



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.

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If the agency contacts you by mail and you do not respond timely, your application will be withdrawn.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

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Please be advised that results of criminal screening (which may include FBI checks) may be grounds for denial of housing assistance.

Ogden Housing Authority (OHA)

APPLICATION (Effective 03012009)



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? <i>As defined by the Social Security Act (Yes or No)</i>	Social Security Number	Date of Birth	Place of Birth
1				Head of Household					
2				Spouse					
3									
4									
5									
6									
7									
8									

What is your monthly income? (Examples: Wages, SSI, SSA, Alimony/Child Support, Interest, Dividends, Retirement, Self Employment Income, Tips, Commissions, Welfare, etc.) Type: _____ \$ _____

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

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

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					

Where should we send mail? Address Above or
 Current Mailing Address if different than address listed above:

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.

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

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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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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 22nd, Ogden, UT 1 Bedrooms		1333 Grant, Ogden, UT 2, & 3 Bedrooms
			238-251 28th, 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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Housing Choice Voucher Program

This program allows a participant to receive rental assistance in a privately owned property (apartment, house, etc.) of their choice. The rental assistance moves with the participant when they move to another property, as long as they are in good standing with OHA.

Head of Household Name: _____

Social Security Number: _____

Please place my application on the Housing Choice Voucher Program

I am claiming preference under the following categories:

_____ I am homeless 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

I understand that I am responsible to notify OHA in writing of any change of address or circumstance and that my application will be withdrawn if I fail to respond to any written correspondence sent to me by OHA.

_____ Date: _____

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Declaration of U. S. Citizenship or Non-Citizen with Eligible Immigration Status

In accordance with the Department of Housing and Urban Development (HUD), every applicant/participant must complete the following for all family household members.

Please **PRINT** below every person living in the household and designate the citizenship status.

- Citizenship Status:** **A = United States Citizen(s)**
 B = Non-Citizen with Eligible Immigration Status
 C = Non-Citizen without Eligible Immigration Status

Name	S e x	Age	Citizenship Status (A, B, C)	If Citizenship Status B, Enter Immigration Number	Signature of Head of Household for Dependents	Voluntary – This column is for statistical purposes only. Please list the race or ethnicity from the code at the bottom for each family member
Head of Household:						
Spouse:						
Dependent:						
Dependent:						
Dependent:						
Dependent:						
Dependent:						
Dependent:						
Dependent or Other Adult:						
Dependent or Other Adult:						

Racial and Ethnic Codes:	A (Asian/Pacific Islander);	B (African American);	H (Hispanic);
	N (Native American/American Indian);	O (Other);	W (Caucasian);

I declare under penalty of perjury that I, or we, are giving true and accurate information on every member of our household concerning whether he/she is a United States Citizen, non-citizen with eligible immigration status, or non-citizen without eligible immigration status.

_____	_____
Head of Household	Spouse
_____	_____
Other Adult	Other Adult
_____	_____
Other Adult	Date

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AUTHORIZATION TO RELEASE CRIMINAL HISTORY

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:

Table with 6 columns: 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:

Table with 6 columns: County, State, Years of Residency, County, State, Years of Residency

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Signature Date

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