



Preliminary Application for South Side Senior Villas

Thank you for your interest in South Side Senior Villas offered by the 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 the FWHA receives your completed application, it will be date and time stamped. You will receive notification of your preliminary eligibility within 10 business days via mail.

Do not forget to report all future changes in family income, composition, preferences and address to the FWHA in writing within 10 days of the change. If you move, notify the FWHA immediately. If we receive returned mail for you, **your name WILL BE REMOVED from the waiting list.**

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: _____

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: 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: South Side Senior Villas Application

The Housing Authority of the City of Fort Wayne (FWHA) is an equal opportunity housing provider; committed to providing quality housing opportunities and services to all eligible applicants and participants regardless of race or color, national origin, religion, sex, sexual orientation, gender identity, familial status (including children under the age of 18 living with parents or legal custodians; pregnant women and people securing custody of children under 18) and/or handicap/disability.

How did you hear about us?	Trustee's Office Walk-In Resident Referral Website Brochure/Flyer Other: _____
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Please clearly print or type 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 style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> First Middle Last </div>			
Full Address	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> Street Address City State 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			
Marital Status	Single / Married / Separated / Divorced / Widowed			

Spouse/Co-Head/Significant Other				
Full Name	<div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> First Middle Last </div>			
SSN		DOB	/ /	
Sex	Male Female	Disabled	Yes No	
Citizenship	Eligible Citizen / Eligible Non-Citizen / Ineligible Non-Citizen / Pending Verification			
Hispanic or Latino	Yes No	Alien Reg. Number		
Race	White / Black / American Indian / Asian / Pacific Islander			

DATE AND TIME RECEIVED BY FWHA

Do you or any member of your household require any modification(s)/accommodation(s) to fully participate in this or any FWHA program or service? i.e. Ground floor unit, large print documents, translation, wheelchair ramp, shower bars, etc.

Yes No If yes, please explain:

Program Integrity Information (*These questions apply to all household members*). You **MUST** answer each of the following questions accurately and completely. The FWHA conducts criminal background checks and your response to these questions will be verified. Providing false and/or incomplete information may be grounds for denial/termination/eviction.

Have you or any member of your household ever been arrested or convicted for the use, sale and/or manufacture of a controlled substance?

Yes No If yes, please explain:

Have you or any member of your household ever been arrested for any criminal activity that has one of its elements being the use, attempted use, or threatened use of physical force against a person or property of another?

Yes No If yes, please explain:

Has anyone in your household used a controlled substance or illegal drug within the last 3 years?

Yes No If yes, please explain:

Previous Housing Rental Assistance: You **MUST** answer each of the following questions accurately and completely. False and/or incomplete information may be grounds for denial/termination/eviction.

Have you ever committed, been accused or charged with any fraud or knowingly misrepresented information in any housing assistance program?

Yes No If yes, please explain: _____

Do you owe any money to any housing authority or agency that provides housing assistance?

Yes No If yes, please explain: _____

Have you ever been evicted from any public housing program or had program benefits denied or terminated in any housing assistance program?

Yes No If yes, please explain: _____

Income: Please tell us about all income received for all household members including: employment, unemployment, workers compensation, public assistance (TANF), SSI, SSDI, military pay, child support and regular contributions and gifts. The FWHA participates in computer matching programs with federal, state and/or local agencies.

Are you or any member of your household entitled to child support even if it's not received?

Yes No If yes, from whom and how much: _____

Family Member Name	Source of Income	Dollars per Hour, Week, Month or Year (please specify)
		\$
		\$
		\$

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