

**ROMNEY PUBLIC HOUSING AUTHORITY**  
100 Valley View Drive  
Romney, WV 26757  
Phone: 304-822-5296 Fax: 304-822-4337  
**APPLICATION FOR ASSISTED HOUSING**

**WARNING!** Title 18, Section 1001 of United States Code says that a person is guilty of a felony for knowingly or willfully making a false or fraudulent statement to any agency of the United States.

**INSTRUCTIONS:** Read this page **BEFORE** you begin filling out this application form! This page provides you with information you will need during your application process. After reading these, tear them off and keep them for your reference.

- The information you provide on this application will be used to determine your eligibility.
- Before you receive the benefit of any housing assistance, we will examine and verify all household information. This will include the information you provide on this application **and** information **current at the time we expect to admit you.** You must provide us with all documents we request. If you fail to do so, you will be ineligible for assistance.
- **All adult members of the household must sign all forms required by us, including,** a release which allows us to determine whether or not they have engaged in any criminal activities (including but not limited to, drug-related activities or activities of a violent or life-threatening nature). We shall refuse eligibility for admission to our housing program to anyone having been arrested or convicted for any of the following criminal activities; or having had a domestic violence protective order issued against them as follows:
  1. Any drug related criminal activities, including, but not limited to, possession or distribution of any controlled dangerous substance, within the sixty (60) month period immediately preceding the date of application;
  2. Child abuse, spousal abuse, or domestic violence of any nature within a sixty (60) month period immediately preceding the date of application;
- Periodically, **you will need to update information.** If you fail to do so when we ask, your application will be removed from the waiting list and you will have to file a new application. **You** are responsible for making sure we have **timely and current information**, including a valid mailing address.
- Federal law prohibits making financial assistance available to persons other than U.S. citizens. You must declare **citizenship or eligible immigration** status for each household member. If you are unable to provide the required documentation by the date requested, you may ask for one extension. Failure to provide information or establish eligible status will result in your application being considered “ineligible”.

**FILING INSTRUCTIONS:**

Applications can be filed at the office located at 100 Valley View Drive, Romney, WV 26757, Monday through Friday, 9AM – 2PM. Copies of the following information must be submitted for each person listed on the application:

1. Birth Certificate
2. Social Security Card
3. Income Verification
4. Medical Deduction Information (where applicable)

Failure to provide this information will result in ineligibility.

**We are an Equal Opportunity Housing Facility and do not discriminate on the basis of color, creed, religion, sex or handicap.**

<b>Applicant Information</b>		<b>OFFICE USE ONLY</b>	
Applicants Full Legal Name		Date:	
Mailing Address		Time:	
City, State, Zip		Bedroom Size:	
		NCIC:	
Residence Address			
City, State, Zip			
Email Address:			
Home Telephone	Work Telephone	Message Telephone	

<b>Family Composition</b>		<b>Voluntary (Not Required)</b>		<b>Voluntary (Not Required)</b>	
<b>RELATIONSHIPS</b>		<b>*Ethnicity</b>		<b>**Race</b>	
S=Spouse	GC=Grandchild	1=Hispanic/Latino		1=White	
C=Co-Head	OA=Other Adult	2=Not Hispanic/Latino		2=Black/African American	
D=Daughter	S=Son			3=American Indian/Alaska Native	
				4=Asian	
				5=Native Hawaiian/Other Pacific Islander	

Legal Name of Member	Relationship	SSN	Gender	Birth Date	Handicap	Disabled	*Ethnicity	**Race
			M/F		Y/N	Y/N		
1.	HEAD							
2.								
3.								
4.								
5.								
6.								

<b>STATUS AS A DISABLED FAMILY</b>	
1) Are you claiming status as a handicapped or disabled person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Are you claiming status as a family with a disabled or handicapped member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Are you requesting special features related to <b>program accessibility?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Features relate to: <input type="checkbox"/> Vision <input type="checkbox"/> Hearing <input type="checkbox"/> Mobility <input type="checkbox"/> Wheelchair <input type="checkbox"/> Physical	
5) List or describe specific features you request to fully participate in our assisted housing programs:	

**REASONABLE ACCOMODATION**

Complete this if you are disabled or handicapped **and** you need a reasonable accommodation to take full advantage of our housing programs. Generally, the individual knows best what they need; however, we retain the right to be shown how the requested accommodation enables you to access or use our programs/services. If more than one accommodation is equally effective in providing access to our programs/services, we retain the right to select the most efficient or economic choice.

Check the accommodation(s) you feel may be necessary:

- ☐ Expanded Use of Mail, Fax, FedEx, UPS or similar      ☐ Handicapped accessible home or devises  
☐ In-Home Administrative Service                      ☐ Literature in large print, in Braille, or a “reader”  
☐ Other: \_\_\_\_\_  
☐ Other: \_\_\_\_\_

Accommodation information continued on back of sheet?

☐ Yes ☐ No

**HOUSEHOLD INCOME**

EMPLOYMENT				YES/NO	
Do you or any household member(s) receive <b>job earnings or severance pay</b> ?					
Do you or any household member(s) receive <b>cash, tips, or bonuses</b> ?					
Do you or any household member(s) receive <b>military or reserve pay</b> ?					
Are you or any household member(s) <b>self-employed</b> ?					
Name of Household Member	Pay Per Hour	Hours per Week	Name of Employer	Date Began Employment	
1.					
2.					
3.					

PUBLIC ASSISTANCE	YES/NO	Amount of Benefit
Do you or any household member(s) receive <b>cash aid, welfare, food stamps, or other public assistance</b> ?		
Do you or any household member(s) receive <b>adoption or foster care payments</b> ?		
Do you or any household member(s) receive <b>in-home care for another person</b> ?		
Do you or any household member(s) receive <b>transportation reimbursement</b> ?		

SS OR SSI / PENSION / OTHER BENEFITS	YES/NO
Do you or any household member(s) receive <b>Social Security/SSI benefits</b> ?	
Do you or any household member(s) receive <b>pension, retirement benefits, or an annuity</b> ?	
Do you or any household member(s) receive <b>unemployment benefits</b> ?	
Do you or any household member(s) receive <b>disability benefits</b> ?	

Name of Household Member	Monthly/Weekly Amount	Name & Address of Agency/Office
1.		
2.		
3.		

CHILD SUPPORT OR ALIMONY BENEFIT(S)		YES/NO	AMOUNT OF BENEFIT
Do you or any household member(s) have an open <b>child support case with a court?</b>			
Do you or any household member(s) receive <b>child support office payments?</b>			
Do you or any household member(s) receive <b>child support/alimony directly from an absent parent/spouse?</b>			
Does the absent parent purchase items for your child(ren) such as <b>clothing, food, formula, diapers, etc.?</b>			
Name of Child	Absent Parent/Spouse name and address		
1.			
2.			

CONTRIBUTIONS	YES/NO	AMOUNT OF BENEFIT
Does anyone outside your household <b>give you money or pay your bills for you?</b>		
Does anyone outside your household <b>buy you supplies such as groceries, etc.?</b>		
Did an organization help you <b>pay a bill or expense?</b>		
<b>If you answered yes, please explain:</b>		
ANY OTHER INCOME NOT DECLARED	YES/NO	AMOUNT
Do you or anyone receive any income not previously declared on this form?		

## ASSETS

ACCOUNT INFORMATION	YES/NO	AMOUNT
Do you or any household member(s) have a <b>savings or checking account?</b>		
Do you or any household member(s) have <b>stocks, bonds or certificate of deposit (CD), money market fund/trust fund, retirement, 401K, federal thrift savings plan (TSP), IRA or Keogh account, whole life insurance policies with cash value?</b>		

Do you or any household member(s) have or own <b>interest in commercial or residential real estate or a mobile home, or have you sold any real estate in last 2 years?</b>		
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## EXPENSES

CHILD CARE OR DISABILITY CARE EXPENSES			YES/NO	AMOUNT PAID
Do you pay childcare for a child 12 or under so that you may work or go to school?				
If yes, is the childcare expense paid for by an agency or by another person outside of your household?				
Do you pay for care equipment for a household member with a disability so you may work?				
If yes, is the care expense paid for by an agency or by another person outside of your household?				
Name of Child or Disabled Member	Monthly Child Care	Child Care Providers Name	Name of Agency (if paid by an Agency)	
1.				
2.				

## RENTAL HISTORY/REFERENCES

RENTAL HISTORY	DATES LIVED THERE	AMOUNT PAID
Current Landlord	From: To:	\$
Phone Number		
Previous Landlord	From: To:	\$
Phone Number		

Have you previously lived in Public Housing?

☐ Yes ☐ No

Have you previously received Section Eight Rental Assistance?

☐ Yes ☐ No Prev. Housing Authority Name \_\_\_\_\_

REFERENCES
Emergency Contact
Address
Phone Number

## SUPPLEMENTAL INFORMATION

HOUSEHOLD INFORMATION	YES/NO
Is any household member temporarily <b>absent</b> from the home? (Away at school or military service, etc.)	
Does any household member have any <b>minor children</b> that do not live in the home? <b>If yes, please explain:</b>	
Are you or anyone in your household <b>currently or ever</b> been on <b>parole or probation</b> ?	
Have you or anyone in your household <b>been cited, arrested, charged, or convicted of ANY crime</b> (misdemeanor or felony) other than traffic violations? <b>If yes, list what happened and dates:</b>	
Are you or anyone in your household subject to <b>registration as a sex offender</b> ? (This includes lifetime registration as well as limited time registration as provided in states other than WV.) <b>If yes, list name of registrant and complete mailing address where currently registered:</b>	
Have you or anyone in your household <b>ever</b> used any name(s) or Social Security number(s) other than the one you currently use or issued by Social Security Administration? <b>If yes, please give name(s) and/or Social Security number(s):</b>	
Have you or anyone in your household ever <b>committed fraud</b> while receiving Federally Assisted Housing or been <b>required to repay money</b> for misrepresenting information on such program? <b>If yes, list date(s) and all detail(s):</b>	
Does anyone <b>residing outside of your household receive mail at your residence or claim it as their residence on ANY legal document</b> (driver's license, government assistance benefit, school, tax forms, vehicle registration, work, etc.)? <b>If yes, list name of person(s) and actual address where they reside:</b>	

## SECTION VIII – FRAUD AFFADAVIT

**FRAUD – Withholding information from this Agency or providing false information to this Agency.** Under Federal Law, fraud is punishable by fines up to \$10,000 AND imprisonment for up to five years. If you submit fraudulent information, or withhold relevant information, you will be required to reimburse us for the difference in your rent share. You will be terminated from our housing program. In addition, the fraudulent action will be referred for prosecution of violating a federal law.

**By signing below, I confirm (1) I have read the penalties for submitting fraudulent information above; (2) I understand what fraud is; (3) I understand the penalties for committing fraud.**

Print Name of Adult Member	Signature	Date Signed
1.		
2.		
3.		
4.		

### WARNING

Title 18, Section 1001 of the United States Code states that a person is **GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS** to any department or agency of the United States. **MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.**

I/We hereby certify that the above statements have been explained and/or translated to me by a reliable source and/or by my housing specialist.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Other Adult Member

\_\_\_\_\_  
Date