

Preliminary Application for Posterity Heights Scholar House Project-Based Voucher

Thank you for your interest in the **Posterity Heights Scholar House Project-Based Voucher** offered by the Fort Wayne Housing Authority (FWHA). **This application is being taken only for applicants that meet the Posterity Heights Scholar House Project-Based Voucher criteria. These criteria include the following: Applicant must be a Single Parent Household who is either currently enrolled in school, enrolled for future semester or in enrolled in a Self-Sufficiency Program seeking continued Education.** On the next few pages, you will find a preliminary application for housing assistance. Please review each of the questions on the preliminary application form. It is very important for you to answer each question accurately, completely and legibly. Your completed application must be post marked by **January 10, 2019** and mailed to the address below or received in the housing authority offices by **5:00pm ET on January 10, 2019**. All completed applications received on time that are qualified for the **Posterity Heights Scholar House Project-Based Voucher** will be entered into our computer database and placed on the HCVP waiting list. Incomplete applications and those who do not qualify will be rejected and will not be processed.

Mailed applications must be mailed to: Fort Wayne Housing Authority,
PO Box 13489
Fort Wayne, IN 46869-3489

Only the attached application should be mailed to this address.

You must report all changes of address or preferences within 10 business days of the change to the Fort Wayne Housing Authority. You may fax, mail, or come into the office to make changes. No changes will be accepted over the phone. **A change of address at the Post Office WILL NOT forward your mail from the FWHA.** An address change must be filed with the Housing Authority. You will receive a notice for a scheduled appointment in the mail when your name is reached on the waiting list. If a letter is returned to the agency because you have moved, your name **WILL BE REMOVED** from the waiting list without further notice. If you have a change in the preferences that you claim on this application, you must submit a new preference sheet to the Housing Choice Voucher Program Department. This must be submitted to FWHA in writing.

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.

FWHA's normal business hours are Monday, Wednesday, and Thursday from 8:00am to 5:00pm. Tuesdays and Fridays are by appointment only.

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: _____

Project Based Voucher Program Frequently Asked Questions

Q: What are Posterity Heights Scholar House Project-Based Vouchers and do I qualify for placement on the waiting list?

A: Posterity Heights Scholar House Project-Based Voucher are vouchers that are attached only to the units located at the Posterity Heights Scholar House. They are specifically for Single Parent Families who are either currently attending school, enrolled in future classes or participating in a Self-Sufficiency program and seeking continued education.

Q: Will I be placed on the Posterity Heights Scholar House Project-Based waiting list if I don't fit the criteria for the Posterity Heights Scholar House Program?

A: We are only processing applications for those who meet the criteria for the Posterity Heights Scholar House Project-Based voucher, all others will be rejected at this time.

Q: When will I be notified of my place on the waiting list?

A: You will be notified via the US postal service at the address on your application within 90 days of application to inform you of your waiting list status.

Q: If I am the first person in line, will I get a voucher before everyone else?

A: Vouchers are not given out on a first come, first serve basis. Your place on the waiting list is determined by your preferences, then date and time of application.

Q: How long before I get a voucher?

A: Due to a number of factors, we cannot give a time frame for when vouchers will be issued.

Q: Should I call the office to see when vouchers will be given out or where I am on the waiting list?

A: No. Due to the high volume of applicants, calls will only delay the process. You will receive a letter at your address on record when we have reached your name for determining eligibility.

Q: Do I need to report changes in my address or preferences?

A: Yes. Make sure to notify FWHA in writing within 10 days of your change so we can update your file with the correct information in order to determine your place on the waiting list and so we can contact you for eligibility when the time comes.

Fort Wayne Housing Authority: Project Based Voucher Program 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 Initial | 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

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 IN HOUSEHOLD | | |

Only applicants that meet the targeted funding requirement of the Posterity Heights Scholar House listed below will be placed on the waiting list. All others will be rejected Please circle Yes or No:

- Single Parent Student Yes or No
- Currently Enrolled in School Yes or No
- Enrolled in future semester Yes or No
- Participating in Self-Sufficiency Program and seeking further education Yes or No

DATE AND TIME RECEIVED BY FWHA

I request that my name be placed on the Project Based Voucher Program waiting list with the following preferences: PLEASE CHECK ALL THAT APPLY

| | | |
|--------------------------|--|---|
| <input type="checkbox"/> | Student Preference | I am single parent student who is _____ Currently attending school _____ Currently enrolled in future classes _____ Enrolled in a Self-Sufficiency Program and Seeking further education |
| <input type="checkbox"/> | Resident Preference | I live or work (at least 20 hours a week) within the city limits of Fort Wayne, IN (or up to 5 miles outside of city limits). |
| <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 employed. |
| <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. |
| <input type="checkbox"/> | Victim of Domestic Violence | A preference for a family that includes a family member who is a victim of domestic violence. |

| | |
|---|---|
| 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 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 to my original application 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



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.

| | |
|--|--|
| | |
|--|--|

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.