



Fairmont / Morgantown Housing Authorities

NeighborWorks® HomeOwnership Center

Date _____	Time _____
FOR OFFICE USE ONLY	

ELIGIBILITY DETERMINATION APPLICATION FOR THE RENTAL ASSISTANCE and PUBLIC HOUSING PROGRAMS

The Housing Authorities of the cities of Fairmont and Morgantown.

Applicant Name: _____

Current Address: _____ Mailing Address: _____

Home telephone #: _____ Head Work #: _____ Spouse Work #: _____

Email: _____

Please check ALL the rental assistance programs you are applying for:

- _____ **Fairmont Housing Authority Section 8** (Marion, Monongalia, Preston, & Taylor Counties)
- _____ **Morgantown Housing Authority Section 8** (10mi. out of the city limits and within the city limits of Morgantown)
- _____ **Fairmont Housing Authority Developments** (within the city limits of Fairmont, Marion County)

Do you live in the Fairmont Housing Authority Developments now? (Yes) _____ (No) _____
If you are applying for Section 8 only, have you recently applied for assistance in the Fairmont Housing Authority Developments? (Yes) _____ (No) _____

LIST NAMES, ADDRESS AND TELEPHONE NUMBERS OF TWO RELATIVES OR FRIENDS, WHO GENERALLY KNOW HOW TO CONTACT YOU:

- | | |
|--------------------|--------------------|
| 1. Name: _____ | 2. Name: _____ |
| Address: _____ | Address: _____ |
| Telephone #: _____ | Telephone #: _____ |
| Email: _____ | Email: _____ |

, + 2 8 6 (+ 2 / ' & 2 0 3 2 6 , 7 1 2 1 the Head of Household and all other members who will be living in the assisted unit full time, including foster children. Give the relationship of each family member to the head.

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 W R P F H D G R I ' L V D E O H G "
 + R X V H K R O G < 1

1. _____ | _____ | _____ | _____ | _____
2. _____ | _____ | _____ | _____ | _____
3. _____ | _____ | _____ | _____ | _____
4. _____ | _____ | _____ | _____ | _____
5. _____ | _____ | _____ | _____ | _____
6. _____ | _____ | _____ | _____ | _____
7. _____ | _____ | _____ | _____ | _____
8. _____ | _____ | _____ | _____ | _____
9. _____ | _____ | _____ | _____ | _____
10. _____ | _____ | _____ | _____ | _____

Does anyone live with you now who is not listed above? _____ If yes, please explain:

Do you plan to have anyone living with you in the future who is not listed above? _____ If yes, explain: _____

Identify any special housing needs required by you or any other family members: _____

Are there now, or will there be any children in your household under the age of 6 years with an EIBL (Environmental Intervention Blood Level)? _____ Yes _____ No

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1. How many people live in your household now? _____ How many bedrooms do you have? _____
2. Do you wish to move? _____ If yes, explain: _____
3. Do you own the Stove in your home? _____ Refrigerator? _____
4. Are you now living in a government subsidized unit? _____
5. Have you or any family member ever lived in Public Housing ? _____ or in a Section 8 rental unit? _____
If yes, when and where? _____
6. What is your current rent? _____ What utilities do you pay for? _____

7. What are the current monthly expenses of your household (from preceding month)?

Rent	_____	Phone	_____	Medical	_____	Credit Card	_____
Electric	_____	Car Pmt.	_____	Cable	_____	Loan	_____
Gas	_____	Car Ins.	_____	Insurance	_____	Rentals	_____
Water	_____	Garbage	_____	Sewage	_____	Child care	_____
Other	_____						

III. INCOME INFORMATION

1. Is any member of your household employed full-time, part-time or seasonally? _____
2. Does any member of your household expect to work for any period during the next twelve months? _____
3. Does any member of your household work for someone who pays them in cash? _____
4. Does any member of your household currently receive regular cash contributions from individuals not living in the unit or from agencies? _____
5. Does any member of your family currently receive income from assets including interest on checking account? _____ Savings account? _____ Interest on dividends from certificate of deposits? _____ Stocks? _____ Bonds? _____ Income from the rental of property? _____

5. Please answer YES or NO to each of the following income sources that apply to your household.

<u>Source:</u>	<u>Person Receiving It</u>	<u>Monthly Gross Amount Received</u>
_____ TANF (WV Works check)	_____	_____
_____ Food Stamps	_____	_____
_____ Child Support	_____	_____
_____ Employment	_____	_____
_____ Social Security, SSI or SSD	_____	_____
_____ Unemployment	_____	_____
_____ Pension	_____	_____
_____ Worker's Compensation	_____	_____
_____ VA Benefits	_____	_____

6. Do you owe money to a Housing Authority agency? _____ If so, what Agency and from when?

7. For each type of income that your household receives, give the source of the income and the amount of income that can be expected from the source during the next twelve months. If an adult in the household does not have any income source write NONE.

FULL NAME	SOURCE/TYPE INCOME	ANNUAL INCOME
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

Employer Name: _____
 Address: _____
 Phone #: _____
 Fax #: _____

Employer Name: _____
 Address: _____
 Phone #: _____
 Fax #: _____

Workers Compensation / Unemployment Name: _____
 Address: _____
 Phone #: _____

Workers Compensation / Unemployment Name: _____
 Address: _____
 Phone #: _____

IV. HOUSEHOLD ASSET INFORMATION

(If you do not have any of the assets listed please write NONE, DO NOT leave it blank and DO NOT write N/A)

Checking Account

Name of Bank: _____

Address of Bank: _____

Whose Account: _____

Phone/Fax of Bank: _____

Checking Account

Name of Bank: _____

Address of Bank: _____

Whose Account: _____

Phone/Fax of Bank: _____

Savings Account/Checking Account

Name of Bank: _____

Address of Bank: _____

Whose Account: _____

Phone/Fax of Bank: _____

Savings Account/Checking Account

Name of Bank: _____

Address of Bank: _____

Whose Account: _____

Phone/Fax of Bank: _____

IRA's/Keogh Accounts

Name of Bank: _____

Address of Bank: _____

Whose Account: _____

Phone/Fax of Bank: _____

Certificates of Deposit (CD's)

Name of Bank: _____

Address of Bank: _____

Whose Account: _____

Phone/Fax of Bank: _____

Life Insurance

Name of Company: _____

Address of Company: _____

Whose Account: _____

Company Phone/Fax: _____

Policy #: _____

Life Insurance

Name of Company: _____

Address of Company: _____

Whose Account: _____

Company Phone/Fax: _____

Policy #: _____

Stocks/Bonds/Trust Fund/Pension

Name of Company: _____

Address of Company: _____

Whose Account: _____

Company Phone/Fax: _____

1. Do you own a home or other real estate? _____

If so, you will need to provide a copy of your current taxes, mortgage payments, deed, etc.

2. Have you sold or given away any real estate property or other assets in the past two (2) years? _____

If yes, what is the current market value of the assets? _____

3. Does anyone in your household 18 years of age and older attend any type of school or training program? _____

Do they receive financial aid? _____

Name of School: _____

Address: _____

Phone / Fax #: _____

V. EXPENSES

Do you pay for child care which enables you or another family member to work or go to school? _____
If yes, give name and address of the child care provider.

Child Care Provider:

Name: _____
Address: _____
Phone: _____
Fax: _____

Child Care Provider:

Name: _____
Address: _____
Phone: _____
Fax: _____

VI. DISABLED FAMILIES ONLY

(If this does not apply to your household please indicate by NONE)

1. Do you pay for a care attendant or for any equipment for the disabled person(s) of the household necessary to permit that person or someone else in the household to work? _____

If yes, explain expenses: _____

VII. DISABLED/ELDERLY FAMILIES ONLY

(Head of Household or Spouse must be one of the above-IF THIS DOES NOT APPLY TO YOUR HOUSEHOLD PLEASE GO TO SPECIAL ACCOMMODATION SECTION-NEXT PAGE)

If this section applies to you but you do not have any medical bills or prescriptions please indicate by writing NONE.

Do you have Medicare (through Social Security)? _____

If yes, what is your Medicare premium? _____

Do you have any other medical insurance? _____ If yes, give name and address of insurance company.

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Do you receive medical assistance through the Department of Health and Human Resources? _____

Do you have any outstanding medical bills on which you are currently making monthly payments? _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Do you have any prescriptions or over the counter medicine that you pay for? _____

Do you take this medicine on a regular monthly or weekly basis? _____

If you are taking any Medications please provide the name and address of the pharmacy:

Name: _____

Name: _____

Address: _____

Address: _____

Phone #: _____

Phone #: _____

Do you expect to have any medical expenses during the next twelve (12) months? _____

VIII. SPECIAL ACCOMMODATIONS

6XEPLVVLRQ RI WKLW LQIRUPDWLRQ LV YROXQWDU\

'RHV DQ\ PHPEHU RI \RXU IDPLO\ KR XVHKROG UHTXLUH VSHFL
GLVDELOLW\ "BBBBBBBBB ,I \HV ZKDW W\SH RI DFFRPPRGDWL
BB
BB

IX. PERSONAL HISTORY

0DULW (Dec 6th) DWXV 600 JCHHGHSDUDWLYEUFHGLYH LQ

5DFLDO *URXS 6HSHFW&RQBI853)265 66 2 1 /<
:KLWH %ODFN1DWRPHULFDQ\$VLDQ 6\$DQULKFDQ 2WKHU

+DYH \RX RU DQ\ PHPEHU RI \RXU KR XVHKROG HYHU EHHQ DU
,I VR ZKHQ DQG ZKDW ZDV WKH QDWXUH RI WKH FULPH WKDW \RX

+DYH \RX RU DQ\ KR XVHKROG PHPEHU HYHU HQJDJHG LQ IHO
\$UH \RX RU DQ\ RWKHU DGXOW PHPEHU RI WKH KR XVHKROG X
'R \RX RU DQ\ RWKHU DGXOW PHPEHU RI WKH KR XVHKROG H[SHFV
+DYH \RX HYHU XVHG DQ\ QDPHV RWKHU WKDQ WKH RQH \RX
BB

(Housing Authority policy prevents providing rental assistance to adults who currently are, or will be
under house arrest.) **Note: A criminal background check may be conducted to confirm your answer.**

3OHDVH SURYLGH D UHVLGHQW KLVWRU\ GDWLQJ EDFN \HDU
\RX PD\ DWWDFK D VHS,DWKLW LKHDWRHSW\$HBDWLRQ 3DFNHW

&XUUHQW \$GGUHV
/DQGORUGV 1DPH
/DQGORUGV \$GGUHV
/DQGORUGV 3KRQH (PDLO
ORYH LQ 'DWH

3UHY\$R\$VHV
/DQGORUGV 1DPH
/DQGORUGV \$GGUHV
/DQGORUGV 3KRQH (PDLO
ORYH LQ 'DWH ORYH RXWB'DWB

3UHYLRXV \$GGUHV
/DQGORUGV 1DPH
/DQGORUGV \$GGUHV
/DQGORUGV 3KRQH (PDLO
ORYH LQ 'DWH ORYH RXWB'DWB

