

**TUSCARAWAS METROPOLITAN HOUSING AUTHORITY**

134 Second St. SW, New Philadelphia, OH 44663 Phone: (330) 308-8099

**PRE-APPLICATION FOR RENTAL ASSISTANCE**

This pre-application does not obligate you or the Tuscarawas Metropolitan Housing Authority in any way. Please complete both pages of this form.

1. List yourself and all people who will be living with you if you receive rental assistance.

**PLEASE PRINT**

	NAME	AGE	SEX	RELATIONSHIP	DISABLED(Y/N)	INCOME
1				<b>Head of Household</b>		
2						
3						
4						
5						
6						
7						

2. Does anyone live with you now who is not listed above?  YES  NO  
 If YES, explain \_\_\_\_\_
3. Your current address: Street \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Phone \_\_\_\_\_
4. What are you paying now for RENT \_\_\_\_\_ Utilities \_\_\_\_\_
5. What is your Social Security Number? \_\_\_\_\_
6. Is any of your income from employment? \_\_\_\_\_
7. Have you received rental assistance before? \_\_\_\_\_  
 If YES, where? \_\_\_\_\_ The

following information is being requested to follow equal opportunity requirements and anti-discrimination laws. Your answer WILL NOT AFFECT in any way your selection for the program.

**THE RACIAL/ETHNIC GROUP I BELONG TO IS (CIRCLE ONE):**

Black            White(Caucasian)    Asian            Hispanic            Native American  
 Other \_\_\_\_\_

**HOUSING PREFERENCE FILE**

Please put a check mark beside **ALL** the statements below that describe your present housing situations. **You may check quite a few or none at all, depending on your situation.**

**SUBSTANDARD RESIDENCE:** My current place of living:

- is falling down and in serious need of repair.
- does not have a working indoor bathroom, including a useable toilet and shower or tub.
- does not have electricity, or has unsafe electrical wiring.
- does not have enough heat or the heating system is unsafe.
- should have a kitchen, but does not.
- has been declared unfit for living by a government agency, such as the Health Dept.
- is a temporary arrangement with someone else and not my own residence.
- is not any one place, but where ever I can find to go.
- a homeless shelter.

**DISPLACED RESIDENT:** I am being forced to move because:

- of fire, flood, or other natural disaster.
- the government or a private owner is taking over my place of residence.
- of actual or threatened violence toward me and/or my family by my spouse or other household member.

I certify the above information to be true and correct.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: THIS PRE-APPLICATION WILL BE ACCEPTED & COMPLETED IN THE  
 TMHA OFFICE ANY TUESDAY OR THURSDAY AFTERNOON FROM 1:30 - 4:00PM  
 DO NOT WRITE BELOW THIS LINE**

According to information given by this applicant, the household size is \_\_\_\_\_ people. Using applicable income guidelines for very low income households, this application is declared:

\_\_\_\_\_ ELIGIBLE \_\_\_\_\_ INELIGIBLE

PREFERENCE INFORMATION: \_\_\_\_\_ Statutory "Other Single" Classification  
 \_\_\_\_\_ 50% Rent/Utilities \_\_\_\_\_ Substandard \_\_\_\_\_ Displaced \_\_\_\_\_ Local

PHA Representative \_\_\_\_\_ Date \_\_\_\_\_

TIME \_\_\_\_\_ BEDROOM SIZE \_\_\_\_\_