

**THE COMMUNITY ACTION PROGRAM CORPORATION
OF WASHINGTON-MORGAN COUNTIES, OHIO**

P.O. BOX 144 MARIETTA, OHIO 45750

(740) 373-3745
FAX 374-2005

DAVID E. BRIGHTBILL
EXECUTIVE DIRECTOR

Section 8 Housing Choice Voucher Program

WAITING LIST APPLICATION

In order to place applicants on the waiting list, a series of preference points are used. Due to this, a client's place on the list is always changing.

The points are listed below with examples of documentation that MUST be provided.

- Veteran or widow (not remarried) of deceased veteran
 - A copy of a DD214 must be provided and cannot state a DISHONORABLE discharge. Must state active duty.
- Head, spouse or co-head working at least 60 hours per month, or head AND spouse or co-head are disabled and receiving Social Security
 - At least 2 months of pay stubs. We need this to calculate income as well as verify working the 60 hours per month.
 - Disability must be verified by submitting documentation from the Social Security office verifying the receipt of SSI or disability payments or a certification from a physician verifying a permanent disability.
- Homeless
 - It is REQUIRED that you have a letter from a public or private shelter, the police or a social service agency verifying that you are homeless.
 - Families residing with friends or relatives on a temporary basis will not be included in the homeless definition.
- Victim of domestic violence
 - Must provide a letter from a domestic violence shelter OR order of protection dated within the last 6 months.
 - The applicant must verify that the abuser will NOT reside with the applicant.
- Non-elderly persons with a disability transitioning out of institutional and other segregated settings who are at serious risk of institutionalization, homeless or at risk of becoming homeless.
 - Must provide verification from the institution, transitional housing or social service agency case management.
- HUD disposition
 - The family who was terminated from an HCV program due to insufficient program funding will provide the termination records of that HCV program's Housing Authority.

If possible, please provide a copy of Social Security cards for all members of the household and valid government issued photo IDs for all adults in the household. The more documentation you can provide, the easier it will be when you reach the top of the list.

When you reach the top of the waiting list, if you are unable to provide the necessary documentation, those points will be removed and you may need to be placed back on the list in your appropriate position.

Please complete this application in it's entirety. If there are unanswered questions, the application will be returned to you to be completed, which will delay your admittance to the waiting list and have a negative impact on your placement.

Once completed, return this application via mail, fax or email using the following information:

Washington- Morgan CAP
218 Putnam St.
Marietta, OH 45750

aseay@wmcap.org
pscience@wmcap.org

Fax: 740-374-2005

You may also drop the application off to Community Action in person at the address listed above.

Be advised that when you apply for a Section 8 Housing Voucher, there is a waiting list. In order to screen applicants, a background check (including criminal charges, evictions and previous rental assistance) is conducted for all household members over the age of 18.

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**WAITING LIST APPLICATION FOR THE HUD HOUSING CHOICE VOUCHER PROGRAM
WASHINGTON COUNTY, OH**

(If you require assistance in completing this application, please contact our office.)

PLEASE PROVIDE US WITH THE MOST CURRENT INFORMATION. Your position on the waiting list is based on preference points. Print all information. Answer all questions; **DO NOT** leave any questions blank. If a question does not apply to you, write "N/A" in the blank. All YES or NO questions must be checked. Use the full legal name of each individual as it appears on their Social Security Card. All household members over the age of 18 must sign and date this application in order for it to be processed. If you do not have enough space to answer a question, attach a separate sheet of paper or use the blank page at the end of this form. If you do not understand a question on this application, please ask the housing specialist for assistance.

Applicant Name _____ Phone: _____
Maiden Name (if applicable): _____
Address _____ Email: _____
City _____ State _____ Zip Code _____
Mailing Address (if different than above):
Address _____ City _____ State _____ Zip Code _____

*****Do you have a legal guardian?***** ____ YES ____ NO

If yes, guardian MUST sign application and attach legal guardianship documents.

Name of guardian: _____ **Phone:** _____

The following information is required for statistical purposes so the Department of Housing and Urban Development may determine the degree to which its programs are utilized by minority families: **Head of household racial group identification (used for statistical purposes only)**

White ____ **Black** ____ **American Indian** ____ **Hispanic** ____ **Asian** ____ **Other** ____

1. List the Head of Household and all other members who will be living in the unit. (Use additional sheet if necessary.)

Full Name	Relationship (spouse, co-head, adult or child)	Date of Birth	Age	Gender M or F	Disabled Y or N	Social Security Number
	SELF					

- YES ○ NO 2. Are you a serviceman, veteran or the spouse of a deceased veteran discharged under conditions other than dishonorable?
- YES ○ NO 3. Do any adults in the household work 15 hours per week or more?
If yes, who? _____
- YES ○ NO 4. Are you now living in a federally subsidized housing unit?
- YES ○ NO 5. Have you ever lived in Public Housing? **If yes, where?** _____
- YES ○ NO 6. Have you ever participated in the Section 8 Housing Choice Voucher Program?
If yes, enter the place(s) and date(s) of occupancy: _____
- YES ○ NO 7. Have you ever been evicted from Public Housing, Section 23 or Section 8 Program?
If yes, provide the following information: When? For what reason?

Name of Housing Authority/Owner : _____
- YES ○ NO 8. Have you been terminated from an Voucher Program due to loss of funding?
- YES ○ NO 9. Do you owe money to any Housing Authority?
If yes, provide the name of the Housing Authority: _____
- YES ○ NO 10. Has any member of your family been evicted within the last five (5) years due to drug use?
- YES ○ NO 11. Have you ever had your assistance or tenancy terminated in a subsidized Housing Program for fraud, non-payment of rent or failure to cooperate in recertification procedures?
- YES ○ NO 12. Has any household member been convicted of drug-related or violent criminal activity within the past five (5) years?
- YES ○ NO 13. Is any household member subject to a lifetime registration requirement under a State sex offender registration program?
- YES ○ NO 14. Do you require any modifications or a reasonable accommodation in order to fully utilize the Housing Choice Voucher Program?
If yes, please explain: _____
- YES ○ NO 15. Are you being referred by a service agency as a result of recent domestic violence?
(Provide the referral with application)
- YES ○ NO 16. Are you disabled and being referred by a social service agency due to a disability that may result in institutionalization or homelessness? (Case Management is an example of referral)
If yes, which agency? _____
17. How many people live in your unit? _____
18. How much rent are you currently paying? _____
19. Who is your current landlord? _____

20. Indicate where you slept in the last five (5) nights:

DATE	LOCATION (be as specific as possible)
(last night)	

LIST ALL HOUSEHOLD INCOME:

Household Member Name	Source of Income/Type of Income	Monthly or Annual Income

LIST CHECKING, SAVINGS AND ALL OTHER FINANCIAL ASSETS:

Household Member Name	Name of Bank or Institution	Type of Account	Balance

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 AND SHALL BE FINED NOT MORE THAN \$10,000 OR IMPRISONED FOR NOT MORE THAN FIVE YEARS OR BOTH.

ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Applicant Signature

Date

Co-Head/Spouse Signature

Date

Please return application to:

W-M CAP/City of Marietta Housing Authority
Attn: HUD
218 Putnam Street
Marietta, OH 45750

Agency Contact Information:

Phone: (740) 373-3745
Fax: (740) 374-2005

For office use only:
Preference points

Total _____

**PLEASE NOTE: YOU MUST NOTIFY THIS AGENCY OF ANY CHANGE OF ADDRESS OR PHONE NUMBER.
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

When vouchers become available we will contact you and you will be required to provide verification of the information you have claimed in your application.

You may use this space to supply additional information:

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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
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.	

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

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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.

Revised 5/17/2022
Form HUD- 92006 (05/09)