

Preliminary Application for Public Housing

This application is for the Public Housing Program only,
not 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 guarantee 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	North Highlands Apartments
Brookmill Court Apartments	Tall Oaks Apartments
River Cove Apartments	Beacon Heights Apartments
Miami Home Apartments	Maumee Terrace Apartments
Village at Brooklyn Pointe (Senior only)	Whispering Oaks (Senior only)
Southside Senior Villas (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 not be accepted. You MUST keep a copy of this sheet for your records.

PRELIMINARY APPLICATION OFFICIAL RECEIPT

Date and Time Application Received by FWHA

Head of Household Name: _____

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FWHA Preliminary Application
(Previous Editions Obsolete)
March 17, 2017

Public Housing Frequently Asked Questions

Q: How long will my waiting time be?

A: 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?

A: 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?

A: 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?

A: Yes. You are required to notify the Fort Wayne Housing Authority IN WRITING 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 DOES NOT update your address with us and your mail WILL NOT be forwarded. If any correspondence to you is returned to us by the US Postal Service, your name WILL BE REMOVED 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	<div>First</div> <div>Middle</div> <div>Last</div>			
Full Address	<div>Street Address</div> <div>City</div> <div>State</div> <div>Zip</div>			
SSN		DOB	/ /	
Sex	Male Female	Disabled	Yes No	
Phone	()	Email		
Race	White / Black / American Indian / Asian / Pacific Islander			
Hispanic or Latino	Yes No	Alien Reg. Number		
Citizenship	Eligible Citizen / Eligible Non-Citizen / Ineligible Non-Citizen / Pending Verification			

Co-Applicant (must be 18 or older): Relationship? (circle one) Spouse or Co-Head				
Full Name	<div>First</div> <div>Middle</div> <div>Last</div>			
SSN		DOB	/ /	
Sex	Male Female	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 Persons	Preferred Bedroom Size	Number of Persons	Preferred Bedroom Size
		1	<input type="checkbox"/> 0-1	6
	2	<input type="checkbox"/> 0-1 <input type="checkbox"/> 2	7	<input type="checkbox"/> 4 <input type="checkbox"/> 5
	3	<input type="checkbox"/> 2 <input type="checkbox"/> 3	8	<input type="checkbox"/> 4 <input type="checkbox"/> 5
	4	<input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	9	<input type="checkbox"/> 4 <input type="checkbox"/> 5
	5	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	10	<input type="checkbox"/> 5

DATE AND TIME RECEIVED BY FWHA

I request that my name be placed on the Public Housing waiting list with the following preferences:

PLEASE CHECK ALL THAT APPLY

<input type="checkbox"/>	Resident Preference	I live or work within the city limits of Fort Wayne, IN (or up to 5 miles outside of city limits).
<input type="checkbox"/>	Veteran Preference	I am a veteran or surviving spouse of the U.S. Armed Forces or U.S. Coast Guard.
<input type="checkbox"/>	Working/Social Security/SSI Preference	____ I (and my spouse) am/are receiving <u>regular monthly payments</u> (<u>Social Security, SSI, or others</u>) based on my/our inability to work ____ I (and my spouse) am/are at <u>least 62 years old</u> or older ____ I (and my spouse) am/are a person with disabilities ____ I (and/or my spouse) am/are working at least 20hr/wk.
<input type="checkbox"/>	Victim of Domestic Violence	A preference for a family that includes a family member who is a victim of domestic violence.
<input type="checkbox"/>	Elevated Blood Lead Level Preference	I have a child under the age of seven in my household who has a blood lead level of 45 ug/dl or greater ; or their doctor is requiring chelation therapy due to an elevated blood level. And I have a referral form the Allen County Health Department.
<input type="checkbox"/>	Graduate of Transitional Housing Program Preference	I have graduated from a transitional housing program and it is approved by the Fort Wayne Housing Authority.

REQUIRED CIRCLE "YES" OR "NO"	According to the above bedroom chart, what is your preferred bedroom size? _____	
	Do you or any member of your household require interpretation services? YES NO	
	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 a 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/Tenant 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 IN WRITING 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 Household

Date

Co-Head/Spouse/Significant Other

Date

If a person other than the applicant completes this application, please complete the below information.

Name

Signature

Date

Street Address

City

State

Zip

Phone

