

Date Applied: _____
Program: PH _____
S/8 _____

HOUSING APPLICATION INSTRUCTIONS

Please keep this page for your records

You may return this completed application at any time by mail, email (at miamimha@miamicac.org), or drop in our outdoor drop boxes at:

Miami Metropolitan Housing Authority (MMHA)
1695 Troy-Sidney Rd
Troy, OH 45373

- 1) Please use **Ink** and **Print** information. **or fill out online.**
- 2) Answer all questions Completely, Accurately, and Truthfully.
- 3) **You must attach copies of all Social Security Cards for all persons who will be living with you, including you.**
- 4) Applications are put on the Waiting List for each program according to the Date and Time received.
- 5) You will be notified **in writing** when your name is selected from the various Waiting Lists. **Therefore, it is your responsibility to notify our office in writing of any address or family size changes so that you will receive the Selection Letter.**

MMHA complies fully with all Federal, State and local non-discrimination laws. MMHA shall not deny any applicant the opportunity to apply for or receive assistance under any housing program on the basis of race, color, sex, religion, creed, national origin, age, familial status, disability, or sexual orientation, consistent with the Federal Fair Housing Act.

An individual with disabilities shall not be denied the benefits of, or be excluded from participation in, any MMHA program due to their disability. Requests for reasonable accommodation from persons with disabilities will be considered upon verification of the disability and that the requested accommodation meets the need presented by the disability. An applicant or resident who needs a reasonable accommodation may request it at any time in the application process or after admission.

A household member has a disability if they have a physical, mental or emotional impairment that limits one or more major life activities, or has a record of having such an impairment.

This application is for both Section 8 Voucher and Low-Income Public Housing programs.

**PLEASE SEE THE BACK OF THIS PAGE FOR
MORE INFORMATION ON OUR PROGRAMS.**

Revised 8/1/25



MIAMI METROPOLITAN HOUSING AUTHORITY

(937) 335-7921

Low Income Public Housing

These three developments, 127 units in total, are owned and managed by MMHA.

Floral View Apts.
1201 Long Street, Troy

FAMILY UNITS

Washington Commons
950 McKinley Avenue, Piqua



These Family Units above have 1 – 4 bedrooms. All Public Housing sites are designated non-smoking.

Morris House
1 W. Franklin Street, Troy
SENIOR UNITS



Housing Choice Voucher Program

- You pay 30% of your adjusted income for rent and utilities, depending on family size and allowing for standard utility costs.
- Applicants are responsible to find units on open, private market.
- Units must meet Rent Reasonableness and HUD Housing Quality Standards.

These are 0 – 1 bedroom units for those age 50+.

MAXIMUM INCOME LIMITS

You are potentially eligible for MMHA housing if your total gross income does not exceed these limits:

Family Size		1	2	3	4	5	6	7	8
Voucher		32,850	37,550	42,250	46,900	50,700	54,450	58,200	61,950
Public Housing		52,550	60,050	67,550	75,050	81,100	87,100	93,100	99,100

HOUSING APPLICATION

FOR OFFICE USE ONLY

Please Check:
 ___ Elderly (62+)
 ___ Disabled
 ___ Minority
 ___ Female Head
 ___ Resident
 ___ Veteran

Date: _____

Time: _____

Bedroom Size _____

Computer _____

Site/Program Desired:
(Please Check)

_____ Voucher Program _____ Morris House (Elderly Only-50+)
 (non-smoking site)

_____ Washington Commons _____ Floral View

PRINT: _____ (No 1 Bedroom Units) - Piqua _____ (No 1 Bedroom Units) - Troy

Name: _____

Telephone: _____

Mailing Address: _____

Message #: _____

City/State/Zip _____

Email: _____

FAMILY COMPOSITION

a. (List all family members who will be living in the unit with you and/or will use the unit in a primary or principal way, whether related or not. **(Use Legal Name)**)

*REQUIRED FIELDS

Members Full Name First-M.I.-Last	Relation	* Sex	Birth Date * (M/D/Y)	Age	Birth Place City/State	* Social Security Number	Citizen	*Race
	HEAD							
	SPOUSE							

b. Do you plan to have someone living with you in the future? __ Yes __ No
 If yes, please explain who and why: _____

c. Are you expecting a child? ____ Yes ____ No Due Date: _____

d. Are Head or Spouse Disabled? ____ Yes ____ No If yes, Who? _____
 Do you need a special unit apartment for any disabled household member? ____ Yes ____ No

If so, what type? __ Wheel Chair __ TDD (Deaf) __ Blind __ Other _____

* Race Codes
 1 = White
 2 = Black
 3 = Am. Indian
 4 = Asian
 5 = Hawaiian/
 Pacific Is.

Equal Opportunity Program

Web

FAMILY INCOME: Include all current and anticipated income from all sources from all persons who will be living in the unit. (including you)

****Warning!!** Income also includes Uber, Lyft, Door Dash, Grub Hub or similar self-employment and must be listed as income

Name	Type of Income (employ,soc.sec.)	Income Source (employer name...)	Income Amt. per Hour *	Income Amt. per Month		<u>Staff Use Only</u> Gross Earnings

* If paid hourly, Average No. of hours worked per week _____

Total:

ASSETS:

Name	Type of Account (Checking,savings,IRA...)	Source (bank name, company...)		Amount/Balance

Total:

Have you sold or given away real estate or any other assets in the past two years? ___Yes ___ No

MARITAL STATUS

a. What is your marital status? ___Married ___Divorced ___Separated ___Single ___ Widowed

b. If your spouse will not be living in the unit with you, please provide the following information for the **Absent Spouse(s)** or **Ex-spouse(s)**. Also provide this information for **Absent Parent of Child(ren)**:

Full Name

Home Address

1. _____
2. _____
3. _____

- _____
- _____
- _____

c. Please list all counties & states in which you have lived: _____

d. Have you ever used or been known by any other name? _____

HOUSING PREFERENCE (Veteran)

a. Are you, or a member of your immediate household, a serviceman or veteran, or the spouse of a deceased veteran or serviceman, discharged with other than dishonorable discharge, who would have resided in the unit to be leased? ___ Yes ___ No

GENERAL INFORMATION

a. Do any of your children have elevated blood levels for lead poisoning? ___Yes ___ No

b. Have you, or any member of your household, been involved in any of the following in the **past 3 years** (convicted or not):

- 1) Illegal drug activity _____ Yes _____ No
2) Violent criminal activity _____ Yes _____ No
(Force against person or property)

If Yes, Please List:

<u>Family Member</u>	<u>Offense</u>	<u>Mo./Year</u>	<u>Status</u>
_____	_____	_____	_____
_____	_____	_____	_____

c. Have you or any member of your household ever been (convicted or not):

- 1) Listed as a sexual offender? _____ Yes _____ No If Yes, what Tier? _____
2) Involved in any methamphetamine (speed) activity? _____ Yes _____ No
3) Involved in a drug trafficking charge? _____ Yes _____ No
If yes, list Who? _____ Date of Offense _____

d. Have you, or a member of your family, received government assistance for housing or lived in a government supported housing complex anywhere in the United States? _____ Yes _____ No

If Yes...Agency/Project Name _____
Your Address _____
City / State _____

Do you owe money to government supported or assisted housing? _____ Yes _____ No

To Whom? _____

e. List the **last three places** you have lived, but not beyond the **last 3 years**: (Start with **current** and work **downward**.)

Dates: From _____ \ _____ To _____ \ _____	Landlord's Name: _____
Address: _____	L.L. Address: _____
City, State, Zip _____	City, State, Zip _____
	L.L. Phone #: _____
Reason for leaving: _____	
Check One: _____ Rented _____ Owned _____ Lived with another _____ Lived with parent(s)	

.....

Dates: From _____ \ _____ To _____ \ _____	Landlord's Name: _____
Address: _____	L.L. Address: _____
City, State, Zip _____	City, State, Zip _____
	L.L. Phone #: _____
Reason for leaving: _____	
Check One: _____ Rented _____ Owned _____ Lived with another _____ Lived with parent(s)	

.....

Dates: From _____ \ _____ To _____ \ _____	Landlord's Name: _____
Address: _____	L.L. Address: _____
City, State, Zip _____	City, State, Zip _____
	L.L. Phone #: _____
Reason for leaving: _____	
Check One: _____ Rented _____ Owned _____ Lived with another _____ Lived with parent(s)	

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APPLICANT CHOICE

You may choose which Bedroom Size List you desire to be placed on as long as there are no more than 2 persons per bedroom.

However, for Floral View and Washington Commons, once you make this choice and are selected, you **cannot** change and request a larger unit.

I request that I be placed on the _____ Bedroom Waiting List and understand the above conditions.

CITIZENSHIP DECLARATION & CERTIFICATION

At the time of selection and eligibility determination you and **every** member of your household will be required to provide proof of citizenship status or eligible immigrant status to the Authority.

Citizenship is an eligibility criteria and no subsidy may be given to non-citizens. Proof of citizenship may be a declaration for citizens and national citizens. Proof of citizenship for legal immigrants consist of the INS Identification.

Assistance may be denied, prorated, or terminated as appropriate, pending verification of eligibility status.

NOTE: Public Housing Applicants only

The Quality Housing and Work Responsibility Act of 1998 requires all adult residents to do 8 hours of community services or self-sufficiency activities per month, unless exempt. Exempt persons are elderly, disabled, employed or participating in a Job and Family Service Program.

CERTIFICATION & REPRESENTATIONS:

I (We) hereby certify that the above information is true, accurate, and complete, and we authorize the Authority to make inquiries for verification of the above information.

Applicant understands that any misrepresentation, false statement, incomplete, or failure to disclose requested information full and completely on this form will disqualify applicant from consideration for occupancy and/or may be grounds for terminating assistance, as well as grounds for perjury.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408, f, g and h.

Signature of Applicant: _____

Date: _____

Authority Representative: _____

Date: _____

All Information is Confidential

Web

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:											
Mailing Address:											
Telephone No:	Cell Phone No:										
Name of Additional Contact Person or Organization:											
Address:											
Telephone No:	Cell Phone No:										
E-Mail Address (if applicable):											
Relationship to Applicant:											
Reason for Contact: (Check all that apply) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms	<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Late payment of rent	
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<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____										
<input type="checkbox"/> Late payment of rent											
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.											
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.											
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.											

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant	Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.