

ATHENS METROPOLITAN HOUSING AUTHORITY

10 HOPE DR., ATHENS, OHIO 45701 (740) 592-4481 or TDD: (800) 750-0750

PRE-APPLICATION **DATE**_____ **TIME**_____ **AMHA**_____

Check waiting list that interest you, more than one can be marked. Final eligibility is Determined prior to issuance of assistance.

_____ Section 8 Housing Choice Voucher Program (Private Sector for existing housing)
_____ Public Housing (Hope Drive Apts and Scattered Site) for 2,3,4 & 5 bedroom families
_____ Dew House (Efficiency for elderly, handicap or disabled)

Applicant Full Name: _____ **Phone #** (____) _____
Mailing Address: _____ **City & State** _____ **Zip** _____
Residential Address (if different or PO Box) _____
_____ **Date of Birth** _____ **Sex** _____ **SS#** _____

NOTE: To be eligible each member of the family must be a citizen, national, or a noncitizen who has eligible immigration status under one of the categories set forth in Section 214 of the Housing and Community Development Act of 1980 (see 42 U.S.C. 143a(a)). Prior to being admitted all citizens and nationals will be required to sign a declaration under penalty of perjury and required to show proof of their status such as birth certificate, military ID or DD 214 form.

List each person (other than the applicant) who will be residing with you, in order by age.

	Full Name	DOB	Sex	SS#	Relationship
#2	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____
#4	_____	_____	_____	_____	_____
#5	_____	_____	_____	_____	_____
#6	_____	_____	_____	_____	_____
#7	_____	_____	_____	_____	_____
#8	_____	_____	_____	_____	_____

List all sources of money the household receives; include all money for all adults and children who will be residing with you. (Wages, child support, TANF, VA, SS, SSI, Pension, etc.)

	Family Member	Type of Income	Gross Amount	How Often
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

List all assets, (checking, savings, stocks, bonds, certificates of deposit, land etc.) owned by you and any adult member of your household, include all assets disposed of in the last 2 years.

	Family Member	Type of Asset	Bank	Acct #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

(Revised 09/10/2025)

Applicants Race: (HUD requires this for statistical purposes only) (1) White _____ (2) Black or African American _____ (3) American Indian or Alaska Native _____ (4) Asian _____ (5) Native Hawaiian or Pacific Islander _____

Applicants Ethnicity: (1) Hispanic or Latino _____ (2) Not Hispanic or Latino _____

The waiting time for participation will depend on funding & the points you are entitled to based on your response to each of the following, and chronological date and time of application. Preference Points are subject to change with board approval. (Check all that apply to the applicant and or co-applicant, all applicable points will be verified prior to issuance)

Veteran _____ Disabled _____ Elderly/Handicapped _____ Current EHV Participant _____

Local Resident _____ (Those who reside, employed, or attends classes/training programs designed to prepare individuals for the job market in Athens County)

Are you currently receiving rental assistance (subsidy)? _____ Yes _____ No

*****Only Select One of the Situations Below that best describes your current situation*****

1. Are you paying more than 50% of monthly gross income towards total housing cost _____
2. Are you without housing or about to be without _____ (This includes displacement as a result of Natural Disaster, Government Action, Owners Action, Physical or Domestic Violence, Reprisal, Hate Crimes, Inaccessibility or HUD Disposition.) If yes indicate the reason you are without or about to be without _____.
3. Are you living in substandard or overcrowded housing _____ (The unit is dilapidated, without indoor plumbing, toilet, kitchen, electricity (wiring) bathtub/shower, inadequate heat or declared unsafe for habitation.) If yes explain _____.

It is required that you answer all of the questions:

1. Is the applicant or co-applicant elderly, handicap or disabled and paying medical expenses which are not reimbursed? _____
2. Will you or anyone residing with you be paying for childcare? _____
3. Do you or any one else in the household pay for child support for children not residing in your household? _____
4. Have you ever received rental assistance or lived in Public Housing from AMHA or any other PHA (including other counties and/or states)? _____
5. Do you owe any money to AMHA or any other Housing Authority? _____
6. Have you or any other household member been convicted of a crime, which did or could have resulted in a jail sentence? (other than a routine traffic offense such as speed, etc.)? _____
7. Are you or any member of your household required to register under a Federal, State or Local Sex Offender Registration Requirement? _____

I/We certify that the information given to AMHA on household composition, income, assets, allowances, eligibility factors, deductions and questions are accurate and complete to the best of my/our knowledge. I/we understand that falsifying information is a fraudulent act and is punishable under Federal, State and Local laws and will be grounds for denial of assistance. Housing Assistance will not be denied without first affording the applicant the opportunity to request an informal review of such denial.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

REASONABLE ACCOMMODATION INFORMATION

YOUR RIGHT TO REQUEST A REASONABLE ACCOMMODATION

Do I have the right to request a reasonable accommodation or modification of my unit while in public or assisted housing?

If you have a disability that requires you to need...

An accommodation or adjustment in the program's rules, policies, practices or services, or

A modification of your Public Housing unit or its associated premises, then...

You have the right to request a reasonable accommodation or modification.

Will my request automatically be approved?

We will try to approve your request if you can show that...

You have a disability that requires a reasonable accommodation or modification, and
Your request is reasonable.

How do I file a request?

You can request a reasonable accommodation by filling out a Reasonable Accommodation Request Form available at the AMHA office at 10 Hope Dr., Athens, Ohio 45701 or by calling (740) 592-4481 during regular business hours. Hearing impaired persons may call Ohio Relay Services at (800) 750-0750. If you need help filling out this form, or if you want to give us your request in some other way, we will help you.

What happens after I file the request?

Your request will be reviewed and you will receive a response within 30 calendar days after we have Received your request. If we turn down your request, we will explain the reasons. You have the right To a hearing if your request is denied.

My signature confirms that I have read and understand my rights as indicated above.

Signature (Head of Household)

Date

The AMHA will make every effort to make this information available to persons with disabilities in alternative formats upon request. Please allow a minimum of seven days for preparation of the material.

ALL APPLICANTS NEED TO READ AND SIGN ABOVE.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.