



**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)

## APPLICANT CHANGE FORM

Applicant Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ APPL # \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Current Telephone \_\_\_\_\_ Fax Number \_\_\_\_\_ Email Address: \_\_\_\_\_

**HAVE YOU MOVED OR HAVE A NEW MAILING ADDRESS: IF YES PROVIDE OLD MAILING ADDRESS INFORMATION**

Old Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**IF YOU WANT TO ADD or REMOVE SOMEONE ON YOUR APPLICATION:**

If you are adding a **child** we need a copy of the birth certificate or birth record, social security card or the verification a social security card has been ordered. If you are adding another **adult** there is an additional person packet that must be completed. Please request at front desk. The additional adult's Social Security Card, birth certificate and photo identification are also required, before another adult can be added to your application.

Change	Type of Addition	First Name	Last Name
<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> Newborn <input type="checkbox"/> Other Child <input type="checkbox"/> Adult		
<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> Newborn <input type="checkbox"/> Other Child <input type="checkbox"/> Adult		
<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> Newborn <input type="checkbox"/> Other Child <input type="checkbox"/> Adult		
<input type="checkbox"/> ADD <input type="checkbox"/> REMOVE	<input type="checkbox"/> Newborn <input type="checkbox"/> Other Child <input type="checkbox"/> Adult		

**IF HOUSEHOLD INCOME HAS CHANGED PLEASE PROVIDE INFORMATION BELOW:**

Previous Income Source: \_\_\_\_\_

New Income Source: \_\_\_\_\_ Estimated Monthly Gross Income: \$ \_\_\_\_\_

**WHAT OTHER CHANGES HAVE YOU HAD IN YOUR LIVING SITUATION? PLEASE EXPLAIN.**

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## APPLICANT PREFERENCES

Only check preference(s) that apply to you in your current living situation. When requested, you will be asked to provide verification for each preference you have selected. If verification of your selected preference(s) cannot be verified, you will not be eligible for those preference points. Any changes in preferences must be reported immediately. Submission of false information may result in loss of eligibility to participate in the Housing Choice Voucher Program, Public Housing or Yellow Springs Village Greene Program and is punishable under federal law.

- Family** - Applicant, whose household has at least one child; or
- Family** - A single person verifying expected reunification with their child or children within 6 months
- Elderly** - Head, spouse, sole member, is at least age 62;
- Single Pregnant** - A pregnant woman (must provide documentation) - Estimated Due Date: \_\_\_\_\_
- Single Disabled** - A single disabled person (name of disabled household member) \_\_\_\_\_  
What type of reasonable accommodations does this person need? \_\_\_\_\_
- Domestic Violence** - Applicant is a victim of actual or threatened physical violence; or is a stalking victim.
- Applicant has been displaced** - Applicant is displaced by inaccessibility of a unit by either a hate crime, landlord no longer leasing due to sale of property, renovation or occupying the unit themselves.
- Substandard Housing** - Living in a unit that is dilapidated, and/or the unit has been condemned. Does not have a usable toilet, and/or a usable bathtub or shower. Does not have electric service or safe electric service, does not have heat (not due to non-payment) or does not have a kitchen.
- Homeless** - A person is considered homeless only when he/she resides in a place not meant for human habitation, such as cars, parks, sidewalks, abandon buildings (on the street). Is in an emergency shelter, transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters, an applicant who is spending a brief time in the hospital or other institution. (Up to 30 Days).
- 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; sole member or head and spouse is disabled or is age 62 or older.
- Involuntarily Displaced** - Applicant displaced because of fire, natural disaster, or government action
- Near Elderly** - Applicant, who is at least age 50, but not yet age 62
- Paying more than 50% of Income for Rent** - currently paying more than 50% of income for rent and utilities and has for 90 days..
- Overcrowded Household** - Applicant is residing where two or more families reside, or more than two people per bedroom.
- US Veteran** - Applicant can provide a copy of DD-214 as verification that head or spouse is a US Veteran
- Local Concern** - Applicant currently lives and/or works in Greene County and has for a minimum of at least 90 days.
- Village of Yellow Springs** - Applicant is currently or was previously a resident of Yellow Springs or has family residing there.
- Money Management** - Applicant has completed the 10 hr. Money Management course thru the OSU Extension office.

# 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      SSN.# \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME OF SPOUSE      SSN.# \_\_\_\_\_

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

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

\_\_\_\_\_  
PRINT NAME OF ADULT MEMBER      SSN.# \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME OF ADULT MEMBER      SSN.# \_\_\_\_\_

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