

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	First	Middle	Last	
Full Address	Street Address	City	State	Zip
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	First	Middle	Last	
SSN		DOB	/	/
Sex	Male Female	Disabled	Yes	No

Annual Household Income: \$ _____

How many of the following reside in your household?

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

	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. <u>Choose only one.</u>	Number of Persons	Preferred Bedroom Size	Number of Persons	Preferred Bedroom Size
	1	<input type="checkbox"/> 0-1	6	<input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
	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

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)	
<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.	

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.