



INSTRUCTIONS

Complete the application in blue or black ink. PRINT CLEARLY

All adults (persons 18 or older) must sign the application.

Bring the following documents with you when submitting the application. **Applications will not be accepted without these documents:**

- **Birth Certificates for all family members.** If you do not have a birth certificate, we will accept the following:
 - Adults: Naturalization Papers, U. S. Passport, U. S. Military discharge (DD-214)
 - Minors: Adoption Papers, Custodial Agreements, Court Ordered Assignment
- **Social Security Cards for all family members**
- **Picture I. D. for all adults**

Upon receipt, your application will be placed on a waiting list. All programs generally have a wait list. You are either waiting for an available apartment or available funding. The agency will contact you by mail to update your application when either an apartment (Public Housing) or funding for the rental assistance program (Voucher) becomes available. If you applied for the Mod Rehab Program, the owner will contact you when a vacancy is available.

YOU MUST NOTIFY THIS AGENCY IN WRITING OF ANY CHANGE OF ADDRESS OR MAILING ADDRESS.

If the agency contacts you by mail and you do not respond timely, your application will be withdrawn.

If you wish to check on the status of your application in the future, you must visit our office with a Picture Identification to request the status of your application.

PLEASE NOTE: ALL ADULTS LISTED ON THE APPLICATION WILL BE SUBJECT TO FINGERPRINTING AND THIS AGENCY WILL REQUEST A FEDERAL BUREAU OF INVESTIGATION (FBI) REPORT ON ANY CRIMINAL ACTIVITY FROM THE AGE OF 18 TO CURRENT.

Ogden Housing Authority (OHA)
APPLICATION (Effective 12/01/2011)



Please accept this application for:

Housing Choice Voucher Program – GENERAL APPLICATIONS CLOSED 4/1/2011

Only applicants claiming the following preference may apply:

- I became homeless within the last 90 days due to a documented federal or state disaster. State date, location and type of disaster: _____
- I am currently in a recognized transitional housing program with the following agency: (Please note points will not be awarded until graduation.) _____
- Homeless Veterans Fellowship Your Community Connection Tri – County Independent Living Center

MODERATE REHABILITATION PROGRAM

On this program, upon meeting the suitability requirements of the Owner listed (good landlord references, credit and criminal background check), when the Owner has a vacancy, the Owner will offer you an apartment. If you accept the offer, you will pay rent based on 30% of your income as long as you reside in the unit. If you move, you may not take the subsidy with you. **Once you have applied at our agency, you should apply with the Owner immediately.**

Please check below which property waiting lists you would like this application to be placed on:

Property Location	Bedroom Sizes	√ Check Below – All Properties you would like to apply for:
Browning Apartments, 2703 Washington, Ogden	2 Bedrooms	
Mountain View Apts., 563 W 24 th , Ogden	2 & 3 Bedrooms	
Peery Apartments, 2461 Adams, Ogden	1, 2 & 3 Bedrooms	
Fontanelle, 2465 Monroe, Ogden	1 & 3 Bedrooms	
Bristol Mansion, 2480 Van Buren, Ogden	Studios, 1, 2, & 3 Bedrooms	
Revelle Apartments, 2485 Monroe, Ogden	1, 2 & 3 Bedrooms	
Evergreen Apartments, 3455 Iowa, Ogden	1 & 2 Bedrooms	
Madison Manor, 2434 Madison, Ogden	1, 2, & 3 Bedrooms	
Marion Hotel, 194 25 th , Ogden	Studios	

- HOPWA – Housing Opportunities for Persons with AIDs – *Must attach referral*
- Shelter Plus Care – Housing Opportunities for individuals with a disabling condition who are chronically homeless (homeless for one year or more or had 4 or more episodes of homelessness in the last 3 years. *Must attach referral.*
- Public Housing - You must complete **Page 5** of this application. On this program, if you meet suitability requirements (good landlord references, credit and criminal background check), once there is a vacancy, you will be offered an apartment. If you accept the offer, you will pay rent based on 30% of your income as long as you reside in the unit. If you move, you may not take the subsidy with you. If you refuse the three offers, your application will be removed and you will be required to reapply. You will be required to pay a security deposit prior to moving in, as follows:

1 bedroom - \$300, 2 bedroom \$400, 3 bedroom \$500.

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PLEASE **PRINT IN BLACK OR BLUE INK** THE FOLLOWING INFORMATION FOR EACH PERSON WHO WILL LIVE IN YOUR HOUSEHOLD:

	LAST NAME	FIRST NAME	MI	Relationship (Spouse, Daughter, etc.)	SEX (F or M)	Is this person DISABLED? As defined by the Social Security Act (Yes or No)	Social Security Number	Date of Birth	Place of Birth
1				Head of Household					
2				Spouse					
3									
4									
5									
6									
7									
8									
9									
10									

Where do you currently live? Complete the following:

	Address	City	State	Zip	Do you Own or Rent? If you rented, list Landlord's name and address or phone number.
Current					

Are you currently homeless? _____ If yes, how long have you been homeless? _____

Where should we send correspondence to you? ___ Address above or

___ This Address:

Phone Number(s) where you may be reached: _____ Home _____ Message
 Other: _____ Work _____ Cell _____

Please note that you are responsible for notifying the agency of any change of address or circumstances. Any correspondence from this agency will be sent to the address listed above unless you have informed the agency in writing of a change.

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ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED:
 (Failure to answer a question may cause a delay in assistance.)

Is any one in your household employed? No Yes **If yes, please complete the following:**

Who is employed?	Employer Name	Employer Phone #	Rate of Pay/ Per Hour	Age of Employed Person?

Is anyone in your household self-employed? No Yes **If yes, complete the following and attach a copy of your most recent tax return or income/expense statement:**

Who is self-employed?	Name or Type of Business	Earnings Year to Date

Does anyone in your household receive:

Type of Income	No	Yes	Person Receiving Income	Monthly Amount
Food Stamps				
General Assistance				
Military Pay/Allowance				
Pell Grant/ Scholarship				
Social Security (SSA or SSD)				
Supplemental Security Income (SSI)				
Unemployment				
Welfare/ TANF				
Workmen's Compensation				

Type of Income	No	Yes	Person Receiving Income	Payee:	Monthly Amount
Alimony					
Annuity, Insurance Payments					
Child Support					
Cash earnings (not reported to the IRS)					
Interest, Dividends or Royalties					
Pension/ IRA/ 401 K					
Tips, Commissions, or Bonuses					

Do you own any of the following: (Check all that apply and list the value.)

- Real estate \$ _____
 Checking/Savings Account(s) \$ _____
 IRA(s) \$ _____
 Stock(s) \$ _____
 Bond(s) \$ _____
 Mobile Home \$ _____
 Other Assets: _____

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PUBLIC HOUSING
ONLY COMPLETE THIS PAGE IF YOU WISH TO LIVE IN ONE OF THE
LOCATIONS LISTED BELOW

On this program, upon meeting the suitability requirements (good landlord references, credit and criminal background check), once there is a vacancy, you will be offered an apartment.

- If you accept the offer, you will pay rent based on 30% of your income as long as you reside in the unit. If you move, you may not take the subsidy with you.
- If you refuse the offer, you will be offered the next available unit. If you refuse that offer, you will be provided one more opportunity to accept a unit. If you refuse the third offer, your application will be removed and you will be required to reapply.
- You will be responsible to pay your security deposit prior to moving in based on the following:
 1 bedroom - \$300, 2 bedroom \$400, 3 bedroom \$500
 In addition, utilities must be in your name prior to moving in.

Check the PROPERTIES YOU WISH TO BE CONSIDERED FOR:

Units for Elderly or Persons with Disabilities Only		Family, elderly or Persons with Disabilities	
	Lomand Gardens, 550 Grant, Ogden, UT 1 Bedrooms		608-610 Lincoln, Ogden, UT 1, 2, & 3 Bedrooms
	Kimi Apartments, 663 22 nd , Ogden, UT 1 Bedrooms		1333 Grant, Ogden, UT 2, & 3 Bedrooms
			238-251 28 th , Ogden, UT 1, 2, & 3 Bedrooms
			2522, 2525, and 2536 D Avenue, Ogden, UT 2 or 3 Bedrooms

Do you require any of the following?

Unit on Ground Floor Wheel Chair Accessibility
 Special Emergency Lighting for Hearing Impaired Special Features for Visually Impaired

Please list all addresses where you have lived over the last five (5) years:

Dates	Address	City	State	Zip	Did you Own or Rent? If you rented, list Landlord's name and address or phone number.

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APPLICANT CERTIFICATION

REQUIREMENT TO UPDATE AND COOPERATE: I understand that I will be required to update and verify this information prior to being offered any housing assistance. I understand that I am required to report any changes in income, family composition and contact information (address, phone) **in writing**. I understand that I am required to supply all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completion and execution of all required forms and releases. I understand that failure to cooperate or provide correct information may lead to either delays or denials of assistance.

AUTHORIZATION TO VERIFY INFORMATION: I understand that all information on this application may be verified by the agency. I hereby authorize OHA to contact other government agencies, law enforcement agencies, employers, financial institutions, credit agencies and other sources of income to verify information regarding my income and/or family composition, reported or not. I hereby authorize those agencies to provide required information and hold those agencies harmless for information provided.

AUTHORIZATION TO VERIFY CRIMINAL BACKGROUND: I hereby authorize OHA to contact any federal, state or local law enforcement agency to verify any criminal activity or background and give my consent to all legal jurisdictions to release any and all information relating to my criminal background or lack thereof. I hereby hold those agencies harmless for any information provided.

AGREEMENT TO NON-DUPLICATE ASSISTANCE: I certify that if afforded housing assistance, the assigned housing will be my principal residence and I will not obtain duplicate Federal housing assistance while I am on a program operated by OHA.

INFORMATION SUPPLIED IS TRUE AND COMPLETE/SHARING OF INFORMATION: I certify that all the information provided on this pre-application is accurate and complete to the best of my knowledge. I have reviewed my pre-application form and certify by my signature below that the information shown is true and correct. I understand that this information may be shared with other government agencies. I understand that this is a pre-application, not a contract and does not bind either party.

WARNING: Section 1001 of Title 18 of the U. S. Code makes it a criminal offense to make willful false statements of misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.

PLEASE NOTE: All Adult Members of the Family on this application must read the Certification above and sign below:

By my signature below, I acknowledge that I have read and understand the certifications above:

----- Head of Household Signature	----- Date	----- Spouse or Other Adult Signature	----- Date
----- Adult Family Member Signature	----- Date	----- Adult Family Member Signature	----- Date

Failure to report all income or a change in address or family composition in writing will cause your application to be withdrawn from the waiting list.

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AUTHORIZATION TO RELEASE CRIMINAL HISTORY

PLEASE NOTE: ALL ADULTS LISTED ON THE APPLICATION WILL BE FINGERPRINTED AND THIS AGENCY WILL REQUEST A FEDERAL BUREAU OF INVESTIGATION (FBI) REPORT ON ANY CRIMINAL ACTIVITY FROM THE AGE OF 18 TO CURRENT.

Each adult family member must complete the following information:

FULL NAME: _____ Social Security #: _____
FIRST MIDDLE LAST

Date of Birth: _____ Other Names You May Have Gone By: _____

Have you been arrested, plead guilty or convicted of any felony crime during the last 10 years? _____

If so, please state the date, the crime and the jurisdiction: _____

You must list all of the Counties/States you have resided in over the last ten (10) years:

County	State	Years of Residency	County	State	Years of Residency

I hereby authorize, and hold harmless, any and all legal jurisdictions contacted to release any and all information relating to my criminal background or lack thereof to the Ogden Housing Authority.

 Signature Date

FULL NAME: _____ Social Security #: _____
FIRST MIDDLE LAST

Date of Birth: _____ Other Names You May Have Gone By: _____

Have you been arrested, plead guilty or convicted of any felony crime during the last 10 years? _____

If so, please state the date, the crime and the jurisdiction: _____

You must list all of the Counties/States you have resided in over the last ten (10) years:

County	State	Years of Residency	County	State	Years of Residency

I hereby authorize, and hold harmless, any and all legal jurisdictions contacted to release any and all information relating to my criminal background or lack thereof to the Ogden Housing Authority.

 Signature Date

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.