

7315 Hanna Street Fort Wayne, IN 46816 260.267.9300 T 260.755.1058 TDD | **fwha.org**

**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). **Qualified applicants must be currently attending school or enrolled in an upcoming semester. Applicants may also be attending or plan to attend a self-sufficiency program that will prepare them for continuing education. Applicants meeting the qualifications for Posterity Scholar House will receive first consideration.** 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. 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 Posterity Scholar House Application. 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.

Date and Time Application Received by FWHA

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| --- |
| You MUST keep a copy of this sheet for your records.  PRELIMINARY APPLICATION OFFICIAL RECEIPT |
| Head of Household Name: |

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FWHA Preliminary Application (Posterity Heights Scholar House)

(Previous Editions Obsolete)

05/21/2019

POSTERITY SCHOLAR HOUSE APPLICATION 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 be selected before everyone else?**

A: Units 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 my name is selected?**

A: Due to a number of factors, we cannot give a time frame for when your name is selected.

**Q: Should I call the office to see when my name will be selected 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.

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FWHA Preliminary Application (Posterity Heights Scholar House)

(Previous Editions Obsolete)

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**Fort Wayne Housing Authority: Posterity Scholar House 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 | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please list each family member** | | | |
| **Name** | **DOB** | **Sex (Circle One)** | **Relationship** |
|  | **/ /** | **Male Female** |  |
|  | **/ /** | **Male Female** |  |
|  | **/ /** | **Male Female** |  |
|  | **/ /** | **Male Female** |  |

Annual Household Income: $ How many of the following reside in your

**Do you require?** **Are you (Circle all that apply):**

(Circle all that apply)

|  |  |  |
| --- | --- | --- |
| Other Adults (18+) |  |  |
| Students (18+) |  |  |
| Youth (<18 years old) |  |  |
| Foster Children |  |  |
| Live-In Aides |  |  |
| TOTAL IN HOUSEHOLD |  |  |

household?

Male Female

* Hearing Access
* Mobility Access
* Sight Access
* Near Elderly (55-64)
* Elderly (62+)
* Disabled
* Displaced
* Homeless
* None

|  |
| --- |
| **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

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FWHA Preliminary Application (Posterity Heights Scholar House)

(Previous Editions Obsolete)

05/21/2019

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

|  |  |  |
| --- | --- | --- |
|  | **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 |
|  | **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). |
|  | **Working/Social Security/SSI Preference** | I (and my spouse) am/are receiving regular monthly payments (*Social Security, SSI, or others*) based on my/our inability to work  I (and my spouse) am/are at least 62 years old or older  I (and my spouse) am/are a person with disabilities  I (and/or my spouse) am/are employed. |
|  | **Graduate of Transitional Housing Program Preference** | I have graduated from a transitional housing program and it is approved by the Fort Wayne Housing Authority. |
|  | **Victim of Domestic Violence** | A preference for a family that includes a family member who is a victim of domestic violence.  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

**REQUIRED**

**CIRCLE “YES” OR “NO”**

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.

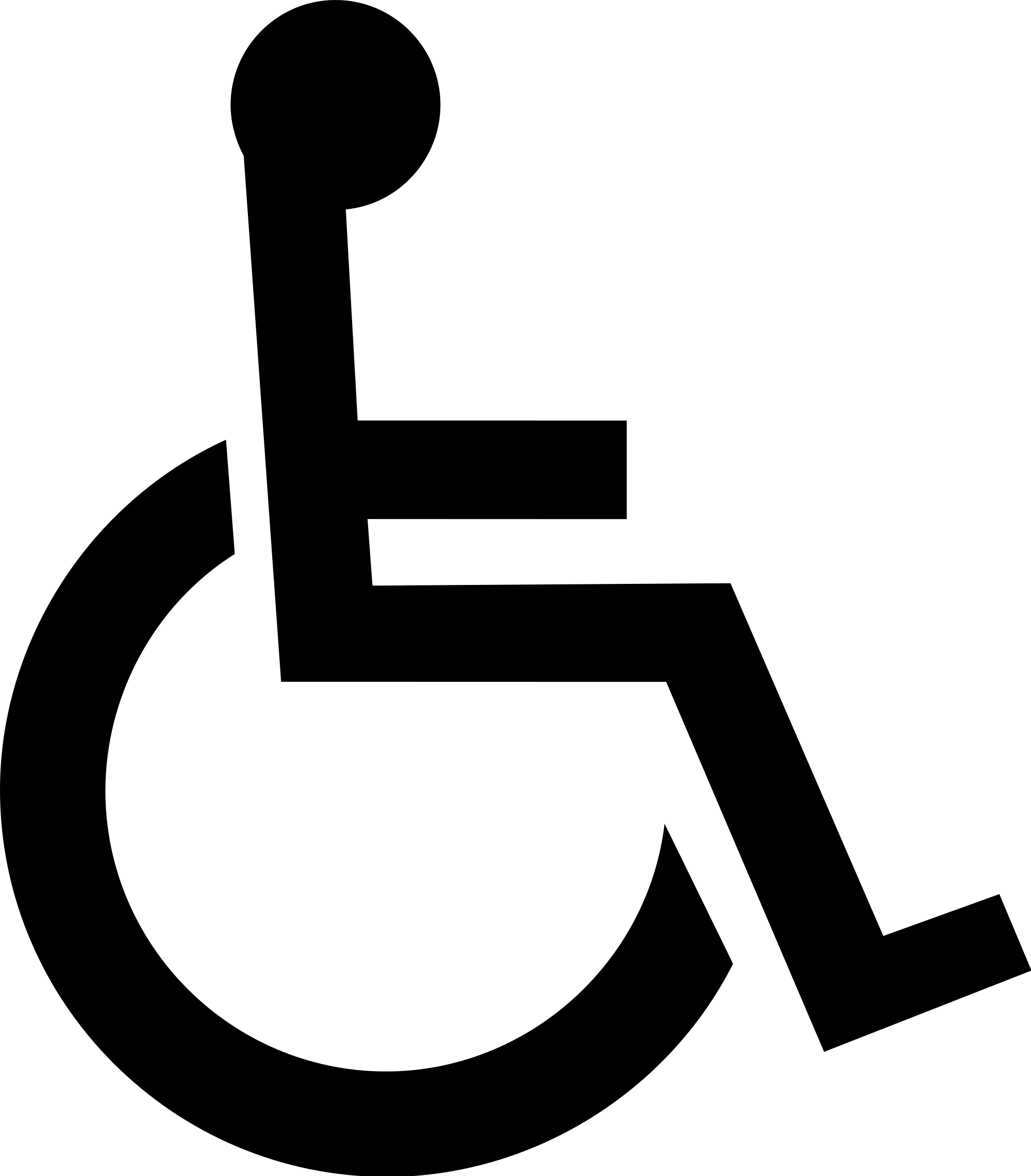
WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULANT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

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

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FWHA Preliminary Application (Posterity Heights Scholar House)

(Previous Editions Obsolete)

05/21/2019

OMB Control # 2502-0581

Exp. (02/28/2019)

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)  Emergency Assist with Recertification Process  Unable to contact you Change in lease terms  Termination of rental assistance Change in house rules  Eviction from unit Other: 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.

Form **HUD- 92006** (05/09)