TIME STAMP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APPLICATION NUMBER:

SANDUSKY METROPOLITAN HOUSING AUTHORITY

PRE-APPLICATION FOR HOUSING CHOICE VOUCHER and/or MAINSTREAM PROGRAM (v 03/2024)

**ONLINE APPLICATION IS ENCOURAGED – Go to** [**www.sanduskymha.org/waitinglists.aspx**](http://www.sanduskymha.org/waitinglists.aspx)

**Return paper 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.

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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.

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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)

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LAST NAME FIRST NAME M.I.

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BIRTH DATE DISABLED? (Y/N) RACE (White/Black/Indian/Asian/Hawaiian) HISPANIC? (Y/N)

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LAST NAME FIRST NAME M.I.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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
4. \_\_\_\_Mainstream - **Please check all the following that apply to your case:**
* **\*Non-elderly (aged 18-61)**
* **Transitioning out of institutional or**

**other segregated setting**

* **Disabled**
* **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_