



Allen Metropolitan Housing Authority

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Section 8 Housing Choice Voucher Program Continued Assistance Request

In order for the Housing Authority to continue providing housing assistance or approve a move to a new unit we must collect updated information about your household.

Help completing this form or any other form in this packet is available upon request. If a reasonable accommodation is needed at any time, please let us know.

To begin, we will need to verify that your current contact information is correct. Please provide the following information:

Head of Household (HoH) information:

1. HoH Name: _____
Last First MI

2. HoH Social Security Number: _____ - _____ - _____ 3. Disability (Y/N): _____

4. HoH Date of Birth: _____ - _____ - _____ 5. HoH Gender: _____

6. Telephone Number: _____

7. Email: _____

8. HoH Mailing Address: _____
Street Number Street Name Apt#

City State Zip

9. HoH Race (please enter HUD reporting code below): _____

*HUD Reporting Code for Race

- 1-White 2- Black 3-American Indian/Alaska Native 4-Asian
5-Native Hawaiian/Other Pacific Islander

10. HoH Ethnicity (please enter HUD reporting code below): _____

*HUD Reporting Code for Ethnicity

1-Hispanic or Latino

2-Not Hispanic or Latino

Instructions

Next, we need to collect information about the members of your household. Please be sure to list all persons who will be living in the unit with you. You do not need to include yourself in this section, but you will need to reference the HUD codes for race and ethnicity from above.

11. **Household information:**

Last Name	First Name	MI	Date of Birth	Age	Race *	Ethnicity*	Relationship to Applicant	Gender	Social Security Number

12. List any household member who is disabled: _____

Are reasonable accommodations needed for continued participation with the program? _____

If yes, please list accommodation: _____

***NOTE:** Not all accommodations will be approved but all accommodations require extensive documentation.*

13. Does any member of the household owe money to a Housing Authority? (Y/N): _____
If yes, what is the balance of the debt? _____
Name of the Housing Authority you owe: _____

14. Has any household member ever been arrested for any criminal activity? (Y/N): _____
If yes, List household member, approximate date of arrest, and a brief explanation:

NOTE: Criminal Activity of all adult household members is searched at least annually and may be subject to search at any time.

15. Is any household member a registered sex offender? (Y/N): _____

16. Is any member of the household, 18 years or older, a full-time student (High school or College)? (Y/N): _____

If yes, please provide the name of the full-time student: _____

Name of the school: _____

Address of the school: _____

17. Do you have legal custody of all of the minor children listed in #11? (Y/N) _____

If no, please indicate which child(ren) not in your legal custody:

Verification Checkpoint

For any adult full-time students, we will need to verify their status as a full-time student. This can be verified by obtaining a letter from the school on letterhead stating students name, status, and current address.

If any member of the household has a legal custody or shared parenting agreement in place, a copy of the agreement will be necessary to determine subsidy.

Instructions

Now we are moving on to household income. You are required to report the income of all household members, including minors. Income means all amounts, monetary or not, which go to, or on behalf, of the household.

Please complete the section below. In the first column list the household member receiving the income. In the middle column list the type of income received such as employment, unemployment, SSI, SSDI, TANF, workers compensation, and/or pension. In the third column estimate the amount received monthly.

Income information:

18. Please identify all income information for the household (*child support is listed in the next section, **not** this section*):

<u>Person Receiving Income</u>	<u>Source/Employer</u>	<u>Monthly Gross Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

19. Complete the section below, regarding **child support** orders. In the first column, List EACH child living in the household. In the middle column, list the county/state of order **OR** write No Order (if there is NO child support order). In the third column list the amount received monthly.

<u>Name of Child</u>	<u>County and State of Order</u>	<u>Monthly Gross Amount</u>
OR No Order		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

20. Are you currently in a household with zero income? Yes _____ No _____

Verification Checkpoint

For all employment, the 2 most recent and consecutive paystubs will be required or a history print out.

For all Social Security, SSI, SSDI or Survivors Benefit, a recent (dated within last 60 days) statement of benefits indicating current monthly amount will be required.

For all unemployment, a recent (dated within last 60 days) statement of benefits indicating weekly or monthly amount and balance will be required. History printouts will also be accepted if information is current.

For all Retirement/Pension or Workers Compensation, a recent (dated within last 60 days) statement with monthly gross amount.

For all OWF/DA/TANF Benefits, a recent (dated within last 60 days) statement from Job and Family Services indicating the monthly amount and any current Sanctioned amounts.

For all child support orders, a printout from the online portal of last 6 months for each case. This information must be provided regardless of whether or not you were receiving payments at that time. For each child in the household without a child support order a written statement must be provided indicating there is no court ordered child support case for that child.

For all households reporting zero income, a written statement must be provided for each adult household member that he or she has no income.

Instructions

The next section provides us with information regarding household assets. Please list information for all bank accounts, bank cards, pay cards, certificate of deposits, stocks, bonds, money market, retirement accounts, trust funds, property, capital investments, cryptocurrency, and/or life insurance policies.

This must include all accounts or investments to which the household has access. Therefore, if a household member has his/her name on the account/deed/ certificate the asset should be reported in this section.

In the first column list the household member's name. In the second column report the type of account. In the third column list the estimated cash value. In the final column list the name of the Bank/Company.

Asset (Banking) information:

21. Please identify all asset/bank information for the household:

Household Member	Type of Account/Investment	Estimated Cash Value	Name of Bank/Company
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

22. Are you currently in a household with no assets, investments, or bank accounts?

Yes _____ No _____

Verification Checkpoint

For all checking account, savings accounts, bank cards, and pay cards, please provide your most recent (dated within last 60 days) bank statement, which should include your name and account number.

For all investments accounts (certificate of deposit, stocks, bonds, money market, retirement accounts, trust funds, capital investments or cryptocurrency) and cash value of life insurance policies provide a current (dated within last 60 days) statement listing the cash value.

For all property, please provide documentation disclosing value of the property as well as any statements regarding income received from the rental of the property.

Instructions

The next section of this form provides us with information regarding eligible expenses. Expenses can only be counted if the proper verification has been supplied. If no verification has been supplied then the expenses cannot be counted.

Please answer each question indicating yes or no and supply the needed verification.

23. Do you pay a child care provider while you work or attend school?

Yes _____ No _____

****If yes,*** complete the following information:

Household Member	Child Care Provider Name and Address	Monthly Amount Paid
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. If you are elderly (62 and older) or disabled, do you have any “out-of-pocket” medical expenses?

Yes _____ No _____

Verification Checkpoint

If you pay child care, please provide a written statement from the provider listing the child(ren) that attend along with the amount paid and the name, address and phone number of the person providing care. Statement must be signed and dated by child care provider.

If you have medical/disability expenses, please provide a payment history from the pharmacies, physicians, etc. indicating the anticipated yearly expense.

Instructions

The final section of this form, provides information for **ALL** adult household members to read and sign/date the form.

ATTENTION

All adult household members must sign this form. By signing this form, you are affirming:

- All of the above information is correct to the best of your knowledge.
- You understand that if any information provided is found to have been deliberately falsified, it is grounds for termination of assistance and possible legal prosecution.
- You understand, AMHA has access to the Enterprise Income Verification System, which allows authorized employees to view and print information for all household members past and present income information. The information obtained through this system is only for the use of the Housing Authority and will be maintained and destroyed per HUD requirements.
- You are responsible for providing written updates when any of your information changes or when requested by the Housing Authority.
- You understand that AMHA has a minimum rent policy requiring that at minimum the family will be responsible for at least \$25.

Head of Household Signature

Date

Other adult Signature(s)

Date

Other adult Signature(s)

Date

Other adult Signature(s)

Date

Housing Authority Representative

Date