



385 Center Street, Chardon, OH 44024

Neva Rodgers, Executive Director
385 Center Street
Chardon, OH 44024
Phone: 440-286-7413
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Application for Admission Instructions

GMHA is now accepting pre-applications through the mail. Our office requires specific forms be filled out in order to be considered for placement on the Public Housing and Section 8 Waiting List. Please specify which program you are applying for (Public Housing and/or Section 8). To determine if your program of choice is currently accepting applications, refer to the Public Housing, Section 8 or Application tabs within this website: www.geaugamha.org, or listen to our phone message at 440-286-7413 for announcements.

The following forms must be completed in order to be eligible for the waiting list. You will need to print the forms, or have one of our packets, and mail the completed forms, **along with a copy of each adult's photo ID and Social Security card**, to GMHA Application for Admission at 385 Center Street in Chardon, Ohio 44024. Keep in mind that it will cost more than standard postage to mail. GMHA does not accept items marked "postage due."

Forms:

Application for Admission: Fill this form out carefully, accurately and in its entirety. It determines your eligibility for housing. Indicate which program you are applying for (PH and/or S8). If including hourly wages, you must specify the number of hours worked. Sign and date.

GMHA Form #9: Fill out the top one-third of this form only. Disregard the rest of the form which indicates eligibility and ineligibility. Upon receipt of your completed pre-application, you will be notified *only* if you are ineligible.

Applicant/Tenant Certification and Drug Abuse Statement: Read and fill out as indicated. Each adult will need to sign and date this form.

Statement of Disability: Read, indicate yes or no. Sign and date.

Housing Preference: For Public Housing applicants only – select your preferred development.

Declaration of Section 214 Status: Please complete for each person listed on the application, adult or a minor. You may copy or print additional forms if necessary. The Housing Authority must verify the citizenship of each applicant.

Dear Applicant: Please read. This form is for you to keep for your reference.

Violence Against Women Provision/Certification: Please read. This form is to be kept for your reference. If you feel you are a victim of domestic violence, dating violence or stalking, you will need to complete the certification page. Sign and date.

HUD Form-52675: This informs you about debts owed to public housing agencies and termination. Should you owe money to another housing authority, GMHA will not be able to assist you until that debt is paid in full. Sign & date.

Acknowledgment/Previous Landlord: Sign and date the acknowledgment for the Noncitizens (Section 214 Status) information. Sign and date the acknowledgment for the VAWA information. Fill out the previous landlord information. If none, please state none. Sign and date.

Authorization for Release of information: All adults must fill this form out honestly. You may print or copy as many as necessary for the household. Failure to disclose truthful answers will cause you to be deemed ineligible. Sign and date.

HUD Form-92006: This form allows you to choose if you would like select someone as an additional contact in specific circumstances. You may check any of the boxes under reason for contact, or if you do not wish to list an additional contact person simply check the box directly above the area for your signature.

Questions regarding form completed can be addressed by leaving your name, phone number and question(s) at (440) 286-7413 extension 100. A call will be returned to you.

Mail completed forms into:

Geauga Metropolitan Housing Authority
Application for Admissions
385 Center Street
Chardon, OH 44024

Please use proper postage amount



FOR OFFICE USE ONLY	
DATE: _____	FAMILY _____
TIME: _____	ELDERLY _____
BEDROOM SIZE: _____	DISABLED _____
PUBLIC HOUSING: _____	ELIGIBLE: _____
SECTION 8 _____	INELIGIBLE: _____

FOR OFFICE USE ONLY	
APPLICANT FURNISHED:	
IDENTIFICATION	_____
PROOF OF DISABILITY	_____
VETERAN IDENTIFICATION	_____

APPLICATION FOR ADMISSION

Please specify relationship & gender

TO BE COMPLETED BY APPLICANT — **PLEASE PRINT NEATLY**

H-Head S-Spouse K-Co-Head
F-Foster child/adult Y-youth under 18
E-Full time student 18+
L-Live-in Aide A-Other Adult

Family Members: (list only those who will be living with you)

#	NAME	RELATION	SOCIAL SECURITY NO.	BIRTHDATE M D Y	RACE •	SEX M/F	VETERAN OR WIDOW OF VETERAN
1		HEAD					
2							
3							
4							
5							
6							

*W-CAUCASIAN B-AFRICAN-AMERICAN H-HISPANIC A-ASIAN/PACIFIC ISLANDER I-AMERICAN INDIAN O-OTHER _____

ANTICIPATED CHANGES in family composition: _____

CURRENT ADDRESS: _____ MAILING ADDRESS: (if different) _____

PHONE NUMBERS: Home: _____ EMPLOYER NAME & ADDRESS: _____

Work: _____

Other: _____

INCOME SOURCES AND AMOUNTS FOR ALL FAMILY MEMBERS:

MEMBER	NAME	WAGES	SOCIAL SECURITY SSI/PENSION	ADC/GA	CHILD SUPPORT/ ALIMONY	OTHER
1	HEAD	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2						
3						

FAMILY ASSETS (current balances/value):

SAVINGS AMOUNT	CHECKING AMOUNT	HOME/LAND (Market Value)	OTHER

ANNUAL INCOME (including asset income): \$ _____

If you require special needs accommodations, please be sure to review them with your interviewer and indicate here: _____

I UNDERSTAND THAT THIS IS AN APPLICATION AND NOT AN OFFER OF HOUSING. SHOULD I BE CONSIDERED FOR HOUSING, I FURTHER UNDERSTAND THAT THE ABOVE FAMILY INFORMATION MUST BE UPDATED AS WELL AS VERIFIED AND OTHER REFERENCES WILL BE CONSULTED TO DETERMINE THE ELIGIBILITY OF MY FAMILY FOR HOUSING. I AGREE TO COOPERATE IN SECURING THE NEEDED VERIFICATIONS AND REFERENCES AS WELL AS TO UPDATE MY APPLICATION AS REQUIRED. I UNDERSTAND THAT THIS IS NOT A CONTRACT AND DOES NOT BIND EITHER PARTY. THE ABOVE INFORMATION IS ALL TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE NO OBJECTIONS TO INQUIRIES BEING MADE FOR THE PURPOSE OF VERIFYING THE STATEMENTS MADE HEREIN.

DATE: _____ SIGNATURE OF APPLICANT: _____

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.



Geauga Metropolitan Housing Authority
Your key to affordable housing in Geauga County.

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PRE-APPLICATION # _____ PUBLIC HOUSING _____ SEC. 8 _____

APPLICANT'S NAME: _____ DATE: _____

Thank you for completing a pre-application for housing with the Geauga Metropolitan Housing Authority.

Please be advised that it is **YOUR RESPONSIBILITY** to keep your information on your application current. Failure to do so could result in your application being removed from our files thus preventing you from receiving housing. Therefore, you must **report immediately any change in address, phone number, change in family size and change in source and/or amount of income.**

You will be notified by this office, either by mail or by telephone when your pre-application number comes up and you are to come in and fill out a full application.

THIS OFFICE CANNOT BE RESPONSIBLE FOR KEEPING TRACK OF EVERY APPLICANT WHO APPLIES FOR HOUSING. IF YOUR ADDRESS OR PHONE NUMBER IS NOT CURRENT, AND WE CANNOT LOCATE YOU BY MAIL OR PHONE, YOUR APPLICATION WILL BE WITHDRAWN. ONLY THOSE APPLICANTS THAT KEEP THEIR APPLICATION INFORMATION CURRENT WILL BE ELIGIBLE FOR HOUSING.

HAS YOUR FAMILY EVER RECEIVED GOVERNMENT ASSISTED HOUSING? NO _____ YES _____

If yes, where _____; when _____

Based on the information I have given to the GMHA on this date, I understand that I am

_____ ELIGIBLE _____ INELIGIBLE at this time.

In the event you have been determined to be ineligible for housing, based on information you have provided to the GMHA, please be advised that the indicated reason listed below was the basis on which you were determined ineligible.

- _____ Over income based on GMHA's income limits
- _____ GMHA does not have an appropriate size or type of unit
- _____ Other _____

PLEASE BE ADVISED THAT IF YOU, THE APPLICANT, DO NOT AGREE WITH THE REASON FOR THE INELIGIBLE DETERMINATION, YOU HAVE THE RIGHT TO REQUEST AN INFORMAL HEARING WITHIN TEN (10) DAYS. UPON REQUEST, AN INFORMAL HEARING WILL BE SCHEDULED AND YOU WILL BE ADVISED AS TO THE DATE AND TIME.

I, the undersigned, certify that I have read and understand the above statements and that the information I have provided is true to the best of my knowledge.

Signature of Applicant

I HEREBY REQUEST AN INFORMAL HEARING. YES NO (Circle one)

SIGNED: _____ Application taken by: _____

OFFICE USE ONLY:
Informal hearing held on: _____

RESULT OF HEARING: _____

Geauga Metropolitan Housing Authority

APPLICANT/TENANT CERTIFICATION

I/We certify that the information* given to the Geauga Metropolitan Housing Authority on household composition, income, net family assets, and allowances and deductions is ACCURATE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE & BELIEF. I/We understand that false statements or information are punishable under federal law. I/We also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Signature of Head of Household

Date

Signature of Head of Household

Date

*After verification by this Housing Authority, the information will be submitted to the Department of Housing and Urban Development on Form HUD-50058. See the Federal Privacy Act Statement for more information about its use.

If you believe you have been discriminated against, you may call the Fair Housing & Equal Opportunity National Toll-free Hot Line at 1-800-765-9372.

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DRUG ABUSE STATEMENT

As a potential tenant of this Housing Authority you are required to advise whether you are currently using, or in the past have ever engaged in the illegal use of a controlled substance. If yes, you must also sign the attached consent form authorizing this Housing Authority to receive information relating to you.

_____ No _____ Yes

If you answered yes, please list the name and address of the drug abuse treatment facility:

Name: _____

Address: _____

Street

City

State

Zip

Signature

Date

.....
Please share with us how you heard about our agency:

Flyer/Brochure

Catholic Charities

Television

Geauga Job & Family Services

Website

Ravenwood

Friend

United Way

Other, Please list _____

Geauga Metropolitan Housing Authority

STATEMENT OF DISABILITY

For the purpose of assigning the appropriate preference points to each application, please answer the following question.

I have a disability that meets one of the HUD definitions listed below:

- A. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months, or in the case of an individual who has attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.
- B. Severe Chronic disability that:
 - a. is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. is manifested before the person attains age 22;
 - c. is likely to continue indefinitely;
 - d. results in substantial functional limitations in three or more of the following areas of major life activity: (1) self-care, (2) receptive and responsive language, (3) learning, (4) mobility, (5) self-direction, (6) capacity for independent living, (7) economic self-sufficiency;
 - e. reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.
- C. A person with a physical or mental impairment that:
 - a. is expected to be of a long-continued and indefinite duration,
 - b. substantially impedes his/her ability to live independently, and
 - c. is of such a nature that such ability could be improved by more suitable housing conditions.
- D. Federal Law now states that a person is not considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence. Individuals whose alcohol or drug addiction is a material factor to their disability are excluded from the definition. Individuals are considered disabled if the disabling mental and physical limitations would persist if the drug or alcohol abuse discontinued.

No Yes

I understand that if I answered "yes" to the above question, that I will be required to provide third-party documentation of my disability before I can be housed.

Signature

Date

App. #

HOUSING PREFERENCE

If applying for **Public Housing**, please specify which development you would prefer to be placed in. Murray Manor and Harris House are our 1-bedroom developments and both are in Chardon. We have 2 & 3 bedroom units available at Strickland Arms in Chagrin Falls, Scranton Woods in Newbury, and Cloverdale Estates in Middlefield. GMHA only has 4-bedroom units in Newbury.

1 Bedroom

- Murray Manor
- Harris House
- No preference

2 Bedroom

- Strickland Arms
- Scranton Woods
- Cloverdale Estates
- No preference

3 Bedroom

- Strickland Arms
- Scranton Woods
- Cloverdale Estates
- No preference

4 Bedroom

- Scranton Woods

DECLARATION OF SECTION 214 STATUS

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for or recipient of housing assistance must be lawfully within the United States. Please read the Declaration statement carefully and sign and return to the Housing Authority's Admissions Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

- I am a citizen by birth, naturalized citizen or national of the United States. OR:
- I have eligible immigration status and I am 62 years of age or older (attach proof of age). OR:
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
 - Immigrant status under #1001(a)(15) or 101(a)(20) of the INA OR: Permanent residence under #249 of INA OR: Refugee, asylum or conditional entry status under #207, 208 or 203 of the INA OR: Parole status under #212(d)(f) of the INA OR: Threat to life of freedom under #243(h) of the INA OR: Amnesty under #254 of the INA

Signature of Family Member

Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

.....
Next applicant:

I, _____ certify, under penalty of perjury, that to the best of my knowledge, I am lawfully within the United States because:

- I am a citizen by birth, naturalized citizen or national of the United States. OR:
- I have eligible immigration status and I am 62 years of age or older (attach proof of age). OR:
- I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
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Signature of Family Member

Date

Check box if signature of adult residing in the unit is responsible for a child named on statement above.

HA: Enter INS/SAVE Primary Verification # _____ Date _____

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious or fraudulent statement or entry, in any manner within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

[See reverse side for footnotes and instructions]

The following footnotes pertain to noncitizens that declare eligible immigration status in one of the following categories:

Eligible immigration status and 62 years of age or older: For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

Immigrant status under 101(a)(15) or 101(a)(20) of INA: A noncitizen lawfully admitted for permanent residence, as defined by 101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by 101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [immigrant status]. This category includes a noncitizen admitted under 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special agricultural worker status] who has been granted lawful temporary resident status.

Permanent residence under 249 of INA: A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under 249 of the INA (8 U.S.C. 1259) [amnesty granted under INA 249].

Refugee, asylum or conditional entry status under 207, 208 or 203 of INA: A noncitizen who is lawfully present in the U.S. pursuant to an admission under 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated under 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion or political opinion or because of being uprooted by catastrophic national calamity [conditional entry status].

Parole status under 212(d)(5) of INA: A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under 212(d)(5) of the INA (8 U.S.C. 1182(d)(5) [parole status].

Threat to life or freedom under 245(a) of INA: A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under 243(h) of the INA (8 U.S.C. 1253(h)) [threat to life or freedom].

Amnesty under 245(a) of the INA: A noncitizen lawfully admitted for temporary or permanent residence under 245(a) of the INA (8 U.S.C. 1255(a)) [amnesty granted under INA 245(a)].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), the HA must enter INS/SAVE Verification Number and date that it was obtained. An HA signature is not required.

Instructions to Family Member for Completing Form: On opposite page, print or type first name, middle initial(s) and last name. Place an "x" in the appropriate boxes. Sign and date at bottom page. Place an "X" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the child.



U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 08/31/2016.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

<p>This Notice was provided by the below-listed PHA: Geauga Metropolitan Housing Authority 385 Center Street Chardon, OH 44024 440-286-7413</p>	<p>I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:</p>	
	<p>Signature</p>	<p>Date</p>
<p>Printed Name</p>		



Geauga
Metropolitan Housing Authority
Your key to affordable housing in Geauga County.

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ATTACHMENT TO APPLICATION FOR ADMISSION – NO.: _____

APPLICANT: _____

ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE THAT I WAS GIVEN THE OPPORTUNITY TO READ THE NONCITIZENS RULE AS STATED ON “DECLARATION OF SECTION 214 STATUS” REGARDING RESTRICTIONS ON ASSISTANCE TO NONCITIZENS WHICH BECAME EFFECTIVE 6/19/95.

SIGNATURE

DATE

ACKNOWLEDGEMENT

I HEREBY ACKNOWLEDGE THAT I WAS PROVIDED A COPY OF HUD FORM 50066, “CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING” AND MEMO REGARDING VIOLENCE AGAINST WOMEN’S ACT (VAWA).

SIGNATURE

DATE

PREVIOUS LANDLORD

NAME: _____

ADDRESS: _____

TELEPHONE: _____

This information is used by both the Public Housing and Section 8 programs. Prior to being housed on the Section 8 rental assistance program, this information will be made available to a perspective landlord.

SIGNATURE

DATE

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Check this box if you choose not to provide the contact information.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



Geauga
Metropolitan Housing Authority
 Your key to affordable housing in Geauga County.

385 Center Street, Chardon, OH 44024

Neva Rodgers, Executive Director
 385 Center Street
 Chardon, OH 44024
 Phone: 440-286-7413
 Fax: 440-286-7496
 Email: gmha042@geaugamha.org
 Website: www.geaugamha.org

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, hereby authorize the release to the Geauga Metropolitan Housing Authority any information that they may request to determine suitability for GMHA assistance.

Information may include, but is not limited to, records maintained by employers, landlords, banks, credit agencies, courts and police departments.

I hereby waive any privileges I may have to said information only to the extent necessary to permit the release of this information to the Geauga Metropolitan Housing Authority.

GMHA is using a computerized search agency to check your background. You may be required to return for fingerprinting.

You are responsible to reveal all criminal convictions. This includes even those that result in a conviction for a minor misdemeanor. If you are not certain, ask for clarification!

Please answer **yes** or **no** to the following questions:

Have you been convicted for a DUI? _____

Have you been convicted of a misdemeanor crime? _____

Have you been convicted of a felony crime? _____

Have you been convicted of a drug offense? _____

Have you ever lived in Public or Section 8 housing? _____

If yes, where _____

Have you ever been evicted, or do you owe money to any other Housing authority? _____

Are you *or any member of your household* subject to a lifetime registered sex offender requirement *in any state*? If yes, who and what state _____

List all states in which you have lived _____

SECTION 1001 TITLE 18 U.S. CODE PROVIDES CRIMINAL PENALTIES FOR ANY MISREPRESENTATION OR FALSE STATEMENTS. Failure to disclose convictions will cause you to be deemed ineligible, or an eviction action shall be processed against you.

Signature _____

Date _____

TO BE COMPLETED BY INTERVIEWER:			Application Number: _____
First Name	Middle	Last	
Social Security Number: _____		Date of Birth: ____/____/____	
Maiden Name: _____		Sex: ____	License No. _____
Also known as: _____			



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DEAR APPLICANT:

The Geauga Metropolitan Housing Authority (GMHA) does not advise applicants of their numeric placement on the Public Housing or Section 8 waiting list, therefore, please **DO NOT** call and ask where you are on the waiting list.

If there are any changes in your situation, such as address, telephone, income, family composition, etc., it is your responsibility to contact GMHA immediately in order to keep your file current.

Local/ranking preferences are as follows:

1 Point Anyone residing and/or employed in Geauga County

3 Points Anyone employed* or

- Head and spouse, or sole member is 62+
- Receiving Social Security Disability, SSI Disability or any other payments because of an inability to work

Note: *Must work 20 or more hours per week to receive the preference

2 Points Veteran or widow of a veteran

2 Points Victim of domestic abuse (verification required)

Because of these preferences, your placement may be affected by someone who is entitled to more or less preferences than you have, therefore, the list is ever changing.

We appreciate your understanding and cooperation in this matter.

NOTE: THE GMHA IS NOT RESPONSIBLE FOR CORRESPONDENCE MAILED TO AN ADDRESS THAT MAY NOT BE CURRENT IF THE APPLICANT HAS NOT NOTIFIED THIS AGENCY OF THE CHANGE.

Please keep this packet for your records.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- a person has taken adverse action against you because of information in your credit report;
- you are the victim of identity theft and place a fraud alert in your file;
- your file contains inaccurate information as a result of fraud;
- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-800-XXX-XXXX.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

KEEP THIS FOR YOUR RECORDS

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates. b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street, NW Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to the Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>
<p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F Street, NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>