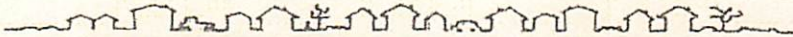




OFFICE USE ONLY

BEDROOM SIZE _____ LICENSE _____ PHOTO _____ DATE/TIME _____



APPLICATION FOR COOPERMILL MANOR, LP

407 Pershing Road, Zanesville, Oh 43701 Ph#740-454-9714

Name of Head of Household _____ Race _____

Present Address _____ City _____

State _____ Zip _____ County _____

Phone _____ or _____

Maiden (or other) name (s) _____

FAMILY COMPOSITION, (Persons who will move into dwelling unit, starting with Head of Household(H))

Mbr No.	Last Name of Family Member	First Name	MI	Social Security #	Sex	Birth Date
H						
2						
3						
4						
5						
6						
7						

Mbr No.	Race	Relationship	States Where Each Person Was Born and Has Resided	Income Such as TANF, Wages, SSI, Etc
H				
2				
3				
4				
5				
6				
7				

Are you or any member in the Household Pregnant? _____

VETERAN YES ___ NO ___

ASSETS, (including property, savings, stocks, bonds, checking, etc.)
Type _____ Estimated Value \$ _____
Does anyone live with you now that is not listed above?
If yes, who? _____

Do you plan to have someone who is not listed above live with you in the future? If yes, who? _____

ADDITIONAL INFORMATION REQUIRED..YOU MUST ANSWER ALL QUESTIONS:

HAVE YOU EVER BEEN EVICTED? If yes explain. _____

HAVE YOU EVER LIVED IN ANY ZANESVILLE METROPOLITAN HOUSING AUTHORITY (ZMHA) APARTMENTS? ____, WERE YOU EVICTED? ____, DO YOU OWE ANY MONEY TO ZMHA? _____

HAVE YOU EVER BEEN ON ANY HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)? _____ DO YOU OWE HOUSING CHOICE VOUCHER (SECTION 8) ANY MONEY? _____

HAVE YOU EVER LIVED IN SUBSIDIZED PUBLIC HOUSING OR HOUSING CHOICE VOUCHER IN ANY OTHER COUNTY? YES/NO IF YES, WHEN AND WHERE _____

DOES ANYONE REQUIRE ACCOMMODATIONS FOR A HANDICAP OR DISABILITY? ____ IF YES, SPECIFY THE TYPE OF EQUIPMENT/ACCESSIBILITY REQUIRED _____

CRIMINAL HISTORY

IF THE ANSWER TO ANY OF THE FOLLOWING QUESTIONS IS YES PLEASE EXPLAIN

HAS ANYONE LISTED ON THE APPLICATION EVER BEEN CONVICTED OF A CRIME, OTHER THAN TRAFFIC VIOLATIONS? YES/NO ____ IF YES, EXPLAIN. _____

ARE YOU/OR ANY MEMBER OF YOUR FAMILY SUBJECT TO A LIFETIME SEX OFFENDER REGISTRATION REQUIREMENT IN ANY STATE? YES/NO ____ IF YES, EXPLAIN _____
(FAILURE TO ANSWER OR TRUTHFULLY RESPOND TO THIS QUESTION SHALL JEOPARDIZE APPROVAL OF THIS APPLICATION)

ARE YOU AND/OR ANY MEMBER OF YOUR FAMILY CURRENTLY USING DRUGS AND/OR ALCOHOL? YES/NO ____ IF YES, EXPLAIN. _____

HAVE YOU AND/OR ANY MEMBER OF YOUR FAMILY EVER BEEN ARRESTED FOR USING ALCOHOL? YES/NO ____ IF YES, EXPLAIN. _____

HAVE YOU AND/OR ANY MEMBER OF YOUR FAMILY EVER BEEN ARRESTED FOR ILLEGAL USAGE, DISTRIBUTION, OR MANUFACTURE OF DRUGS? YES/NO ____ IF YES, EXPLAIN. _____

HAVE YOU DISPOSED OF ANY ASSETS WITHIN THE LAST TWO YEARS FOR LESS THAN FAIR MARKET VALUE? YES/NO ____ IF YES, EXPLAIN. _____

STARTING WITH PRESENT ADDRESS, COMPLETE ALL SPACES WITH PAST FIVE YEARS OF WHERE YOU HAVE RENTED, LIVED OR STAYED. OWNER/LANDLORD INFORMATION.

YOUR ADDRESS OWNER/LANDLORD NAME/ADDRESS PHONE NUMBER HOW LONG?

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

PERSONAL REFERENCES: CANNOT BE A RELATIVE!!

NAME	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

OTHER AGENCIES FAMILY IS INVOLVED WITH:

Children Services ___ No ___ Yes Caseworker _____

Mental Health Center ___ No ___ Yes Contact Person _____

Other Agency _____

The information is full, true and complete to the best of my knowledge. I have no objection to inquiries being made for the purpose of verifying the statements made herein or other eligibility factors. I hereby waive any and all rights that I may have against you, your department, or any officers or employees by reason of you furnishing such records, if any.

*****PLEASE NOTE:*****

THE INFORMATION CONTAINED IN THIS APPLICATION MUST BE COMPLETE...

IF NOT COMPLETELY FILLED OUT, THIS APPLICATION WILL BE REFUSED.

IF THERE ARE ANY CHANGES, OUR OFFICE MUST BE CONTACTED IMMEDIATELY!!!!!!!

Signature of Applicant

Date

Signature of Other Adult

Signature of Other Adult

Interviewed by

OFFICE USE ONLY

DETERMINATIONS:

ELIGIBLE

Family Composition Yes ___ No ___
Income Yes ___ No ___

Elderly Family:

___ Age
___ Disabled
___ Handicapped

CERTIFICATION

On the basis of the determinations set forth above, the applicant family named herein has been found to be:

_____ Eligible for Admission

_____ Ineligible for Admission

Signed _____ Date _____

Title _____

REV: 10/01/15



Zanesville Metropolitan Housing Authority Authorization of the Release of Information

Purpose

The Zanesville Metropolitan Housing Authority may use this authorization and the information obtained with it to administer and enforce program rules and policies.

Authorization

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-Income Rental Indian Housing
- Low-Income Rental Public Housing
- Mutual Help Homeownership Opportunity Program
- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Program
- Section 23 and 10(c) Leased Housing
- Section 23 Housing Assisted Payment
- Section 202
- Section 221 (d) (3) Below Market Interest Rate
- Turnkey III Homeownership Opportunities Program

Information Covered Inquiries May be

Made About:

- Child Care Expenses
- Credit History
- Criminal Activity and/or History
- Family Composition/Program Status
- Federal, State, Tribal, or Local Benefits
- Handicapped Assistance Expenses
- Identity and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History
- Assistance/Benefits Received
- Drug & Alcohol Dependency/Rehab

Revised 12/23/2009

Individuals or Organizations that May Release Information

- Zanesville Metropolitan Housing Auth.
- Banks/Financial Institutes/Credit Bureaus
- Courts/ Law Enforcement Agencies
- Children Services
- Muskingum Co. Dept. of Human Services
- Jobs and Family Services/Welfare
- Employers, Past and Present Landlords
- U.S. Social Security Administration
- U.S. Department of Veterans Affairs
- Utilities Companies/Postal Services
- Schools/Colleges/Mental Health & Drug Agencies

Providers of:

- Alimony/ Child Care/ Child Support
- Mental Health & Drug Issues
- Credit
- Handicapped Assistance
- Medical Care
- Pensions/Annuities/Social Security
- Schools Records
- Utility Information
- Criminal Activity

I authorize the above named organization to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I/We agree that a photographic or facsimile copy of this authorization may be deemed to be the equivalent of the original and may be use as a duplicate original. The original of this authorization is on file with Zanesville Metropolitan Housing Authority and will stay in effect 15 months from the date signed.

Signature-Head of Household Date

Signature-Spouse/Adult Date

Signature-Other Adult Date



Zanesville Metropolitan Housing Authority
407 Pershing Road
Zanesville, Ohio 43701

Declaration of U. S. Citizenship

By signing this form I am certifying that I am, along with all of my family members citizens by birth, naturalized citizen of a nation of the United States. In addition, I am certifying that there are NO individuals in my household who are noncitizens. I also realize that any misrepresentations regarding U.S. citizenship is grounds for termination from this program.

PLEASE LIST ALL MEMBERS OF HOUSEHOLD:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signed this _____ day of _____, _____

Head of Household

Adult Member

Adult Member

Adult Member

In addition by signing below I am certifying that I have read the above certification or it has been read to me and that I understood what I signed above.

Head of Household

Adult Member

Adult Member

Adult Member

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of 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 use 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 a 42 U.S.C. 208(f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C.408(f)(g)and(h)

Optional and Supplemental 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.

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

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	

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.