

Elkhart Housing Authority
1396 Benham Ave.
Elkhart, In 46516

EHA
Preliminary Application

Phone: 574-295-8392
Fax: 574-293-6878
TTY: 574-295-9682

Who is the Head of Household (Use Legal Name)?: Last: _____ First: _____ M.I.: _____				Sex: (M/F): _____		SSN: (#) _____	
Maiden Name: _____ Have you been known by any other name? _____							
DOB: _____		Age: _____		Race(circle one): White African American American Indian/Alaska Native Asian/Pacific Islander			
Contact Information: FULL address including City State & Zip Code Current Address: _____ Mailing Address (if different): _____ Home Phone: _____ Cell Phone: _____						Ethnicity (Circle One): Hispanic Non-Hispanic	
Income Information: Source of Income (i.e., Employer, SSA, etc): _____ Monthly Income: _____ Employer Phone # (If applicable): _____						Emergency Contact: Name: _____ Address: _____ Phone: _____ Cell: _____	
Family Composition: List ALL people who will be living in the unit with you. You DO NOT need to include yourself.							
Legal Name	Sex (M/F)	Relationship to Head***	SSN (#)	DOB	Age	Occupation/ School Name	Gross Monthly Income
***For household members 18 years and older, please indicate Relationship to Head as Spouse, Co-Head or Other Adult.							
Co-Head is as equally responsible for all payments due to EHA as the Head: Other Adult is not responsible for payments to EHA.							
Have you or anyone in your household been evicted from Public or Assisted Housing for drug-related or criminal act in the last five (5) years? Yes No			Do you or anyone in your household owe money to a Public or Assisted Housing Authority or Section 8 Program? Yes No		Do you require any modifications or accommodations in order to fully utilize the unit or the program? Yes No		

I/We certify that the information given to Elkhart Housing Authority on household composition, rental history and gross family income /assets is accurate and complete to the best of my/our knowledge and belief. I/We understand that 19 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five (5) years or both.

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Head of Household Signature	Date
Spouse, Co-Head or Other Adult Signature	Date
Other Adult Signature	Date

Have you or any household member ever lived in low-income public or Section 8 housing? (circle one) Yes No

If "YES", complete the following information:

Housing Authority or Management Company: _____
Street City State Zip

Authority or Company Address: _____
Street City State Zip

Dates of Occupancy: _____ (Month/Year)

Rental History: List all previous addresses and landlord information for all adults for the past five (5) years.

Apartment Address: _____
Street City State Zip

Dates of Occupancy: _____ (month/year) Are you related to the Owner? (Circle One)
From To Yes No

Were you listed on the lease? (Circle One) Yes No

Owner/Management Company Name: _____

Owner/ Company Address: _____
Street City State Zip

Owner/Company Phone: _____

Reason for moving: _____

Apartment Address: _____
Street City State Zip

Dates of Occupancy: _____ (month/year) Are you related to the Owner? (Circle One)
From To Yes No

Were you listed on the lease? (Circle One) Yes No

Owner/Management Company Name: _____

Owner/ Company Address: _____
Street City State Zip

Owner/Company Phone: _____

Reason for moving: _____

Apartment Address: _____
Street City State Zip

Dates of Occupancy: _____ (month/year) Are you related to the Owner? (Circle One)
From To Yes No

Were you listed on the lease? (Circle One) Yes No

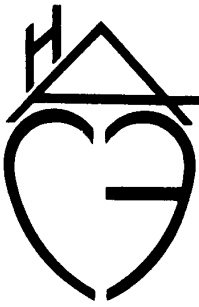
Owner/Management Company Name: _____

Owner/ Company Address: _____
Street City State Zip

Owner/Company Phone: _____

Reason for moving: _____

Additional pages may be requested if needed



HOUSING AUTHORITY CITY OF ELKHART

1396 Benham Avenue

Elkhart, Indiana 46516
www.ehai.org

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STATEMENT OF WAITING LIST PLACEMENT PREFERENCE

The Elkhart Housing Authority occupancy standards have established that a minimum of (1) person and a maximum of (2) people can occupy each bedroom of a unit. Therefore your household may qualify for more than one unit size. On the chart below, locate the number of people on your application and check your **PREFERRED** bedroom size for which you **QUALIFY** (you may not select those boxes that have an "X" through them). You may choose one and an alternate.

Head of Household Name: _____

Number of Household Members										
Bdrm Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	9 Person	10 Person
1 BR										
2 BR										
3 BR										
4 BR										
5 BR										

By my signature below, I attest that I understand that in accordance with EHA's Transfer Policy, once I am housed, I may request a transfer to a different size unit as long as my family qualifies for the unit according to the EHA occupancy standards. I further understand that all requests for transfer are subject to approval by management.

Signature

Date

ELKHART HOUSING AUTHORITY

Updated Applicant's Self Certification of a Local Preference

NAME: _____ SOCIAL SECURITY NUMBER: _____

I herby certify that I am: (Check preferences that apply to you)

IMPORTANT NOTICE: **You MUST provide proof** for all the preferences that apply to you at the time you complete and turn in your application to our office.

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- () 1. Adult household member working in Elkhart County 20 points
(Paycheck stub within the past 30 days required for credit)
- () 2. Head of households residing in Elkhart County (Copy of local lease, valid state ID 40 points
With you in county address or copy of other LOCAL assistance programs you are
Enrolled in (food stamps, school registration).
- () 3. Adult Head of household participating in a job training program 20 points
(Letter from Director/Staff on organization letterhead required for credit)
- () 4. Victims of domestic violence 40 points
(Police Report/Restraining Order/or notice from Women's Shelter stating Domestic
Violence.)
One of the first 3 forms AND the completed VAWA form is required for credit)
- () 5. Adult Head of household who are (please check one of the following ONLY 40 points
If applicable)
 - () Near Elderly – 50 years old or older
 - () Elderly – 62 years old or older
 - () Disabled or handicapped AND receiving Social Security Benefits
(Copy of SS letter stating amount of benefit required for credit)
- () 6. A Veteran who has served in the Armed Forces 40 points
(Copy of DD214, Discharge paperwork or military ID required for credit.)
- () 7. Living in substandard housing (Deemed to be in unsafe condition 20 points
Determined by (The Elkhart CITY CODE ENFORCEMENT.)
(Notice from law enforcement to landlord of violation–photos helpful but not required
For credit.)

IMPORTANT NOTICE: **Provide You MUST Have Proof** for all the above preferences that apply to you at the time you complete and turn in your application to our office.

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I understand that before I am offered assistance based on any of the above listed preferences, the Elkhart Housing Authority Management must verify all statements that I have checked. I further understand that if at the time my name reaches the top of the waiting list and that I no longer have a Local Preference, I could be placed back on the waiting list.

Applicant Signature: _____ Date: _____