



Decatur Housing Authority

PO Box 13489
7315 Hanna Street
Fort Wayne, IN 46869-3489

Housing Choice Voucher Program Waiting List Application

PLEASE PRINT CLEARLY

Head of Household Name:		
Last Four of SSN:		Date:
Preferences: Please check all preferences that apply. All preferences will be verified at the time of orientation.		
<input type="checkbox"/>	Displaced Persons	Individuals or families displaced by government action or whose dwelling has been damaged or destroyed as a result of a disaster or otherwise formally recognized pursuant to Federal disaster relief laws.
<input type="checkbox"/>	Resident	Families who now reside in Decatur, Indiana
<input type="checkbox"/>	Working/Social Security/SSI Preference	A preference for "working" families, where the head, spouse, co-head, or sole member is employed. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given this benefit of working preference [24 CFR 930.206(b)(2)].
<input type="checkbox"/>	Victims of Domestic Violence	A preference for a family that includes a family member who is a victim of domestic violence
<input type="checkbox"/>	None	This family has none of the preferences listed

REQUIRED CIRCLE "YES" OR "NO"	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 FWA 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

Application Continued on the Back Side

Decatur Housing Authority

Head of Household Information:

First Name:		MI		Last Name:	
SSN:	- -	Date of Birth:		/ /	
Address:					
City:		State:		Zip:	
E-Mail:			Sex: Circle One	Male	Female
Home Phone:	() -	Cell Phone:	() -		

Mark all that apply

Special Needs	Access	Race	Ethnicity
Near Elderly (50-61)	Hearing Access	White	Hispanic
Elderly (62+)	Mobility Access	Black	Not Hispanic
Disabled	Sight Access	American Indian	Citizenship
Displaced	None	Asian	Eligible Citizen
Homeless		Pacific Islander	Eligible Non-Citizen
None			Ineligible Non-Citizen
	Total Annual Family Income	Total family members #	Pending Verification
	\$		

Spouse / Co-Head

First Name:		MI		Last Name:	
SSN:	- -	Date of Birth:		/ /	
Sex: Circle One	Male				
	Female				

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 address, household members 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.

Signature of Head of Household

Date

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.