

## 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 for Public Housing, Mod Rehab Program, 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If the agency contacts you by mail and you do not respond timely, your application will be withdrawn.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.

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, please contact the housing authority.

**PLEASE NOTE:** This Agency will search the Bureau of Criminal Investigation (BCI) or similar 3<sup>rd</sup> party providers for **current and prior criminal activity (theft, DUI, drug activity, etc.)** to determine housing eligibility on all Adults listed. In addition, all Adults listed on the application may 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.

**In addition,** Owners and Landlords of Section 8 programs (voucher, VASH, Shelter Plus Care, Moderate Rehabilitation, etc.) will check for Criminal History, Credit, and prior Rental History.

**Ogden Housing Authority (OHA)**  
**APPLICATION** (Effective 06/17/2015)



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									
9									
10									

**Where do you currently live? Please 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? \_\_\_\_\_

Should correspondence be sent to the address above? \_\_\_\_\_ If NO, please provide a

correspondence address here: \_\_\_\_\_  
Address City, State Zip

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.**

# Ogden Housing Authority (OHA)

## APPLICATION (Effective 06/17/2015)



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

**Is anyone in your household employed? No \_\_\_ Yes \_\_\_ If yes, please complete the following:**

Who is employed?	Employer Name	Employer Phone #	Rate of Pay/ Per Hour	Hrs Worked per week:	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 any of the following?**

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: \_\_\_\_\_

**Ogden Housing Authority (OHA)**  
**APPLICATION** (Effective 06/17/2015)



**Please accept this application for:** (Check all programs that you want to apply)

- HOUSING CHOICE VOUCHER PROGRAM (SECTION 8 VOUCHER)**
- PUBLIC HOUSING** – Subsidized Units within Ogden City, see below. Rent is based on 30% of your income. If you move, you may not take the subsidy with you. **You must also complete Page 6 of this application if you want to apply.**

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

**MODERATE REHABILITATION PROGRAM**

On this program, upon nearing the top of the waiting list and meeting the eligibility requirements the housing authority will refer you to the Owner listed. The Owner listed has their own screening process (good landlord references, credit and criminal background check, etc.). When the Owner has a vacancy and upon meeting requirements, 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.

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

Moderate Rehabilitation Property Location	Bedroom Sizes	<input checked="" type="checkbox"/> Check Below
Browning Apartments, 2703 Washington, Ogden	2 Bedrooms	
Mountain View Apts., 563 W 24 <sup>th</sup> , Ogden	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	

- 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.***
- LOMOND VIEW RETIREMENT APARTMENTS** – (*Elderly - 62 and older*), 620 Grant Ave. Ogden, UT 84404: (*Subsidized – Rent is based on 30% of your income. If you move, you may not take the subsidy with you*)

- I am elderly (62 and older) and homeless/near homeless (**must provide referral from one of the following: Lantern House, YCC, Catholic Community Services, or Roads to Independence.**)
- I am elderly (62 and older) and disabled

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**Local Preferences:** Ogden Housing Authority has the following waiting list preferences for the Section 8 Housing Choice Voucher and Public Housing. Please check all that apply to your current circumstance.

**HOUSING CHOICE VOUCHER PROGRAM (Section 8 Voucher):**

- Families that reside in, working in, or who have been notified that they are hired to work in Weber County.
- Working families within OHA's jurisdiction where the head, spouse, co-head is employed at least 25 hours a week for three months at the time the family is selected from the waiting list and must be documented. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference. *A self-employed person will be considered to meet the requirement if the net monthly earnings have equaled or exceeded the dollar value of 25 hours per week at minimum wage.*
- Families displaced by fire (**excluding tenant caused fires**), flood or storm or other government natural disaster within OHA's jurisdiction. Such displacement must be recent and continuing; the displacement must have occurred within the last three months of the requested preference and must be verifiable by Red Cross or other government agency.
- Successful participants of "transitional" housing programs which the agency has enacted a memorandum of understanding (MOU).

**PUBLIC HOUSING:**

- Families that reside in, working in, or who have been notified that they are hired to work in Weber County.
- Working families within OHA's jurisdiction where the head, spouse, co-head is employed at least 25 hours a week for three months at the time the family is selected from the waiting list and must be documented. As required by HUD, families where the head and spouse, or sole member is a person age 62 or older, or is a person with disabilities, will also be given the benefit of the working preference. *A self-employed person will be considered to meet the requirement if the net monthly earnings have equaled or exceeded the dollar value of 25 hours per week at minimum wage.*
- Families displaced by fire (**excluding tenant caused fires**), flood or storm or other government natural disaster within OHA's jurisdiction. Such displacement must be recent and continuing; the displacement must have occurred within the last three months of the requested preference and must be verifiable by Red Cross or other government agency.
- Successful participants of "transitional" housing programs which the agency has enacted a Memorandum of Understanding (MOU).

**Verifications:** The family must provide proper verification for any programs they are eligible for a preference at the time of application or any time while on the waiting list.

The family must qualify for the preference at the time the family is selected from the waiting list.

If, at the time the formal application is processed, it is determined the family does not qualify for a preference at the time of the waiting list selection, the family will be placed on the waiting list in a non-preference status according to the date and time of the original application. The family may reapply for preference status at any time.

Time frames: The verification is valid for ninety (90) calendar days after receipt by OHA. If the applicant is not housed within ninety (90) calendar days, the preference must be re-verified at the time the family is selected 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), and 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, certain properties require the tenant to put utilities in their name prior to moving in.

**Check next to the PROPERTIES YOU WISH TO BE CONSIDERED FOR:**

<input checked="" type="checkbox"/>	<b>Units for Elderly or Persons with Disabilities Only</b>	<input checked="" type="checkbox"/>	<b>Family, Elderly or Persons with Disabilities</b>
<input type="checkbox"/>	Lomond Gardens, 550 Grant, Ogden, UT 1 Bedrooms	<input type="checkbox"/>	608-610 Lincoln, Ogden, UT 1, 2, & 3 Bedrooms
<input type="checkbox"/>	Kimi Apartments, 663 22 <sup>nd</sup> , Ogden, UT 1 Bedrooms	<input type="checkbox"/>	1333 Grant, Ogden, UT 2, & 3 Bedrooms
		<input type="checkbox"/>	238-251 28 <sup>th</sup> , Ogden, UT 1, 2, & 3 Bedrooms
		<input type="checkbox"/>	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	<b>Did you Own or Rent?</b> If you rented, list Landlord's name and address or phone number.

# Ogden Housing Authority (OHA)

APPLICATION (Effective 06/17/2015)



## 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.

**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.**

**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:

\_\_\_\_\_  
Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse or Other Adult Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Family Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Adult Family Member Signature

\_\_\_\_\_  
Date

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8).\*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7) and (8).\*\*"

# Ogden Housing Authority (OHA)

## APPLICATION (Effective 06/17/2015)



### 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	Sex	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:					XXXXXXXXXXXXXXXXXXXX	
Spouse:					XXXXXXXXXXXXXXXXXXXX	
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



# Ogden Housing Authority (OHA)

## APPLICATION (Effective 06/17/2015)



### AUTHORIZATION TO RELEASE CRIMINAL HISTORY

**PLEASE NOTE:** This Agency will search the Bureau of Criminal Investigation (BCI) or similar for **current and prior criminal activity (drug activity, violet activity, etc.)** to determine housing eligibility on all Adults listed. In addition, all Adults listed on the application may 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.

**In addition,** Owners and Landlords of Section 8 programs (voucher, VASH, Shelter Plus Care, Moderate Rehabilitation, etc.) will check for Criminal History, Credit, and prior Rental history.

**Each adult family member must complete the following information:** (Additional forms are available)

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 crime during the last 4 years? \_\_\_\_\_

If so, please state the date, the crime and the jurisdiction: \_\_\_\_\_

Are you subject to a registered sex offender registration requirement in any state?  yes  no

**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 4 years? \_\_\_\_\_

If so, please state the date, the crime and the jurisdiction: \_\_\_\_\_

Are you subject to a registered sex offender registration requirement in any state?  yes  no

**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

Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b> <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: _____	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.	
<b>Signature of Applicant</b>	<b>Date</b>

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)



**APPLICANT INFORMATION**

Ogden Housing Authority (OHA) administers several programs that provide rental assistance to persons with limited income.

**Who is eligible to receive rental assistance?**

An eligible applicant must qualify as a family. *Family* as defined by HUD includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status, a single person, who may be an elderly person, disabled person, near-elderly person, or any other single person; or a group of persons residing together. In addition, qualify on the basis of citizenship or the eligible immigrant status of family members. Provide social security number information for household members as required. Consent to the OHA's collection and use of family information as provided for in OHA-provided consent forms. The OHA must determine that the current or past behavior of household members does not include activities that are prohibited by HUD or the OHA policy and a family's income must not exceed:

(These Income Limits are changed and published annually by HUD.)

Number of Persons who will live in unit:	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>
2016 Annual Income limit for 75% of new Section 8 vouchers	\$ 15,350	\$ 17,550	\$ 20,160	\$ 24,300	\$ 28,440	\$ 32,580	\$ 36,730	\$ 40,890
2016 Annual Income limit for Public Housing & 25% of new Section 8 vouchers	\$ 25,550	\$ 29,200	\$ 32,850	\$ 36,500	\$ 39,450	\$ 42,350	\$ 45,300	\$ 48,200

**What income is used to determine eligibility?** All income from all sources received by all family members who are 18 years of age or older – gross wages, SSI, SSA, pensions, unemployment benefits, interest, dividends, TANF, child support, income received on a recurring basis to sustain life, etc. Although some specific incomes are not included in the calculation, applicants are required to report all income received within the household.

**How much rent will I pay?** Your portion of the rent will be based on a minimum of 30% of your adjusted income, no less than \$50. The agency calculates all of your countable annual income, then reduces that income by the appropriate deductions:

- \$480 for each minor in the family who is an eligible citizen.
- Medical expenses in excess of 3% of income for elderly or persons with disability.
- Child care for family members under the age of 13, where family members work or go to school, not to exceed the lowest income or the number of hours of school.
- Unusual care expenses for persons with disability which allow a family member to be gainfully employed.

**What programs may I apply for?** You may apply for all programs or just specific programs. If your situation is dire, we suggest you apply for all programs. If you only apply for one program and then request to have your name placed on another list, the date of application for the requested additional placement will be the date the request was received, not the date of your original application.



**What happens after I turn my pre-application in?**

Your pre-application will be placed on a waiting list, based on any preference you are eligible for and based on date and time of application. **Your position on the waiting list may change daily** – moving back when someone with greater preference moves ahead of you and moving forward when applications are pulled off the list.

Applicants are notified based on their position on the waiting list when either there is a Public Housing, Moderate Rehabilitation Program unit available, or a Section 8 voucher available.

Currently, we are pulling applicants from the waiting lists as follows:

Program	Bedroom Size	Approximate Wait Time
Section 8 Vouchers		Varies
Public Housing	One Bedrooms, Elderly	1 to 12 months
	All other Units	1 to 12 months
Moderate Rehabilitation	All units	1 to 12 months

Once your name is near the top of the list, you will receive a letter to update your application. You will be required to verify your income, family composition, preference and certify to your eligibility as a citizen, and in the case of Public Housing, screened for suitability. Suitable applicants for Public Housing must have a reasonable credit report, no history of criminal activity, and a minimum of three years positive residential history.

**PUBLIC HOUSING:** On this program, upon meeting the suitability requirements, and when there is a vacancy, you will be offered an apartment. 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 placed in your name prior to moving in.

**SECTION 8 VOUCHERS:** On this program, upon completing the final verifications, you will be required to attend a briefing session to explain the program requirements, issued a voucher which allows you 60 days to find suitable housing, and enter into a lease with a landlord, in that order. We recommend you do not move into a unit or sign a lease, **until the unit has been approved**

**MODERATE REHABILITATION:** The Owners of these properties select applicants from our list of eligible applicants. You must meet their screening criteria, their application procedures and our eligibility requirements.

**NOTIFY US OF ALL CHANGES:** You are responsible to notify this agency in writing any time your income, family composition or address changes. This agency will notify you in writing when your name is near the top of the waiting list. **If you do not respond to that letter, your application will be removed from the waiting list and you will be required to reapply.**

You may contact **Weber Housing Authority** for rental assistance at:

Weber Housing Authority  
 237 26<sup>th</sup> Street, Ogden, UT 84401  
 Tel: (801) 399-8691

Please keep this receipt as your copy of receipt of your application as of today's date:

APPLICANT NAME: \_\_\_\_\_ SOC SEC # \_\_\_\_\_

HOUSING CHOICE VOUCHER  PUBLIC HOUSING  MODERATE REHABILITATION

HOPWA  SHELTER PLUS CARE  LOMOND VIEW RETIREMENT APTS.