

MAIL APPLICATION TO:

FAIRFIELD METROPOLITAN HOUSING AUTHORITY
315 N. Columbus St. Suite 200
Lancaster, OH 43130

UPDATE

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

TTY & OHIO RELAY CALLERS: 740-653-2653

THE VOUCHER WAITING LIST IS CLOSED
YOU ARE UPDATING INFORMATION ON YOUR PRESENT WAITING LIST APPLICATION(S)

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 MAILING AND STREET ADDRESS)

City _____ County _____ State _____ Zip _____

Is Head of Household or Spouse presently employed? Yes _____ No _____ Average Hours per week: _____

Is anyone in the household presently employed or have been hired to work in Fairfield County? Yes _____ No _____

PLEASE LIST HOW MUCH INCOME YOU RECEIVE PER YEAR: _____
(example: \$635 monthly x 12 = \$7620 per year)

FROM WHAT SOURCE(S) DO YOU RECEIVE INCOME (Social Security/Wages/JFS, etc.): _____

Table with 7 columns: List each person who will be living in the household, Birth Date, Age, Relationship, Social Security # for all adults, Sex, Is this member disabled? (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 _____

YES NO

- Is there any household member who served in the active military of the US and was discharged under conditions other than dishonorable, or is serving in the active military of the United States?
Is there any household member who is a dependent spouse, surviving spouse, dependent parent, minor child or ward of: a person who served in the active military of the US and was discharged under conditions other than dishonorable, a person who was deceased while serving in the active military at the time of death or a person who is serving in the active military?
Does anyone in the household owe a debt to any Housing Authority? If yes, where? _____

The Department of HUD uses this information to determine the degree to which its programs are utilized by minority families;
Head of the household is: 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: _____

The FMHA is required to inform the INS of anyone not lawfully present in the United States and submit quarterly reports of their residence.