



CLIENT # _____

CMHA
Conventional Housing Program
Initial Application For Housing

Applicant: _____

Last Name	First	Middle	Maiden Name
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Address: _____

Street	Apt #
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City	State	Zip
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(_____) _____
 (Area code) Phone Number

IN THE EVENT OF AN EMERGENCY, CONTACT:**1ST Choice:** _____

Name	Relationship	Address	Phone
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2nd Choice: _____

Name	Relationship	Address	Phone
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Ethnicity: (Check One) 1. Hispanic _____ 2. Non-Hispanic _____

Marital Status: (Check One) 1. Single _____ 2. Married _____ 3. Separated _____
 4. Widowed _____ 5. Divorced _____

Veteran Status: (Check One) 1. Veteran _____ 2. Active duty _____ 3. Non-Veteran _____
 4. Reserve Unit _____

Is Any Household Member: Disabled _____ Require use of a Wheelchair _____
 If so, Who _____

Are you a U.S. Citizen? (Circle one) YES or NO

Household Members: List the correct LEGAL name of all household members, who will be living with you, as they appear on Social Security Cards. Begin with the Head of Household, Spouse, older children, etc., and then list any additional adults.* Use the following codes to indicate the race of all household members. More than one code may be used per household member.
 (1-White, 2-Black, 3-Indian/ Alaska Native, 4-Asian, 5-Hawaiian/Pacific Asian)

Legal Name(s)	Relationship To Head	Sex	Age	*Race	Birth date	Social Security Number	Occupation Or School	Years of Completed Education
1.	HEAD							
2.								
3.								
4.								
5.								
6.								
7.								

City & State of Birth of Head of Household _____

City & State of Birth of Spouse _____

INCOME INFORMATION: (IF NONE, WRITE "NONE")

A. **Child Care Expenses** (circle one): Yes or No Amount: \$ _____ Ages: _____

Child Provider Name: _____

Address: _____ Zip _____ Phone: _____

B. **Child Support Payments** Received / Paid Weekly () \$ _____ Account No. _____
 Monthly ()

C. **Medical Expenses** not covered by Insurance (For Families with an Elderly or Disabled Head or Spouse Only)
 MEDICAL EXPENSES: (Dental, Doctor bills, Glasses, Medicines, Etc.) \$ _____

Are any of these expenses reimbursed by insurance or Veterans Affairs (VA)? **YES or NO**

Private Insurance Company Name: _____ Premium \$ _____ per _____

D. **Employment Information:** Name _____ Phone _____

Address _____ City, State, & Zip code _____

Total Household Income: List All money earned or received by **Everyone** living in your household. This includes money from wages, self-employment, child support, contributions, disability payments (SSI), Workers Compensation, retirement benefits, ADC, Veterans benefits, ADC, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony and other sources.

HOUSEHOLD MEMBER NAME	Gross Monthly Income from Employment	Ohio Works First (ADC)	SSI Amount	Veterans Benefits	Pension Amount	Social Security Benefits	Unemployment Benefits	Other
☞								
☞								
☞								
☞								
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Are you currently enrolled in school or any training programs? **YES or NO**

ASSETS:	Bank (name & address)	Balance/Value	Account Number
Savings Account:	_____	\$ _____	_____
Checking Account:	_____	\$ _____	_____
Stock/ Bond:	_____	\$ _____	_____
Real Estate:	_____	\$ _____	_____
Other:	_____	\$ _____	_____

IF YES TO ANY OF THE QUESTIONS, PLEASE EXPLAIN BELOW:

- Do you anticipate a change in family members or income? **YES or NO**
- Does anyone outside of your household pay any of your bills or give you money? **YES or NO**
 IF YES, WHO? NAME _____
- Have you had any other income source within the past 12 months other than those listed? **YES or NO**
- Have you received OWF (ADC, TANF) benefits within the last 12 months? **YES or NO**

Explanations:

CURRENT RESIDENCE

1. How long have you lived in Cincinnati? _____ Hamilton County? _____

2. Are you currently renting your own apartment? **YES** _____ **NO** _____

If yes, Please provide the following:

Landlord Name: _____

Address: _____

Phone: _____

3. How much rent are you paying? _____

4. How long have you lived there? _____

If you answered NO to question #2, are you living with someone? **YES or NO**

Name _____ Relationship to you? _____

How long have you lived there? _____

PREVIOUS RESIDENCE:

Address _____ City _____ State _____ Zip _____

How long did you live there? _____

Landlord's Name _____

Address _____ City _____ State _____ Zip _____

FORMER TENANCY:

Have you ever lived in a Cincinnati Metropolitan Housing Authority Community? **YES or NO**

If yes, at what location? _____

Name of Head of the Household on lease? _____

FUTURE CHANGES:

Do you anticipate any changes in your family's income or family size in the next 6 months? **YES or NO**

If yes, what change do you expect and when do you expect it?

UTILITIES:

Are you able to get utilities in your name? **YES or NO**

Do you currently owe Cincinnati Gas & Electric? **YES or NO**

If yes, how much do you owe? _____

CRIMINAL HISTORY:

Have you or any member of your household ever been convicted of a crime? **YES or NO**

Have you or any member of your household been incarcerated within the past 36 months? **YES or NO**

CERTIFICATIONS:

I certify that the above information is a complete and true statement of family composition, income, employment, and assets to the best of my knowledge and belief. I know I am required to cooperate by supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. I have no objections to inquire being made for the purpose of verification. I know I am required to report immediately, in writing, all changes in income and any changes in household size when a person moves in or out of the unit. I understand the rules regarding guests and visitors and when I must report anyone staying with me. I certify the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program. I will not sublease my assisted residence. I understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information are grounds for termination of housing or termination of tenancy.

Signature of Head of Household **Date**

Signature of Co-Head **Date**

Signature of Other Adult **Date**

Signature of Other Adult **Date**

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODES STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULANT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.