



Preliminary Application for Public Housing

This application is for the <u>Public Housing Program</u> only, <u>not</u> the Housing Choice Voucher Program (Section 8).

Thank you for your interest in the Public Housing Program offered by FWHA. Answering each question accurately and completely is required. Incomplete applications will be returned and will not be processed until completed. If something is not applicable, enter N/A; do not leave it blank. Once FWHA receives your completed application, it will be date and time stamped. If eligible, you will be placed on the public housing waiting list according to preferences, bedroom size, date and time. You will receive notification of your preliminary eligibility within 10 business days via mail. Preliminary eligibility does not gurantee entrance into the Public Housing Program. Your final eligibility will be determined after your name has been reached on the waiting list and you attend a scheduled orientation.

The FWHA's Public Housing Program owns and operates approximately 800 smoke-free units that range from high-rise apartments to scattered site single-family homes. Our properties include:

McCormick Place Apartments
Brookmill Court Apartments
River Cove Apartments
Miami Home Apartments
Village at Brooklyn Pointe (Senior only)
Southside Senior Villas (Senior Only)

North Highlands Apartments Tall Oaks Apartments Beacon Heights Apartments Maumee Terrace Apartments Whispering Oaks (Senior only)

Do not forget to report all future changes in family income, composition, preferences and address to FWHA in writing within 10 days of the change. If you move, notify FWHA immediately. If we receive returned mail for you, your name WILL BE REMOVED from the waiting list. The Public Housing Program does not give out placement numbers; however, your preliminary eligibility letter will contain your estimated waiting time for placement.

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 or you feel you may qualify for protection under the VAWA act, please contact the housing authority.

Our offices are open Monday, Wednesday and Thursday between the hours of 8:00 AM and 5:00 PM. Tuesdays and Fridays are by appointment only and applications will You MUST keep a copy of this sheet for your records. not be accepted.

PRELIMINARY APPLICATION OFFICIAL RECEIPT

	Head of Household Name:	
	1 of 4	FWHA Preliminary Application (Previous Editions Obsoleton March 17, 201
Date and Time Application Received by FWHA		

Public Housing Frequently Asked Questions

Q: How long will my waiting time be?

<u>A:</u> Waiting time differs for each applicant and is based on date/time of application, qualifying local preferences, and bedroom size. You will be sent a Preliminary Eligibility Letter within 10 business days of receipt of your application that states your estimated waiting time for placement. This time frame is all that we can go by. Once your name is reached on the waiting list, you will be notified via US Mail.

Q: Can I call the office to check on my status?

<u>A:</u> Yes, however we cannot give out an updated waiting time. We can tell you if you are on the waiting list, the date/time that you applied, and what bedroom size you were approved for. We can only ask that you reference your Preliminary Eligibility Letter for your estimated waiting time.

Q: Will I have to move?

<u>A:</u> Yes. The Public Housing Program requires you to move from where you are currently living into one of our managed units. Landlords cannot "accept" or "take" Public Housing. We have a number of apartment complexes and a few scattered home sites around the City of Fort Wayne. You can indicate a preferred location once you are called in for orientation. Your preferences will be considered, but are not guaranteed.

Q: Do I need to report any changes in my address, income, preferences, or family composition?

<u>A:</u> Yes. You are required to notify the Fort Wayne Housing Authority <u>IN WRITING</u> within 10 days of your change so that we can update your file with the correct information in order to re-determine your place on the waiting list. Failure to update your changes within the specified time frame could result in removal from the waiting list. Please be advised that changing your address with the US Postal Service <u>DOES NOT</u> update your address with us and your mail <u>WILL NOT</u> be forwarded. If any correspondence to you is returned to us by the US Postal Service, your name <u>WILL BE REMOVED</u> from the waiting list.

Fort Wayne Housing Authority: Public Housing Preliminary Application



The Housing Authority of the City of Fort Wayne (FWHA) is an equal opportunity housing provider; we are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status, or national origin.

Please clearly print in all fields. If any fields are left blank the application will be rejected. If any field does not apply to you put N/A in the box. Use full names as they appear on each individual's social security card.

Head of Household Information					
Full Name	First		Middle		Last
Full Address		Street Address	City	State	Zip
SSN			DOB	/	/
Sex	Male	Female	Disabled	Yes	No
Phone	()		Email		
Race	White /	Black / Ar	merican Indian / As	ian / Pacif	ic Islander
Hispanic or Latino	Yes	No	Alien Reg. Number		
Citizenship	Eligible Citize	n / Eligible Non-0	Citizen / Ineligible Non-C	Citizen / Pending	g Verification

Co-Applica	ant (must be 18 or olde	r): Relationship? (circle o	ne) Spouse or Co-Head	
Full Name	First	Middle	Last	
SSN		DOB	/ /	
Sex	Male Fema	e Disabled	Yes No	

Annual Household Income: \$

Do you require? (Circle all that apply)

Hearing Access

- Mobility Access
- Sight Access
- None

Are you (Circle all that apply):

- Near Elderly (55-64)
- Elderly (62+)
- Disabled

- Displaced
- Homeless
- None

How many of the following reside in your household? Male Female

Other Adults (18+)	
Students (18+)	
Youth (<18 years old)	
Foster Children	
Live-In Aides	
TOTAL PEOPLE IN HOUSEHOLD	

Bedroom Size Determination
Please check the box next to
your preferred number of
bedrooms, based upon the
number of persons in your
household. Choose only one.

Number of	Preferred
Persons	Bedroom Size
1	□ 0-1
2	□ 0-1 □ 2
3	□ 2 □3
4	□ 2 □3 □4
5	□ 3 □4 □5

Number of	Preferred
Persons	Bedroom Size
6	□3 □4 □5
7	□ 4 □5
8	□ 4 □5
9	□ 4 □5
10	□5

I request that my name be placed on the <u>Public Housing</u> waiting list with the following preferences: PLEASE CHECK ALL THAT APPLY

		PLEASE CHE	CR ALL THAT APPLY	
	Resident Preference	sident Preference I live or work within the city limits of Fort Wayne, IN (or up to 5 miles outside city limits).		
	Veteran Preference	Preference I am a veteran or surviving spouse of the U.S. Armed Forces or U.S. Coast		
□ Working/Social Security/SSI		Security, SSI, or others	e) am/are receiving <u>regular monthly payr</u> based on my/our inability to work se) am/are at <u>least 62 years old</u> or older	nents (<u>Social</u>
	Preference	I (<u>and my</u> spouse) am/are a person with disabilities		
			,	
	Victim of Domestic Violence	` ;	ouse) am/are working at least 20hr/wk. mily that includes a family member who i	s a victim of
	Elevated Blood Lead Level Preference	I have a child under the age of seven in my household who has a blood lead of 45 ug/dl or greater; or their doctor is requiring chelation therapy due to a		
	Graduate of Transitional Housing Program Preference	ransitional Housing Fort Wayne Housing Authority.		
According to the above bedroom chart, what is your preferred bedroom size? Do you or any member of your household require any modification(s)/accommodations(s) to fully participate in this or any FWHA program or service? i.e. Ground floor unit, large print documents, wheelchair ramp, shower bars, etc.? YES NO Are you or any member of your household a victim of domestic violence? YES NO Are you or any member of your household required to register as a sex offender? YES NO				
		Applicant/Tenar	nt Certification and Notice	
I certify that the information given to the Fort Wayne Housing Authority on household composition, income and family assets is accurate and complete to the best of my/our knowledge and hereby authorize the Fort Wayne Housing Authority to review a "Consumer Report" for qualification purposes. A consumer report can include credit report, public record searches, criminal background check, previous landlord's reference checks, and employment/residence verification. I understand that false statements or information are punishable under Federal law and are grounds for denial termination, or eviction. I understand that all changes in household members, address, or income must be reported to the Fort Wayne Housing Authority <i>IN WRITING</i> within 10 business days of the change. 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 FRAUDULANT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.				
				
Head of	f Household	Date	Co-Head/Spouse/Significant Other	Date
	If a person other tha	n the applicant completes	this application, please complete the below info	<u>ormation.</u>



Street Address

Name

Date

Phone

State

Zip

Signature

City

Supplemental and Optional 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.

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) Emergency Unable to contact you Termination of rental assistance Eviction from unit Late payment of rent	Assist with Recertification P Change in lease terms Change in house rules Other:	rocess	
Commitment of Housing Authority or Owner: If you are approarise during your tenancy or if you require any services or special issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this for applicant or applicable law.	rm is confidential and will not be discl	osed to anyone except as permitted by the	
Legal Notification: Section 644 of the Housing and Community requires each applicant for federally assisted housing to be offered organization. By accepting the applicant's application, the housin requirements of 24 CFR section 5.105, including the prohibitions programs on the basis of race, color, religion, national origin, sex age discrimination under the Age Discrimination Act of 1975.	d the option of providing information g provider agrees to comply with the on discrimination in admission to or	regarding an additional contact person or non-discrimination and equal opportunity participation in federally assisted housing	
Check this box if you choose not to provide the contact	information.		
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.