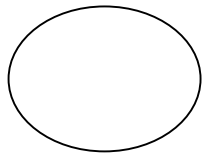


TIME STAMP: _____

APPLICATION NUMBER: _____



SANDUSKY METROPOLITAN HOUSING AUTHORITY
PRE-APPLICATION FOR HOUSING CHOICE VOUCHER MAINSTREAM PROGRAM

Return application by mail, e-mail, fax or dropbox:
SANDUSKY METROPOLITAN HOUSING AUTHORITY
1358 MOSSER DRIVE, FREMONT, OHIO 43420 - (419) 334-4426
Dropbox located next to front door of office
Fax: 419-334-6933
e-mail: cshearon@sanduskymha.org

PRE-APPLICATIONS ARE ENTERED ACCORDING TO VERIFIED PREFERENCES & DATE/TIME RECEIVED.

****PLEASE NOTE - IMPORTANT INFORMATION****

YOU MUST BE AT LEAST EIGHTEEN (18) YEARS OF AGE TO APPLY.

HEAD OF HOUSEHOLD PLEASE INITIAL THE SQUARE INDICATING YOU UNDERSTAND YOUR RESPONSIBILITY TO REPORT IN WRITING TO SMHA ALL CHANGES (ADDRESS, PHONE, INCOME, EMPLOYMENT, ETC.) IMMEDIATELY UPON RECEIPT OF ANY CHANGE.



1) HEAD OF HOUSEHOLD

LAST NAME

FIRST NAME

M.I.

SEX (M/F)

SOCIAL SECURITY NUMBER

BIRTH DATE

(_____) _____
HOME PHONE OR CONTACT NO.

DISABLED? (Y/N)

RACE (White/Black/Indian/Asian/Hawaiian)

HISPANIC? (Y/N)

STREET ADDRESS

CITY

STATE

ZIP

2) SPOUSE/OTHER ADULT

LAST NAME

FIRST NAME

M.I.

RELATION (Spouse, Co-Head, Other Adult)

SEX (M/F)

SOCIAL SECURITY NUMBER

BIRTH DATE

DISABLED? (Y/N)

RACE (White/Black/Indian/Asian/Hawaiian)

HISPANIC? (Y/N)

3) CHILDREN/OTHER HOUSEHOLD MEMBERS

LAST NAME

FIRST NAME

M.I.

RELATION (Foster Child, Youth<18, Full Time Studen>18, Live-in Aide, Other Adult)

SEX (M/F)

SOCIAL SECURITY NUMBER

BIRTH DATE

DISABLED? (Y/N)

RACE (White/Black/Indian/Asian/Hawaiian)

HISPANIC? (Y/N)



(CHILDREN/OTHER HOUSEHOLD MEMBERS – Continued)

LAST NAME

FIRST NAME

M.I.

RELATION (Foster Child, Youth<18, Full Time Studen>18, Live-in Aide, Other Adult)

SEX (M/F)

SOCIAL SECURITY NUMBER

BIRTH DATE

DISABLED? (Y/N)

RACE (White/Black/Indian/Asian/Hawaiian)

HISPANIC? (Y/N)

LAST NAME

FIRST NAME

M.I.

RELATION (Foster Child, Youth<18, Full Time Studen>18, Live-in Aide, Other Adult)

SEX (M/F)

SOCIAL SECURITY NUMBER

BIRTH DATE

DISABLED? (Y/N)

RACE (White/Black/Indian/Asian/Hawaiian)

HISPANIC? (Y/N)

(ATTACH ADDITIONAL PAGES AS NEEDED FOR MORE HOUSEHOLD MEMBERS.)

4) THE SANDUSKY METROPOLITAN HOUSING AUTHORITY HAS THE FOLLOWING LOCAL PREFERENCES.

YOU WILL BE CONTACTED WHEN YOUR NAME REACHES THE TOP OF THE WAITING LIST.

WHEN CONTACTED YOU MUST PROVIDE SUPPORTING DOCUMENTATION FOR ANY PREFERENCES YOU CHECK.

PLEASE CHECK ALL THAT APPLY.

- 1. Veteran
- 2. Homeless
- 3. Disabled

Only applicants that meet the targeted funding requirement of the Manstream Voucher Program listed below will be placed on the waiting list. All others will be denied and will not be processed. Please check all that apply:

- *Non-elderly (aged 18-61)
- Disabled
- Transitioning out of institutional or other segregated setting
- At risk of institutionalization
- Homeless (as defined by HUD)
- At risk of becoming homeless

APPLICANT CERTIFICATION

I certify that I have read the above pre-application and understand its contents.

Further, I certify that the information given to the SANDUSKY METROPOLITAN HOUSING AUTHORITY on this pre-application is accurate and complete to the best of my knowledge and belief.

I understand that false statements or information are punishable under Federal law.

I also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy.

Applicant Signature: _____ Date: _____