

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

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

TTY & OHIO RELAY CALLERS: 740-653-2653

**RUTHERFORD HOUSE IS A SUPPORTIVE HOUSING PROJECT FOR HOMELESS FAMILIES WITH DISABILITIES OFFERING A
 COMPREHENSIVE RANGE OF SERVICES, INCLUDING EARLY CHILDHOOD, ADULT EDUCATION, INDIVIDUALIZED CASE
 MANAGEMENT AND ACCESS TO OTHER SERVICES.**

**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: _____