

Moundsville Housing Authority

501 Tenth Street – Moundsville, WV 26041
Phone (304) 845-3141 – Fax (304) 845-3147
TTD/TTY 1-800-545-1833 Ext. 241

Dear Applicant:

To be placed on the MHA waiting list, complete the attached and provide the requested documents. Incomplete or unreadable applications will not be processed. To qualify for admission in the Public Housing Program at the Moundsville Housing Authority, an applicant must first complete this pre-application and be placed on the waiting list. The order of the waiting list is determined by date and time received, as well as verified preference points. Preference points are listed on the enclosed preference form and will be confirmed before any points given.

Once the applicant has reached the top of the waiting list, the MHA will contact the applicant for an interview. A full application and additional information will be used determine final admission eligibility to participate in the program.

All applicants 18 years old and older are screened for criminal background. Income is verified, as well as all information provided by an applicant. Rental history and debts owed are also checked. The process is used for every applicant in the same way, fairly, consistently, and uniformly. By making application, you acknowledge that these checks and verifications will be completed and you give your permission for MHA to do so. Additionally, you understand that if you provide false information, you will be denied assistance. Being placed on the waiting list does not guarantee admission to the program; final admission eligibility is determined when your name reaches the top of the waiting list, an interview is completed, and all information has been verified.

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, email, 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 Housing Authority will immediately remove your name from the waiting list.

Please contact the MHA office if you have questions. Our hours of operation are 8:00 a.m. to 4:00 p.m. and phone number is 304-845-3141.

PLEASE NOTE Your application **MUST** be filled out completely and all forms **MUST** be signed and dated.

Pre-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 "N/A" for that question. All family members 18 years and over submit a photo I.D. and sign the application and forms. **NO EXCEPTIONS**

You must have the following documents in order for our agency to process your application:

- Fully completed pre-application (**all sections MUST be fully completed or the application will not be processed**)
- Current Picture I.D for Adults (18 years & Older)
- Birth Certificates (all household members)
- Proof of pregnancy (if applicable)
- Social Security Card (all household members)
- Fully-Completed Authorization of Release Form for **ALL** Adults (18 years & older) **HUD-9886**
- Release of Information Form for **ALL** Adults (18 years & older)
- Preference Request Form (any forms with a preference checked will **NOT** be accepted without the required documentation)
- Debts Owed for **ALL** Adults (18 years & older)
- Criminal History Request Form
- Supplemental and optional contact form **HUD form 92006**

Please note the MHA is a SMOKE FREE facility.

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Date: _____
Time Received: _____
MHA Staff: _____

Pre-Application

This application is to be considered for placement on the MHA waiting list; being placed on the waiting list does not guarantee approval for the MHA public housing program. Final determination is made when the applicant reaches or is near the top of the list, is provided a full application, the application is completed, all verifications are processed, and eligibility is verified.

Failure to complete this form completely and legibly will result in the application not being processed.

For which site(s) are you applying?

(You must indicate your choice(s) in preference order.)

- | | |
|--|---|
| <input type="checkbox"/> Golden Towers | <input type="checkbox"/> Gatts Court |
| <input type="checkbox"/> Helper Pavilion | <input type="checkbox"/> Francine Court |
| <input type="checkbox"/> Kermit Court | <input type="checkbox"/> Dorsey Street |

Name: _____ Phone:(_____)

Email: _____

Address: _____

City, State, Zip: _____

Alternate Contact Information: If we are unable to contact you when your application reaches the top of our list, your application will be made inactive; therefore, it is to your benefit to provide information where you can be reached regarding this pre-application. Please list an alternate address and phone number.

Alternate Name: _____

Relationship to you: _____

Alternate Address: _____

Alternate City, State, Zip: _____

Alternate Phone: (_____) _____

You must provide copies of the following (note that based upon answers to questions on this application, you may be required to submit additional documents as noted with the questions):

- Birth Certificate for all household members
- Social Security Card for all household members
- Photo Identification (ages 18 and over)
- Any documents required to claim any preferences (listed on the reference form, no preference will be given without documentation)

List all Household members, beginning with yourself, who will be residing in this apartment.

	Name First, Middle, Last	Relationship To Head of Household	Sex	Social Security Number	Birthdate (month, date, year)	Birthplace (City, State)
1		Head of Household				
2		Co-Head				
3						
4						
5						
6						
7						
8						
9						

Bedroom unit size you are requesting: (check all that apply)

0 BR 1 BR 2BR 3BR 4BR 5BR

Income:

For each household member listed above indicate Yes/No for the source of income. Note that Child Support and Pension also request the provider name. (If additional space is needed, please attach a sheet)

**** PLEASE NOTE IT SHALL BE CONSIDERED FRAUD IF A WORKING APPLICANT VOLUNTARILY RESIGNS FROM A JOB WITHIN 6 MONTHS OF ADMISSION WHEN THE FAMILY'S ADMISSION WAS BASED ON PREFERENCE FOR WORKING FAMILIES****

Household Member	Employer Name	Self- Employed	SS./SSI	TANF	Child Support	Pension	Unemployment
1 (Head)							
2 (Co-Head)							
3							
4							
5							
6							
7							
8							

Other income not listed above? Yes No

If yes, source of income: _____

Who receives this other income and how often? _____

Assets:

For each household member listed above, indicate Yes/No for each type of asset. Where indicated, list bank/company name.

Household Member	Bank Account(s) (Bank Name)	Stocks, Bonds, Securities	Trust Fund	Pay into Pension, IRA, retirement account (Bank/Company Name)	Whole Life Insurance Policy (Insurance Co. Name/Policy Number)	Own real Estate
1						
2						
3						
4						
5						
6						
7						

List household members, age 18 and over, who attend school full or part-time and school attending:

Member Name _____ School _____

Member Name _____ School _____

Member Name _____ School _____

Do you or any member of your household need a handicap accessible unit? ____ Yes ____ No

Are you a legal resident of the United States? ____ Yes ____ No

Are you currently a public housing resident or HCVP participant? ____ Yes ____ No

Have you received Government Assisted Housing before? ____ Yes ____ No

Where: _____ When: _____

Provide the name, address, and phone number of your landlord(s) for the previous three (3) years:

Name: _____

Name: _____

Address: _____

Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____

Phone: _____

Term of Residency: _____

Term of Residency: _____

Address of Residency: _____

Address of Residency: _____

Fax: _____

Fax: _____

I certify that the information in this application is accurate and complete. I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in any housing programs.

Head of Household

Date

Adult Household Member

Date

Adult Household Member

Date

Adult Household Member

Date

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

MOUNDSVILLE HOUSING AUTHORITY PREFERENCE REQUEST FORM

The Moundsville Housing Authority has adopted the following preferences for ranking applicants to prioritize selection for assistance. These preferences can change the order of placement on the waiting list.

Applicants applying for a preference must complete this form and will be required to provide acceptable verification that they are eligible for a preference.

Acceptable verification must come from a government agency, law enforcement agency, or employer. Adequacy of the verification shall be determined by Moundsville Housing Authority in its sole discretion. The verification will be good for ninety (90) days.

<input type="checkbox"/>	NONE	This family has none of the preferences listed on the preference form.
<input type="checkbox"/>	VETERAN PREFERENCE	<p>I am a veteran or the spouse of a veteran who is currently on active duty, or the widow of a veteran who was killed in action.</p> <p>VERIFICATION REQUIRED: Copy of DD-214 as proof of veteran status. For widow of a Veteran, in addition to the DD2-14, a copy of marriage certificate and death certificate. For spouse of an active duty, Veteran copy of marriage certificate and DD-214</p>
<input type="checkbox"/>	WORKING PREFERENCE (6 months or less)	<p>I the head of household, spouse, co-head or sole member of this family is employed at least 20 hours a week and has been for less than 6 months.</p> <p>VERIFICATION REQUIRED: Written verification from the employer and most recent (4) four consecutive check stubs. Applicants may use of employer statement located in the MHA office.</p>
<input type="checkbox"/>	WORKING/SS/SSI PREFERENCE (6 months or more)	<p>_____ I the head of household, spouse, co-head or sole member of this family is employed at least 20 hours a week and has been for more than 6 months;</p> <p>_____ I the head of household (and my spouse) am/are at least 62 years old or older;</p> <p>_____ I the head of household (and my spouse) am/are a person with disabilities;</p> <p>VERIFICATION REQUIRED:</p> <p>For working applicants: Written verification from the employer and most recent (4) four consecutive check stubs. Applicants may use of employer statement located in the MHA office.</p> <p>For applicants receiving SSI/SS: Award letter from the Social Security Office</p>
<input type="checkbox"/>	INVOLUNTARY DISPLACEMENT	<p>I have been involuntarily displaced due to:</p> <p>_____ A Presidentially Declared Disaster</p> <p>_____ Fire due to no fault of my own</p> <p>_____ Flood due to no fault of my own</p> <p>_____ Other Natural Disaster: _____</p> <p>_____ Action by local, state or federal government</p> <p>VERIFICATION REQUIRED: Verification from the local, state, or governmental agency declaring the disaster or emergency or who enacted the governmental action causing the displacement. In the event of a fire, verification from the Fire Marshall will be required stating that the fire was no fault of neglect. In the event of flooding verification will be needed stating that the flood was no fault of neglect.</p>

I understand that any preferences I checked listed above **MUST** be verified with the proper documentation before it can be applied to my application.

Signature: _____ Date: _____

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AUTHORIZATION FOR RELEASE OF INFORMATION

CONSENT

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to the Moundsville Housing Authority (MHA) any information or materials needed to complete and verify my application for participation, and/or maintain my continued assistance under Low Income Public Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies. I also consent for HUD and/or the MHA to release information from my file about rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes information on my payment history and any violations of my lease or MHA policies.

INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to: identity and marital status, employment, income and assets, residences and rental activity, medical or child care allowances, and credit and criminal activity. I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to: previous landlords (including public housing authorities), courts and post offices, schools and colleges, support and alimony providers, past and present employers, welfare agencies, state unemployment agencies, social security administration, medical and childcare providers, veteran's administration, retirement systems, banks and other financial institutions, credit providers, credit bureaus, and utility companies.

COMPUTER MATCHING NOTICE AND CONSENT

I understand that HUD or MHA may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have the right of notification of any adverse information found and a chance to disprove incorrect information. HUD or MHA may, in the course of its duties, exchange such automated information with other Federal, State, or local agencies, including but not limited to: state employment agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, The Social Security Administration, and state welfare and food stamp agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original is on file with MHA and will stay in effect for fifteen (15) months from the date it was signed. I understand I have the right to review my file and correct any information that I can prove is incorrect. I agree that MHA is not responsible for any result arising from the release of information pursuant to this authorization.

SIGNATURES

Head of Household

Print Name

Date

Adult Member

Print Name

Date

Adult Member

Print Name

Date

Adult Member

Print Name

Date