preference to those applications.
- If you do not have all the required documentation we cannot accept your application.
- Please be open and honest about anything in your criminal history background. The disclosure of any criminal history is not necessarily grounds for denial of assistance; however, **failure to disclose** will be grounds for denial if information is present on our criminal history background investigation that does not coincide with your application.
- Any changes to your application **MUST** be made in writing. No exceptions.
- Once you have been placed on the wait list you will receive a letter. Once an apartment is available to you we will contact you. We cannot contact anyone OTHER than the applicant to discuss the application, where you are on the wait list, or an apartment offer.
- If you are pregnant you must provide proof of pregnancy in order to be placed in the correct housing unit size. This must be provided at the time of application, along with all other required documentation.

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DENIAL OF ADMISSION

The Moundsville Housing Authority has established standards that prohibit admission of an applicant to the public housing program if they have engaged in certain criminal activity or if we have reasonable cause to believe that a household member's current use or pattern of use of illegal drugs, or current abuse or pattern of abuse of alcohol may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents. Moundsville Housing Authority has also established standards that prohibit admission of an applicant pertaining to the family's previous behavior and suitability for tenancy. All of these factors are taken and considered on a case-by-case basis and therefore we reserve the right to not deny admission. For more information please ask to review our ACOP regarding these issues.

Criminal Behavior

Evidence of such criminal activity includes, but is not limited to any record of convictions, arrests, or evictions for suspected drug-related or violent criminal activity of household members within the past 5 years. A conviction for such activity will be given more weight than an arrest or an eviction.

- Engaged in any drug related criminal activity or violent criminal activity within the past five years. However, conviction of manufacturing methamphetamines on federal property is a mandatory automatic lifetime denial of housing services – no exceptions.
- Criminal activity that may threaten the health, safety, or welfare of other tenants, PHA staff, contractors, subcontractors, or agents.
- Criminal sexual conduct, including but not limited to sexual assault, incest, open and gross lewdness, or child abuse. Lifetime sex offender registry is a mandatory automatic lifetime denial of housing services – no exceptions.

Previous Behavior

Evidence of such activity includes, but is not limited to any information which, upon a preponderance of the evidence, shows a pattern of behavior such as records of evictions, arrests, landlord references, and previous dealings with this agency.

- Has a pattern of unsuitable past performance in meeting financial obligations, including rent within the past five years.
- Has a pattern of disturbance of neighbors, destruction of property, or living or housekeeping habits at prior residences within the past five years which may adversely affect the health, safety, or welfare of other tenants
- Has a pattern of eviction from housing or termination from residential programs within the past five years (considering relevant circumstances)
- Owes rent or other amounts to this or any other PHA or owner in connection with any assisted housing program
- Misrepresented or does not provide complete information related to eligibility, including income, award of preferences for admission, expenses, family composition or rent
- Has committed fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program
- Has engaged in or threatened violent or abusive behavior toward PHA personnel

Housing Authority of The City of Moundville

FULL APPLICATION FOR ADMISSION

Public Housing Program

NOTICE: Falsification or omission of any information contained in this application will result in the automatic denial of housing services from this agency. No exceptions.

FOR OFFICE USE ONLY. APPLICANTS DO NOT WRITE IN THIS SECTION.

Date/Time: _____ AM/PM Bedroom Size _____ Interview Date: _____
 Received by: _____ Accommodation/Special Assistance Required for applicant: _____

Applicant Name: _____

Current Physical Address: _____

Current Mailing Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Alternate Contact Phone Number (Required): _____ Name: _____

Household Information: Complete the following information for each household member that will occupy the unit.

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Age	Student (Y/N)	Social Security Number
	Head of Household					

Are you expecting a child? YES NO If yes, when: _____

Are you claiming a "Preference"? *Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. See the PHA ACOP for greater detail.*

- Displaced by Government Action or Presidentially Declared Disaster.
- Displaced by natural disaster or other qualifying emergency.
- Working Adult in Household

I wish to be considered for the following apartment sites:

Actual occupancy is based on criteria set forth in our agency's occupancy standards (ACOP)

- Dorsey Street/Burley Court (Family Units)
 Bedroom Size Requested: 2 BR 3 BR 4 BR 5 BR

- Golden Towers
 Bedroom Size Requested: Efficiency 1 BR

- Helder Pavilion
 Bedroom Size Requested: Efficiency 1 BR

- Kermit Court
 Bedroom Size Requested: Efficiency 1 BR

- Francine Court
 Bedroom Size Requested: Efficiency 1 BR

- Gatts Court
 Bedroom Size Requested: Efficiency 1 BR

Do you require any accommodations due to qualified disability? Yes No

Disability: _____

Required Accommodation: _____

Do you or anyone in your household require a live-in care attendant? Yes No

Do you pay child care for children while you work, attend school, or seek employment? Yes No

Expenses paid to whom? _____ Amount Per Month: _____

Any amounts reimbursed? Yes No Source of Reimbursement: _____

RENTAL HISTORY

Reminder: Falsification of any of the information contained in this section and the entire application is an automatic denial of housing services from this agency.

Have you or anyone in your household ever lived in public housing or participated in the Housing Choice Voucher Program (Section 8)? Yes No

Name of Agency & City/State: _____

Named Leased Under: _____

Dates of Residence: From _____ To _____

Have you even been evicted from any public housing or private landlord housing? Yes No

When? _____ Why? _____

Do you have any outstanding debts to any public HUD housing program or housing agency? Yes No

If yes, what agency: _____

Current Landlord: _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Landlord Phone Number: _____

Dates of Residency: From _____ To _____

Rental Property Address: _____ City: _____ State: _____ Zip: _____

Have you ever been late in paying rent? Yes No

Were you evicted or asked to move? Yes No

Were you involved in any court proceedings with this landlord? Yes No

Reason: _____

COMMENTS/NOTES REGARDING RENTAL HISTORY:

INCOME INFORMATION

Reminder: Falsification of any of the information contained in this section and the entire application is an automatic denial of housing services from this agency. You must disclose all forms of monetary income.

Please check any and all forms of income to the household:

- | | | |
|---|--|---|
| <input type="checkbox"/> TANF | <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Temp/Sporadic/Seasonal |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Pension or Retirement | <input type="checkbox"/> Regular Contributions |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> SSI (Disability) | <input type="checkbox"/> Lump Sum Payments |
| <input type="checkbox"/> Alimony | <input type="checkbox"/> Social Security | <input type="checkbox"/> Royalties from Gas/Oil |
| <input type="checkbox"/> Other State Assistance | <input type="checkbox"/> Active Military | <input type="checkbox"/> Medical Reimbursements |
| <input type="checkbox"/> Unemployment | <input type="checkbox"/> Self-Employment | <input type="checkbox"/> Other: _____ |

For the items checked above indicate who receives that income and the amount:

Income Source	Name	Amount (monthly)

Please list the employment information for all members of your household that are age 18 and older.

Head of Household Employer: _____ Wages: _____

Other Adult Employer: _____ Wages: _____

Other Adult Employer: _____ Wages: _____

Does anyone outside of the household help with bills on a regular basis? Yes No

If yes, list name of individual(s) or agency giving assistance: _____

Is any member of the household age 18 or older in a job training program? Yes No

Name of program: _____

Has any member of the household applied for any benefits and awaiting approval? Yes No

Explain: _____

ASSET INFORMATION

Reminder: Falsification of any of the information contained in this section and the entire application is an automatic denial of housing services from this agency.

Do any household members have assets or receive income from assets? Yes No

Check all that apply:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Insurance Settlements | <input type="checkbox"/> Certificates of Deposit |
| <input type="checkbox"/> Stocks | <input type="checkbox"/> Checking Account | <input type="checkbox"/> Trusts |
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Savings Account | <input type="checkbox"/> Other: _____ |

Has any asset been given away or sold for less than fair market value in the past two (2) years? Yes No

Asset: _____ Market Value: _____ Amount Received: _____

Asset: _____ Market Value: _____ Amount Received: _____

Asset: _____ Market Value: _____ Amount Received: _____

MEDICAL INFORMATION

Reminder: Falsification of any of the information contained in this section and the entire application is an automatic denial of housing services from this agency.

THIS SECTION DOES NOT APPLY TO ME OR MY HOUSEHOLD

Please complete this section ONLY if the Head of Household or Spouse is disabled or is 62 years of age or older. If this does not apply to you please check the box above.

List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or any outside source. Include items such as medical insurance, prescriptions, and doctor visits. Do NOT include life or burial insurance premiums.

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Do you pay for attendant care or an auxiliary apparatus for a disabled household member in order for them or any other adult family member to work? Yes No
Please itemize those expenses:

NOTES/COMMENTS

If you wish to make any additional comments or notes regarding your application please make them here.



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AUTHORIZATION FOR RELEASE OF INFORMATION

Tenant Name: _____
Tenant Address _____
Tenant SSN: _____ Date of Birth: _____

I, _____, the above-named individual, do hereby consent and authorize the Moundsville Housing Authority to release any information pertaining to me to the agencies/person indicated below, and I also authorize the indicated sources to release information/documentation regarding me to the Moundsville Housing Authority. I agree that the Moundsville Housing Authority is not responsible for any result arising from the release of information pursuant to this authorization.

- Department of Health and Human Resources
- Bureau for Child Support Enforcement
- Social Security
- Educational Institution
- Childcare Provider
- Attorney or Legal Representative: _____
- Mental Health Agency or Professional: _____
- Physician or Medical Facility: _____
- Community Agency: _____
- Relative: _____
- Other: _____
- Other: _____

HIV, Behavioral Health, and Substance Abuse Information contained with the records indicated above may be released through this authorization unless otherwise indicated below.

DO NOT RELEASE: HIV Substance Abuse Behavioral Health/Psychiatric Other: _____

I understand that:

I have the right to revoke this authorization at any time;

If I revoke this authorization I must do so in writing and present my written revocation to the Moundsville Housing Authority;

The revocation will not apply to information that had already been released in response to this authorization;

The health information used or disclosed through this authorization could be subject to re-disclosure by the recipient and if so, may no longer be subject to federal and state laws protecting its confidentiality.

The purpose of this form has been explained to me and I understand how the information is to be used. This authorization remains in effect for one year from the date it is signed, unless an expiration date is indicated.

Tenant Signature: _____ Date: _____

MHA Staff: _____ Date: _____

APPLICATION SIGNATURE

All information provided on this application and at the interview is subject to verification. All family members age 18 and over should review the information on this form, and all required releases which MUST be signed in order to be considered for housing assistance.

BY MY SIGNATURE BELOW I DO HEREBY SWEAR AND ATTEST TO THE FOLLOWING:

- That all of the information on this application is true and correct.
- I must report any changes in income, assets, family composition, address, and phone number to this agency within 10 days of the change for my application to remain valid.
- I understand that failure to report changes will result in my application being voided and taken off any wait list.
- I grant permission for this agency to verify information necessary to determine my eligibility for assistance.
- I understand that any and all false statements or information found within this application are immediate grounds for denial of application for housing services.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date

Signature of Other Adult

Date

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES 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.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777



**Race and Ethnic Data
Reporting Form**

Moundsville Housing Authority

The information collected on this form is for statistical information purposes only. There is no penalty for persons who do not complete the form.

For every member of your household please identify their ethnic and racial category:

Name	Ethnicity	Race	
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other
	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not-Hispanic or Latino	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other

Signature of Applicant

Date

For purposes of this form the ethnic and racial categories are defined as follows:

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

Not Hispanic or Latino. A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East or North Africa.