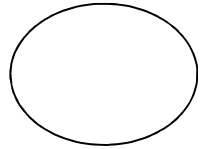


TIME STAMP: \_\_\_\_\_

APPLICATION NUMBER: \_\_\_\_\_



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

*Return application to:*  
**SANDUSKY METROPOLITAN HOUSING AUTHORITY**  
**1358 MOSSER DRIVE, FREMONT, OHIO 43420 - (419) 334-4426**  
**Hours of operation: Monday, Tuesday, Thursday 8:00AM-12:15PM and 1:00PM-4:30PM**

**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 Student>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)

|  |                          |   |
|--|--------------------------|---|
| _____<br>LAST NAME   | _____<br>FIRST NAME      | _____<br>M.I.                                     |
| _____<br>RELATION (Foster Child, Youth<18, Full Time Studen>18, Live-in Aide, Other Adult) | _____<br>SEX (M/F)       | _____<br>SOCIAL SECURITY NUMBER                   |
| _____<br>BIRTH DATE  | _____<br>DISABLED? (Y/N) | _____<br>RACE (White/Black/Indian/Asian/Hawaiian) |
|  |                          | _____<br>HISPANIC? (Y/N)                          |

|  |                          |   |
|--|--------------------------|---|
| _____<br>LAST NAME   | _____<br>FIRST NAME      | _____<br>M.I.                                     |
| _____<br>RELATION (Foster Child, Youth<18, Full Time Studen>18, Live-in Aide, Other Adult) | _____<br>SEX (M/F)       | _____<br>SOCIAL SECURITY NUMBER                   |
| _____<br>BIRTH DATE  | _____<br>DISABLED? (Y/N) | _____<br>RACE (White/Black/Indian/Asian/Hawaiian) |
|  |                          | _____<br>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: \_\_\_\_\_

