



# Greene Metropolitan Housing Authority

538 N. Detroit Street, Xenia, OH 45385

Xenia: 937-376-2908, Fairborn: 937-429-7736

General Fax: 937-376-2487, Public Housing Fax: 937-347-1235, Section 8 Fax: 937-347-1230

Website: [www.gmha.net](http://www.gmha.net)

## Request for Additional Household Member

The Applicant and family must meet one of the following conditions.

- 1.)  Two or more adults, who have a family-type relationship, i.e. related by blood, marriage or operation of law. If this additional person is related by blood, please indicate how he/she is related to you \_\_\_\_\_.
- 2.)  Two adults who occupy the same household as husband and wife, or with an understanding or agreement of cohabitation.
- 3.)  Two or more unrelated adults of the same sex, who are elderly or disabled, and have demonstrated their ability to live together as a family; or one or more such individuals living with another person who is determined to be essential to their care or well-being. Medical reasons (Documentation must be provided.)

The following documents are required prior to adding an additional household member:

- 1) Proof of citizenship including date and place of birth (birth certificate, birth record, naturalization certificate, passport or INS Documents)
- 2) Social Security Card
- 3) Photo identification for anyone age 18 and over

### Household Contact Information

Head of Household \_\_\_\_\_  
Name (Print) Social Security Number

Address: \_\_\_\_\_  
Street City State Zip Email address

Phone: \_\_\_\_\_  
Home Cell Work Message

### Additional Household Member(s) Profile

Name	Social Security Number	Date of Birth	Sex M/F	Student Y/N	*Race Code	Hispanic Y/N	Relationship to Head of Household

\*Race Code: (1) White (2) Black (3) American Indian or Alaskan Native (4) Asian (5) Hawaiian or Pacific Islander (6) Hispanic

**You must list all information requested in this section because all criminal and rental history will be thoroughly investigated**

1.  Yes  No Have you or any other family member listed on your application been charged with and/or convicted of a felony or any violent criminal activity (including domestic violence) or has anyone listed on this application ever been charged with and/or convicted of any drug-related activity, or are you or anyone else in your household required by state law to register as a Sex Offender?

Name of adult and/or adults that have charges or convictions: \_\_\_\_\_

**You Will Need To Include a Copy of The Court Disposition For Each Charge and/or Conviction**

List each charge below and court of jurisdiction  
 #1 \_\_\_\_\_  
 #2 \_\_\_\_\_

List each conviction, date and court of jurisdiction::  
 #1 \_\_\_\_\_  
 #2 \_\_\_\_\_

2.  Yes  No Are you presently, or have you or any adult member of your household, ever lived in Subsidized Low Income Housing, Public Housing or Section 8 Housing? If Yes, which adult and/or adults lived in the subsidized housing?  
 \_\_\_\_\_

Yes  No Is there a balance owed? If yes, how much money is owed? \$ \_\_\_\_\_

3.  Yes  No Have you or any adult member of your household been evicted during the past 12 months from a Subsidized Low Income Housing, Public Housing or Section 8 Program? **If yes**, where were you evicted from?  
 \_\_\_\_\_  
*Name of Public Housing or Section 8 Program*

4. **IF YOU ANSWERED YES** to questions 2 or 3 above, you must provide the information requested below or your Application process will be delayed.

**Subsidized Housing Information and Your Information**

Please provide the name & address of each subsidized Project or Housing Authority where you are or were housed. Provide the address where you live or lived with the move-in and move-out dates

_____	_____	_____	_____	_____	_____
Name of Project or Housing Authority	Address	City	ST	Zip	
_____	_____	_____	_____	_____	_____
Address or Unit # where you lived	City	ST	Zip	Move-In Date	Move-Out Date
_____	_____	_____	_____	_____	_____
Name of Project or Housing Authority	Address	City	ST	Zip	
_____	_____	_____	_____	_____	_____
Address or Unit # where you lived	City	ST	Zip	Move-In Date	Move-Out Date

5. (a) Name any person(s) who will live in the unit with a disability? \_\_\_\_\_  
 (b) What type of reasonable accommodations does this person(s) need? \_\_\_\_\_

## Household Preferences with Additional Household Member

Only Check Preferences That Apply To You In Your Current Living Situation. Do Not Check Any Preference You Will Not Be Able To Verify.

### Family, Elderly, Single Pregnant or Single Disabled

- Applicant, whose household has at least one child; or
- A single person verifying expected reunification with their child or children within 6 months
- Head, spouse, sole member, is at least age 62;
- A pregnant woman (must provide documentation) - Estimated Due Date: \_\_\_\_\_
- A single disabled person

### Near Elderly

- Applicant, who is at least age 50, but not yet age 62

### Involuntarily Displaced

- Applicant has been displaced because of fire, natural disaster, or government action

### Domestic Violence/Displacement /Substandard Housing or Homeless

- Domestic Violence
  - he/she is a victim of actual or threatened physical violence; or is a stalking victim
- Applicant has been displaced:
  - by inaccessibility of a unit
  - by a hate crime
  - because he/she is a victim of actual or threatened physical violence
  - because the landlord has sold the unit and the new owners are moving in
  - because the landlord wants to move into the unit themselves
  - because the landlord wants to renovate the unit
- Substandard Housing: The unit applicant is living in:
  - is dilapidated, and/or the unit has been condemned or;
  - does not have a usable toilet, and/or a usable bathtub or shower
  - does not have electricity and/or has unsafe electrical service
  - does not have heat (not due to non-payment by the tenant)
  - does not have a kitchen
- The applicant is homeless

A person is considered homeless only when he/she resides in one of the places described below:

  - is living in places not meant for human habitation, such as cars, parks, sidewalks, abandon buildings (on the street)
  - is in an emergency shelter
  - is in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters
  - is in any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
  - is fleeing a domestic violence housing situation and no subsequent residence has been identified and lacks the resources and support networks needed to obtain housing.

### Paying more than 50% of Income for Rent

- Applicant has been paying more than 50% of income for rent and utilities for at least 90 days prior to application.

### Overcrowded Household

- Applicant can provide verification that two or more families live in the same household; or provide verification there is more than two people per bedroom

### Working/Disabled /Elderly

- Head of household or spouse works at least 20 hours per week and has been working for at least 90 days at his/her present job or;
- Applicant household whose sole member or **head and spouse** is disabled or is age 62 or older.

**US Veteran**

Applicant can provide a copy of DD-214 as verification that head or spouse is a US Veteran

**Local Concern**

Applicant can provide proof that he/she has lived in Greene County for a minimum of at least 90 days or can provide verification that he/she works in Greene County.

**Village of Yellow Springs Preference**

Applicant lives or is employed in Yellow Springs, applicant was a former resident of Yellow Springs, or has family residing in Yellow Springs.

**Project Total**

Applicant is a current participant in the Project Total Program.

**Money Management**

Applicant must complete the 10 hr. Money Management course offered thru the OSU Extension office. This preference must be verified by a certificate of completion for the course.

**Family Income and Assets**

Examples: Employment, Unemployment, Social Security, Child Support, OWF, Friends, Family \$ \_\_\_\_\_  
Gross Monthly Income

Examples: Employment, Unemployment, Social Security, Child Support, OWF, Friends, Family \$ \_\_\_\_\_  
Gross Monthly Income

Examples: Employment, Unemployment, Social Security, Child Support, OWF, Friends, Family \$ \_\_\_\_\_  
Gross Monthly Income

Examples: Employment, Unemployment, Social Security, Child Support, OWF, Friends, Family \$ \_\_\_\_\_  
Gross Monthly Income

6.  Yes  No Do you have a checking or savings account or do you own any property? If Yes, check the box and/or boxes that apply.  Checking Account  Savings Account  Own Property

# GMHA DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

**NOTICE TO APPLICANTS AND TENANTS:** In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign. Feel free to consult with an immigration lawyer or other immigration expert of your choosing.

My signature below certifies, under penalty of perjury, that, to the best of my knowledge, I, and the minor children listed below, are lawfully within the United States because *I am a citizen by birth, a naturalized citizen, or a national of the United States.*

## LIST U.S. CITIZENS NAMES HERE

_____	_____
_____	_____
_____	_____

## U.S. CITIZEN SIGNATURES

Signature: _____ Date _____ Head of Household	Signature: _____ Date _____ Spouse
Signature: _____ Date _____ Other Adult Member of the Household	Signature: _____ Date _____ Other Adult Member of the Household

My signature below certifies, under penalty of perjury, that, to the best of my knowledge, I, and the minor children listed below, are lawfully within the United States because (check the appropriate box):

A. I have eligible immigration status and I am 62 years of age or older. Attach proof of age,  Yes  No

B. If no, I have eligible immigration status as checked below (see reverse side of this form for explanations. Attach INS document(s) showing eligible immigration status and a signed verification consent form.)

- 1 ( ) Immigrant status under § 101 (a)(15) or 101 (a)(20) of the immigration and Nationality Act (INA)
- 2 ( ) Permanent residence under §249 of INA
- 3 ( ) Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA
- 4 ( ) Parole status under §§212(d)(5) of the INA
- 5 ( ) Threat to life or freedom under §243(h) of the INA
- 6 ( ) Amnesty under §245 of the INA.

## LIST NON-CITIZENS NAMES HERE

_____	_____
_____	_____
_____	_____

## NON-CITIZEN SIGNATURES

Signature: _____ Date _____ Head of Household	Signature: _____ Date _____ Spouse
Signature: _____ Date _____ Other Adult Member of the Household	Signature: _____ Date _____ Other Adult Member of the Household

**WARNING:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing an false fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both. The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

**Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

1. **Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act 9(INA), as an immigrant as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(15), respectively [*immigrant status*]. This category includes a non-citizen admitted under §210 or 210A of the INA (8 U.S.C.1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.
2. **Permanent residence under §249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8U.S.C. 1259) [*amnesty granted under INA 249*].
3. **Refugee, asylum, or conditional entry status under §207, 208, or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158 [*asylum status*], or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7) before April 1, 1980, because of persecution or account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].
4. **Parole status under §212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a Result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §of the INA (8 U.S.C. 1182(d)(5)[*parole status*].
5. **Threat to life of freedom under §243(h) of INA.** A non-citizen who is lawfully present in the U.S. As a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h) [*threat to life or freedom*].
6. **Amnesty under §245A of INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (U.S.C. 1255a)[*amnesty granted under INA 245A*].

Greene Metropolitan Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained.

# \_\_\_\_\_ Date \_\_\_\_\_

# AUTHORIZATION FOR THE RELEASE OF INFORMATION

**PURPOSE:**

Greene Metropolitan Housing Authority (GMHA) may use this authorization and the information obtained with it, to administer and enforce program rules and policies.

**AUTHORIZATION:**

I authorize the release of any information (documentation and related materials) pertinent to eligibility for the following programs:  
Low Rent Public Housing, Section 8 Housing Assistance.

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for, or participation in, these assisted housing programs.

I authorize only GMHA to obtain information on wages or unemployment compensation from State Employment Securities Agencies.

**INFORMATION COVERED INQUIRIES MAY BE MADE ABOUT:**

Child Care Expenses/Credit History/Criminal Activity/Family Composition/Employment/ Income/ Pensions and Assets/Federal, State, Tribal or Local Benefits/Handicapped Assistance Expenses/Identity and Marital Status/Medical Expenses/Social Security Numbers/ Residences and Rental History

**INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION:**

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from: *Banks and Other Financial Institutions/Courts/Law Enforcement Agencies/Credit Bureaus/Employers, Past and Present/ Landlords/ Professional & Community References/Providers of: Alimony, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care, Pensions/Annuities/Schools and Colleges/U.S. Social Security Administration/U.S. Department of Veterans Affairs/Utility Companies/Welfare Agencies*

**CONDITIONS:** I agree that photocopies of this authorization may be used for the purposes stated above.

**If I Do Not Sign This Authorization, I Also Understand That My Housing Assistance May Be Denied Or Terminated.**

\_\_\_\_\_  
HEAD OF HOUSEHOLD'S SIGNATURE

Date \_\_\_\_\_

\_\_\_\_\_  
SPOUSE'S SIGNATURE

Date \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME HEAD OF HOUSEHOLD

SS .# \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME OF SPOUSE

SS .# \_\_\_\_\_

\_\_\_\_\_  
OTHER ADULT MEMBER OF THE HOUSEHOLD SIGNATURE

\_\_\_\_\_  
OTHER ADULT MEMBER OF THE HOUSEHOLD SIGNATURE

\_\_\_\_\_  
PRINT NAME OF ADULT MEMBER

SS# \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME OF ADULT MEMBER

SS.# \_\_\_\_\_

**Note: This Release Expires 15 Months from date of Signature**