

# Housing Authority of The City of Moundsville

## APPLICATION TO ADD INDIVIDUAL TO HOUSING LEASE

### Public Housing Program

**NOTICE: Falsification or omittance 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                      Background Check Date: \_\_\_\_\_

Received by: \_\_\_\_\_                      Approval by: \_\_\_\_\_

If denial, reason for denial: \_\_\_\_\_

Accommodation/Special Assistance Required for applicant: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Tenant Address: \_\_\_\_\_

Individual Applying to be added to Lease: \_\_\_\_\_

Current Physical Address: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Alternate Contact Phone Number (Required): \_\_\_\_\_ Name: \_\_\_\_\_

Sex: (circle one)    M    F

Are you a student? \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

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: \_\_\_\_\_

## BACKGROUND 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.*

Are you a registered sex offender/predator?  Yes  No

**If the answer to this question is yes you are ineligible for public housing.**

Have you ever been arrested or convicted of manufacturing or producing methamphetamines?  Yes  No

**If the answer to this question is yes you are ineligible for public housing.**

Are you currently the victim of domestic violence?  YES  NO

Have you ever been the victim of domestic violence?  YES  NO

Do you, the head of household, currently have a restraining order in effect?  YES  NO

Municipality of Order: \_\_\_\_\_ Against: \_\_\_\_\_

Have you ever been arrested on a charge of domestic violence/battery/assault or stalking?  YES  NO

**If the answer to this question is yes, please explain the circumstances:**

Were the charges dropped?  YES  NO Do you have paperwork verifying?  YES  NO

Have you ever been arrested for anything in the last five (5) years?  YES  NO

**List offense(s):**

Were you convicted of any offense or crimes within the last five (5) years?  YES  NO

**List conviction(s):**

Did you serve time for any of the above arrests and/or convictions?  YES  NO

**Place of Incarceration**

**Length of Incarceration**

**Probation Order?**

YES  NO

YES  NO

YES  NO

Are you currently under a probation order or have to report to a probation officer for any reason?  YES  NO

If you have even been arrested on a drug or alcohol related offense have you completed a rehabilitation program?

Yes  No (You must provide evidence of this at the time of your application.)

**HAVING AN ARREST RECORD WILL NOT NECESSARILY BE A DENIAL OF SERVICES. PLEASE BE FORTHCOMING IN THE INFORMATION YOU PROVIDE AS IT WILL AID IN PROCESSING THIS APPLICATION FOR HOUSING. ANY DOCUMENTATION YOU CAN PROVIDE AT THE TIME OF APPLICATION REGARDING ANYTHING YOU SUSPECT OR KNOW WILL SHOW UP ON A BACKGROUND CHECK WILL HELP US IN MORE EFFICIENTLY DETERMINING ELIGIBILITY FOR HOUSING ASSISTANCE SERVICES FROM THIS AGENCY.**

## 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: \_\_\_\_\_

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: \_\_\_\_\_

## 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"/> Regular Contributions  |
| <input type="checkbox"/> Food Stamps            | <input type="checkbox"/> Pension or Retirement | <input type="checkbox"/> Royalties from Gas/Oil |
| <input type="checkbox"/> Child Support          | <input type="checkbox"/> SSI (Disability)      | <input type="checkbox"/> Medical Reimbursements |
| <input type="checkbox"/> Alimony                | <input type="checkbox"/> Social Security       | <input type="checkbox"/> Other: _____           |
| <input type="checkbox"/> Other State Assistance | <input type="checkbox"/> Active Military       |   |
| <input type="checkbox"/> Unemployment           | <input type="checkbox"/> Self-Employment       |   |

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

Income Source	Name	Amount (monthly)

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: \_\_\_\_\_

Are you in a job training program?  Yes  No Name of program: \_\_\_\_\_

Have you 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"/> Checking Account        | <input type="checkbox"/> Trusts       |
| <input type="checkbox"/> Stocks      | <input type="checkbox"/> Savings Account         | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bonds       | <input type="checkbox"/> Certificates of Deposit |                                       |

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: \_\_\_\_\_

## APPLICATION SIGNATURE

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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.

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Signature of Applicant

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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.