

Preliminary Application for River's Edge Project-Based Voucher

Thank you for your interest in the **River's Project-Based Voucher** offered by the Fort Wayne Housing Authority (FWHA). **River's Edge is a 56-unit, service-enriched housing complex target to chronically homeless households and homeless households who are also living with disability or are frequent users of emergency services.** 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 **River's Edge Project-Based Voucher** will be entered into our computer database and placed on the River's Edge waiting list. Incomplete applications and those who do not qualify will be rejected and will not be processed.

All applications must be returned to:

hcvpeligibility@fwaha.org

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 River's Edge 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.

You MUST keep a copy of this sheet for your records.

PRELIMINARY APPLICATION OFFICIAL RECEIPT

Head of Household Name: _____

Date and Time Application Received by FWHA

RIVER'S EDGE APPLICATION

Frequently Asked Questions

Q: What are River's Edge Project-Based Vouchers and do I qualify for placement on the waiting list?

A: River's Edge Project-Based Vouchers are vouchers that are attached only to the units located at the River's Edge Property. They are specifically for chronically homeless households, medically vulnerable households with at least one family member who is living with a disability or frequent users of emergency services.

Q: Will I be placed on the River's Edge Project-Based waiting list if I don't fit the criteria for the River's Edge Program?

A: We are only processing applications for those who meet the criteria for the River's Edge Project-Based voucher, all others will be rejected at this time. **The criteria required to be placed on the River's Edge waiting list include: chronically homeless households, medically vulnerable households with at least one family member who is living with a disability or frequent users of emergency services.** You will be required to prove that you meet the criteria when you are selected from the waiting list.

Q: What are the definitions of chronically homeless households, medically vulnerable households with at least one family member who is living with a disability and frequent users of emergency services as it pertains to this application?

A: Chronically Homeless Households—are individuals with a disability who lives either in a place not meant for human habitation, a safe haven, or in an emergency shelter, or in an institutional care facility if the individual has been living in the facility for fewer than 90 days and had been living in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately before entering the institutional care facility. In order to meet the "chronically homeless" definition, the individual also must have been living as described above continuously for at least 12 months, or on at least four separate occasions in the last 3 years, where the combined occasions total a length of time of at least 12 months. Each period separating the occasions must include at least 7 nights of living in a situation other than a place not meant for human habitation, in an emergency shelter, or in a safe haven. Chronically homeless families are families with adult heads of households who meet the above definition. If there is not adult in the family, the family would still be considered chronically homeless if a minor head of household meets all the criteria of a chronically homeless individual. A chronically homeless family includes those whose composition has fluctuated while the head of household has been homeless.

Frequent User of Emergency Systems—are individuals that have experienced recent, frequent encounters with emergency systems – which may include Emergency Rooms, Jails, Shelters, Clinics, and other community crisis centers.

Medically Vulnerable—are households that have been identified as households that exhibit a high need for Permanent Supportive Housing due to significant barriers to accessing health, housing and supportive services. Households qualifying for the Medically Vulnerable set-aside are those with at least one member living with a disability—such as physical, mental or developmental disability.

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: 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.

Fort Wayne Housing Authority: River's Edge 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 <small>(Circle One)</small>	Relationship
	/ /	Male Female	
	/ /	Male Female	
	/ /	Male Female	

Annual Household Income: \$ _____

Do you require? (Circle all that apply):	Hearing Access	Mobility Access	Sight Access
--	----------------	-----------------	--------------

Are you? (Circle all that apply):	Disabled	Homeless	Displaced	Elderly
(62+)	Near Elderly (55-61)	None		

DATE AND TIME RECEIVED BY FWHA

Your household must be one of the following to be placed on the River's Edge waiting list. Please review frequently asked questions for an explanation of each qualification.

PLEASE CHECK ALL THAT APPLY:

- My household is considered chronically homeless
- My household is a medically vulnerable household with at least one family member who is living with a disabled
- My household is a frequent user of emergency services
- None of these apply to my household

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?	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

_____ (Initial Here) By initialing and signing below, I do hereby swear and attest that all the information provided on this application by me and about the household is true and correct.

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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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)