

**FAIRFIELD METROPOLITAN HOUSING AUTHORITY  
PEARL HOUSE APPLICATION  
315 NORTH COLUMBUS STREET  
Lancaster, OH 43130**

**PHONE: 740-653-6618 / FAX: 740-653-7600**

**TTY & OHIO RELAY CALLERS: 740-653-2653**

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***"PEARL HOUSE STRIVES TO SERVE THE COMMUNITY AS A SPECIAL PLACE WHERE FAMILIES SUFFERING FROM ADDICTION CAN HEAL AND REBUILD A HEALTHY AND PRODUCTIVE LIFESTYLE TOGETHER."***

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**It is your family's responsibility to inform our office of any change(s) such as address, family member or income changes. Notifying the FMHA of changes will ensure correct status on the waiting list and an ability to reach your family by mail.**

Name \_\_\_\_\_

Address \_\_\_\_\_ **Is this address a Homeless Shelter? Yes / No**  
**(PLEASE LIST ADDRESS WHERE YOU ARE CURRENTLY STAYING)**

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Address \_\_\_\_\_  
**(PLEASE LIST ADDRESS WHERE YOU WILL RECEIVE MAIL)**

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List each person who will be living in the household	Birth Date	Age	Relationship	Social Security # for all adults	Sex	Is this member disabled?
			Head			Yes No
						Yes No
						Yes No
						Yes No
						Yes No

**PLEASE LIST ADDITIONAL MEMBERS ON THE BACK OF THIS FORM**

Are you expecting any changes in your household? If yes, explain \_\_\_\_\_

Is there anyone in the household in which English is not their **primary** language? Yes \_\_\_\_\_ No \_\_\_\_\_

If English is not the primary language what is the **primary** language of that individual? \_\_\_\_\_

Does the family member have difficulties speaking, understanding, reading or writing English? Yes \_\_\_\_\_ No \_\_\_\_\_

***Head of the household is: (Optional)***

White  Black  Spanish Origin  American Indian  Asian or Pacific Islander  Other \_\_\_\_\_

**I CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE**

HEAD OF HOUSEHOLD SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_