



APPLICANT INFORMATION

Who is eligible to receive rental assistance?

An eligible applicant must qualify as a family. *Family* as defined by HUD includes, but is not limited to the following, regardless of actual or perceived sexual orientation, gender identity, or marital status, a single person, who may be an elderly person, disabled person, near-elderly person, or any other single person; or a group of persons residing together. In addition, qualify on the basis of citizenship or the eligible immigrant status of family members. The HACO must determine that the current or past behavior of household members does not include activities that are prohibited by HUD or the HACO policy. HACO does check for criminal history and sex offender list to include any prior debt owed to HACO or other federal housing programs. A family's income must not exceed:

(These Income Limits are changed and published annually by HUD.)								
Number of Persons who will live in unit:	1	2	3	4	5	6	7	8
Annual Income limits (\$) for 75% of new Section 8 vouchers	21,150	24,150	27,150	30,150	32,600	37,190	41,910	46,630
Annual Income limits (\$) for Public Housing & 25% of new Section 8 vouchers	35,200	40,200	45,250	50,250	54,300	58,300	62,350	66,350

What income is used to determine eligibility? All income from all sources received by all family members who are 18 years of age or older – gross wages, SSI, SSA, pensions, unemployment benefits, interest, dividends, TANF, child support, income received on a recurring basis to sustain life, etc. Although some specific incomes are not included in the calculation, applicants are required to report all income received within the household.

How much rent will I pay? Your portion of the rent will be based on a minimum of 30% of your adjusted income, no less than \$50. The agency calculates all of your countable annual income, then reduces that income by the appropriate deductions:

- \$480 for each minor in the family who is an eligible citizen.
- Medical expenses in excess of 3% of income for elderly or persons with disability.
- Child care for family members under the age of 13, where family members work or go to school, not to exceed the lowest income or the number of hours of school.
- Unusual care expenses for persons with disability which allow a family member to be gainfully employed.

****INSTRUCTIONS****

- Complete the application in blue or black ink. **Your information is important to us, Please PRINT Clearly**
- All adults (persons 18 or older) must sign the application.
- Please provide a copy of the following to process the application.

- Social Security Cards for all family members**
- Picture I. D. for all adults, 18 and older**

- Upon receipt, your application will be placed on a waiting list base on date and time and any preferences. All programs generally have a wait list. You are either waiting for an available apartment or available funding.
- The agency will contact you by mail to update your application when your name is at the top of the program waiting list.
- **YOU MUST NOTIFY THIS AGENCY IN WRITING OF ANY CHANGE OF ADDRESS OR MAILING ADDRESS. Any correspondence from this agency will be sent to the address you list on the application unless you have informed the agency in writing of a change.**
- **If the agency contacts you by mail and you do not respond timely, your application will be withdrawn.** Please provide good phone numbers and email addresses to allow alternate contact.
- If you wish to check on the status of your application in the future, you may visit our office with a Picture Identification or call and request the status of your application. If you call we will verify your identification with your social security number.
- If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

PLEASE NOTE: Owners and Landlords of Section 8 programs (Section 8 Voucher, VASH, Shelter Plus Care, Mainstream, Moderate Rehabilitation, etc.) have their own screening process to determine tenancy.



What happens after I turn my pre-application in?

Your pre-application will be placed on a waiting list, based on any preference you are eligible for and based on date and time of application. **Your position on the waiting list may change daily** – moving back when someone with greater preference moves ahead of you and moving forward when applications are pulled off the list.

Applicants are notified by U.S. postal mail based on their position on the waiting list when either there is a Public Housing, Moderate Rehabilitation Program unit available, or a Section 8 Housing Choice Voucher available.

Once your name is near the top of the list, you will receive a letter to update your application. You will be required to do the following:

- Verify Income, Family Composition, Waiting List Preferences, and Certify to your Eligibility as a Citizen.
- Verify that all Social Security Cards for **all** household members have been received.
- Provide Birth Certificates for **all** household members.
- Other documentation as required for housing assistance.
- In the case of Public Housing, screened for suitability. Suitable applicants for Public Housing, at a minimum, must be, screened for criminal activity and a minimum of three years residential history.

PUBLIC HOUSING: On this program, upon meeting the suitability requirements, and when there is a vacancy, you will be offered an apartment. If you refuse the offer, you will be offered the next available unit. If you refuse that offer, you will be provided one more opportunity to accept a unit. If you refuse the third offer, your application will be removed and you will be required to reapply. You will be responsible to pay your security deposit prior to moving in based on the following: 1 bedroom - \$300, 2 bedroom \$400, 3 bedroom \$500. Utilities, electric and gas, if metered separate to each unit, must be placed in your name prior to moving in.

SECTION 8 HOUSING CHOICE VOUCHERS: On this program, upon completing the final verifications, you will be required to attend a briefing session to explain the program requirements. You will then be issued a voucher which allows you 60 days to find suitable housing and enter into a lease with a landlord, in that order. We will not provide housing assistance until we inspect and approve the unit. We recommend you do not move into a unit or sign a lease, **until the unit has been approved for housing assistance.**

MODERATE REHABILITATION: The Owners of these properties select applicants from our list of eligible applicants. You must meet their screening criteria, their application procedures and our eligibility requirements.

SECURITY DEPOSIT: We encourage you to be mindful now of the security deposit as these amounts vary and are a requirement prior to moving into a housing unit. You will be responsible for any security deposit required by the owner/landlord as a result of tenancy.

NOTIFY US OF ALL CHANGES: You are responsible to notify this agency in writing any time your income, family composition or address changes. This agency will notify you in writing when your name is near the top of the waiting list. **If you do not respond to that letter, your application will be removed from the waiting list and you will be required to reapply.**

You may contact Weber Housing Authority for rental assistance at:

Weber Housing Authority
237 26th Street, Ogden, UT 84401
Tel: (801) 399-8691

Please keep this receipt as your copy of receipt of your application as of today's date:

APPLICANT NAME: _____ LAST 4 OF SOC SEC # _____

- HOUSING CHOICE VOUCHER PUBLIC HOUSING MODERATE REHABILITATION
 HOPWA SHELTER PLUS CARE LOMOND VIEW RETIREMENT APTS. MAINSTREAM VOUCHER-NED

DATE STAMPED BY HOUSING AUTHORITY OF THE CITY OF OGDEN: _____

Housing Authority of the City of Ogden (HACO)

1100 Grant Ave, Ogden, UT 84404 Tel: (801) 627-5851|Fax: (801) 627-6012|Email: OHA@xmission.com



PLEASE **PRINT IN BLACK OR BLUE INK** - *Your information is important to us, Please PRINT Clearly*

LIST THE FOLLOWING INFORMATION FOR EACH PERSON WHO WILL LIVE IN YOUR HOUSEHOLD

LAST NAME	FIRST NAME	MI	Relationship (Spouse, Daughter, etc.)	SEX (F or M)	DISABLED (Yes or No)	Social Security Number	Date of Birth	Birth Place	U.S. Citizen (Yes or No)
			Head of House						
			Spouse						

Ethnicity (check one box): Hispanic/Latino, Not Hispanic/Latino *Racial and ethnic data for statistical purposes only*

Race: White Black/African American American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander

Please provide good contact and alternate contact information. Please Print Clearly

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Are you currently homeless? _____ If yes, how long have you been homeless? _____

Should correspondence be sent to the address above? _____ If No, please provide a correspondence address here: _____

Telephone/Email and/or Alternate Address where you may be reached: #1: _____, #2: _____

#3: _____, Email 1: _____, Email 2: _____

Alternate Address: _____

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, social security, SSI, TANF, general assistance, child support, business, profession or any other source. Includes payments made to family members 18 or older on behalf of other family member under age 18.

First Name	Gross Income	How Often				Type of Income
\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly		
\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly		
\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly		
\$ _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> Every 2 Weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> Yearly		

Is anyone in your household self-employed? No _____ Yes _____ If yes, complete the following:

Who is self-employed?	Name or Type of Business	Earnings Year to Date

List total cash value and total income received for assets owned by all family members.

Type of Asset	Cash Value of Asset	Income Received from Asset
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investments	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other:	\$ _____	\$ _____



Please accept this application for following programs:

(Check all programs that you want to apply)

- HOUSING CHOICE VOUCHER PROGRAM (SECTION 8 VOUCHER)**
- MAINSTREAM VOUCHER – NON-ELDERLY DISABLED (SECTION 8 VOUCHER)** – Rental assistance for families or individuals *that includes* a non-elderly person (at least 18 and not yet 62 years of age) with disabilities that meet one of the following: (***Please check the appropriate box***)
 - transitioning out of institutional or other segregated settings, at serious risk of institutionalization,
 - currently experiencing homelessness, previously experienced homelessness and currently a client in a permanent supportive housing or rapid rehousing project or at risk of becoming homeless.
- PUBLIC HOUSING** – Subsidized Units owned by HACO within Ogden City. Rent is based on 30% of your income. **Do you require any of the following:** Unit on Ground Floor ; Wheel Chair Accessibility
- MODERATE REHABILITATION PROGRAM** – Subsidized Units owned by Private Owners within Ogden City. Rent is based on 30% of your income. Owners have their own screening process.
- HOPWA – Housing Opportunities for Persons with AIDs – Must attach referral**
- SHELTER PLUS CARE** – Housing Opportunities for individuals with a disabling condition who are chronically homeless. – **Must attach referral.**
- LOMOND VIEW RETIREMENT APARTMENTS** – (*Elderly - 62 and older*), 620 Grant Ave. Ogden: (*Subsidized Units – Rent is based on 30% of your income*).
 - I am elderly (62 and older) and homeless/near homeless (**must provide referral from one of the following: Lantern House, YCC, Catholic Community Services, or Roads to Independence.**)
 - I am elderly (62 and older) and disabled
Do you require any of the following: Unit on Ground Floor ; Wheel Chair Accessibility
- MONROE APARTMENTS** – 2465 Monroe Blvd, Ogden: (*Subsidized Units – Rent is based on 30% of your income*).

Local Preferences

HACO has the following waiting list preferences for the Section 8 Housing Choice Voucher and Public Housing. Please check all that apply to your current circumstance.

- Families that reside in, working in, or who have been notified that they are hired to work in Weber County.
- Families displaced by fire (***excluding tenant caused fires***), flood or storm or other government natural disaster within HACO's jurisdiction (Ogden City only). Such displacement must be recent and continuing; the displacement must have occurred within the last three months of the requested preference and must be verifiable by Red Cross or other government agency. Family must meet all eligibility requirements.
- Successful participants of a "transitional" housing programs which the agency has enacted a memorandum of understanding (MOU).

Verifications: The family must provide proper verification for any programs they are eligible for a preference at the time of application updating or any time while on the waiting list. The family must qualify for the preference at the time the family is selected from the waiting list.

If, at the time the formal application is processed, it is determined the family does not qualify for a preference or at the time of the waiting list selection, the family will be placed on the waiting list in a non-preference status according to the date and time of the original application. The family may reapply for preference status at any time.

Time frames: The verification is valid for ninety (90) calendar days after receipt by HACO. If the applicant is not housed within ninety (90) calendar days, the preference must be re-verified at the time the family is selected from the waiting list.



APPLICANT CERTIFICATION

PLEASE NOTE: All Adult Members of the Family, 18 and older, on this application must read this Certification and sign below.

REQUIREMENT TO UPDATE AND COOPERATE: I understand that I will be required to update and verify this information prior to being offered any housing assistance. I understand that I am required to report any changes in income, family composition and contact information (address, phone) **in writing**. Failure to report all income or a change in address or family composition in writing will cause your application to be withdrawn from the waiting list. I understand that I am required to supply all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled meetings and completion and execution of all required forms and releases. I understand that failure to cooperate or provide correct information may lead to either delays or denials of assistance.

AUTHORIZATION TO VERIFY INFORMATION: I understand that all information on this application may be verified by the agency. I hereby authorize HACO to contact other government agencies, law enforcement agencies, employers, financial institutions, credit agencies and other sources of income to verify information regarding my income and/or family composition, reported or not. I hereby authorize those agencies to provide required information and hold those agencies harmless for information provided.

AUTHORIZATION TO VERIFY CRIMINAL BACKGROUND: I hereby authorize HACO to contact any federal, state or local law enforcement agency or other third party verification system to verify any criminal activity or background and give my consent to all legal jurisdictions to release any and all information relating to my criminal background or lack thereof. I hereby hold HACO and those agencies harmless for any information provided.

AGREEMENT TO NON-DUPLICATE ASSISTANCE: I certify that if afforded housing assistance, the assigned housing will be my principal residence and I will not obtain duplicate Federal housing assistance while I am on a program operated by HACO.

INFORMATION SUPPLIED IS TRUE AND COMPLETE/SHARING OF INFORMATION: I certify that all the information provided on this pre-application is accurate and complete to the best of my knowledge. I have reviewed my pre-application form and certify by my signature below that the information shown is true and correct. I understand that this information may be shared with other government agencies. I understand that this is a pre-application, not a contract and does not bind either party.

U.S. CITIZENSHIP NOTIFICATION AND CERTIFICATION: Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing process.

By my signature below, I acknowledge that I have read and understand the certifications above:

_____	_____	_____	_____
Household Signature	Date	Spouse or Other Adult Signature	Date
_____	_____	_____	_____
Adult Family Member Signature	Date	Adult Family Member Signature	Date

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**"

Housing Authority of the City of Ogden (HACO)

1100 Grant Ave, Ogden, UT 84404 Tel: (801) 627-5851|Fax: (801) 627-6012|Email: OHA@xmission.com



AUTHORIZATION TO RELEASE CRIMINAL HISTORY

PLEASE NOTE: This Agency will search the Bureau of Criminal Investigation (BCI) or similar for **current and prior criminal activity (drug activity, violet activity, etc.)** to determine housing eligibility on all Adults, 18 and older, listed on the application.

In addition, Owners and Landlords of Section 8 programs (Voucher, VASH, Shelter Plus Care, Mainstream, Moderate Rehabilitation, etc.) have their own screening criteria that checks for criminal history, credit, and prior rental history.

Each adult family member, 18 and older, must complete the following information: (Additional forms are available)

FULL NAME: _____ Social Security #: _____
FIRST MIDDLE LAST

Date of Birth: _____ State Photo ID #: _____, Issuing State: _____

Other Names You May Have Gone By: _____

Have you been arrested, plead guilty or convicted of any crime during the last 4 years? Yes or No

If yes, please state the date, the crime and the jurisdiction: _____

Are you subject to a registered sex offender registration requirement in any state? Yes or No

You must list all of the Counties/States you have resided in over the last ten (10) years:

County	State	Years of Residency	County	State	Years of Residency

I hereby authorize, and hold harmless, HACO and any and all legal jurisdictions contacted to release any and all information relating to my criminal background or lack thereof to the Housing Authority of the City of Ogden.

Signature

Date

FULL NAME: _____ Social Security #: _____
FIRST MIDDLE LAST

Date of Birth: _____ State Photo ID #: _____, Issuing State: _____

Other Names You May Have Gone By: _____

Have you been arrested, plead guilty or convicted of any crime during the last 4 years? Yes or No

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Signature

Date