



Fort Wayne Housing Authority

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2025 S. Anthony Blvd., PO Box 13489, Fort Wayne, IN 46869-3489 (260) 449-7800 Fax (260) 449-7229 website www.fwha.org

APPLICATION FOR HOUSING ASSISTANCE Instructions

Thank you for your interest in programs offered by the Fort Wayne Housing Authority. On the next few pages, you will find a preliminary application for housing assistance and the preference claim form. Please review each of the questions on the preliminary application form. It is very important for you to answer each question accurately and completely. **Incomplete applications will be returned and will not be processed** until complete. Your completed application will receive a date and time stamp when received by the Fort Wayne Housing Authority. If eligible, you will be placed on the public housing waiting list according to date, time and local preferences.

The Fort Wayne Housing Authority offers three (3) forms of housing assistance. At this time, you may apply for the Low Rent Public Housing Program. **We are not taking applications for Tenant Based Housing Choice Voucher Program** (Section 8) or the Project Based Housing Choice Voucher Program at this time.

The Low Rent Public Housing program was established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. Public housing comes in all sizes and types, from scattered single-family houses to high-rise apartments. There are approximately 703 public housing units owned and operated by the Fort Wayne Housing Authority. Our properties are:

- | | |
|----------------------------|----------------------------|
| McCormick Place Apartments | North Highlands Apartments |
| Brookmill Court Apartments | Tall Oaks Apartments |
| River Cove Apartments | Beacon Heights Apartments |
| Miami Home Apartments | Maumee Terrace Apartments |

Project-based vouchers are a component of the Fort Wayne Housing Authority's housing choice voucher program. Under the project-based voucher program, the Fort Wayne Housing Authority enters into an assistance contract with the owner for specified units and for a specified term. The Fort Wayne Housing Authority refers families from its waiting list to the project owner to fill vacancies. At this time, Project-based vouchers can only be used at The Cottages of McMillen Park which has only 1 and 2 bedroom apartments. This waiting list is currently closed.

To be considered for the Public Housing program offered by the Fort Wayne Housing Authority, please complete the preference claim form and the preliminary application. **After answering all of the questions, submit your application to the Fort Wayne Housing Authority. Preliminary Applications for Waiting List Placement are accepted either through the mail or in person during regular business hours.** Do not forget to report all changes in family income, composition and address to the Fort Wayne Housing Authority in writing within 10 days of the change. You will receive a notice for a scheduled appointment in the mail when your name is reached on the list. You are responsible for reporting all changes in circumstances to the Fort Wayne Housing Authority in **WRITING** while you are on the waiting list. If you move, notify the Fort Wayne Housing Authority immediately. If a letter is returned to the agency because you have moved, your name **WILL BE REMOVED** from the waiting list.

PH	PBV
Date and Time Application Received by FWHA	

You MUST keep a copy of this sheet for your records.

Head of Household Name: _____

**All people who qualify for PUBLIC HOUSING will be leased in one
of the following apartment communities ONLY:**

Family Sites

Brookmill Apartments
River Cove Apartments
McCormick Apartments

Miami Homes Apartments
Maumee Terrace Apartments

Elevator Buildings

North Highlands Apartments
Tall Oaks Apartments
Beacon Heights Apartments

Head of Household Name: _____ SSN: _____

PUBLIC HOUSING PREFERENCES

YES! I request that my name be placed on the Public Housing waiting list. I claim the following preferences:

No. I do not wish to apply for placement on the Public Housing waiting list at this time.

_____ **Resident.** I live or work within the city limits of Fort Wayne, IN (or up to 5 miles outside of city limits).

_____ **Veteran.** I am a veteran (or surviving spouse) of the U.S. Armed Forces or U.S. Coast Guard.

_____ **Working Preference.** I represent a household with at least one adult member who is employed and has been employed for 12 consecutive months; and/or

_____ I (and/or my spouse) am/are at least 62 years old or older; and/or

_____ I (and/or my spouse) am/are receiving regular monthly payments (Social Security, SSI, or others) based on my/our inability to work; and/or

_____ I am a graduate of or a participant in a FWA approved educational and training program designed to prepare me for the job market.

_____ **Graduate of Transitional Housing Program.** I am a graduate of a transitional housing program designed for the homeless and/or substance abusers and/or victims of domestic abuse.

_____ **Involuntarily Displaced.** I have been involuntarily displaced due to:

_____ Government action (i.e. Code Enforcement, Public Improvement Plan or Development Program, etc.); or

_____ A natural disaster rendering the unit uninhabitable.

_____ **Employment Training Program.** Applicant with adult family member enrolled in an employment training program currently working a minimum of 25 hours per week or attending school on a full time basis. This preference is extended equally to elderly and disabled families receiving income based on their inability to work.

_____ **Singles Preference.** I represent a household that is elderly, disabled, or displaced with no more than two persons in the household.

_____ **Income Preference.** I represent a family whose income is above 50% of AMI. Please mark the appropriate category.

# in household	1	2	3	4	5	6	7
Above \$ for household	<input type="checkbox"/> \$33,500	<input type="checkbox"/> \$38,250	<input type="checkbox"/> \$43,050	<input type="checkbox"/> \$47,850	<input type="checkbox"/> \$51,650	<input type="checkbox"/> \$55,500	<input type="checkbox"/> \$63,150

_____ **Elevated Blood Lead Level.** I have a child under the age of seven in my household who has a **blood lead level of 45 µg/dL or greater**; or their doctor is requiring **chelation therapy** due to an elevated blood level. And I have a referral form the Allen County Health Department

_____ **None of the Above.** I do not claim any of the preferences listed above.

SIGNATURE: _____

DATE: _____

DATE AND TIME RECEIVED BY FWHA



HOUSING AUTHORITY OF THE CITY OF FORT WAYNE INDIANA

APPLICATION FOR ASSISTANCE



The Housing Authority of the City of Fort Wayne Indiana is an equal opportunity housing provider, committed to providing quality housing opportunities and services to all eligible applicants and participants regardless of race or color, national origin, religion, sex, familial status (including children under the age of 18 living with parents or legal custodians; pregnant women and people securing custody of children under 18) and/or handicap/disability.

Head of Household Information: Please provide all the information requested below. Clearly print or type all responses.

Use your legal name as it appears on your Social Security card.

Do you or any member of your household require any modification(s)/accommodation(s) to fully participate in this or any Fort Wayne Housing Authority program or service?	Choose One: Y / N	Description of accommodation(s)/modification(s) being requested:
Are there any children 7 years and under who have an elevated level of lead in their blood?	Choose One: Y / N	List child(ren) name(s):

Head of Household

First Name:	Middle Name:	Last Name:		
Mailing Address:	City:	State:	Zip:	
SSN:	Cell/Office Phone:	()	Home Phone:	()
E-Mail:	Date of Birth:	/ /	Sex (circle one)	Male Female
Driver's License/State ID #	Driver's License State		Marital Status (circle one)	Single Married Separated Divorced Widowed

Race (choose all that apply)
White
Black
American Indian
Asian
Pacific Islander

Ethnicity
Hispanic or Latino
Not Hispanic or Latino
Alien Registration #
A

Family Attributes
Near Elderly
Elderly
Disabled
Displaced
Homeless

Citizenship
Eligible Citizen
Eligible Non-citizen
Ineligible Non-citizen
Pending Verification

Disabled
Yes
No

Access Required
Hearing
Mobility
Sight
Other

Marital Status (Choose One)
Single
Married
Separated
Divorced
Widow/Widower

Employment Status
Employed
Self Employed
Unemployed
Job Training / Student
Retired

School Attending
Name
Address
City
State
Zip Code
Phone

FOR FWHA USE ONLY

Client Number	Control Number
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Date and Time Received by FWHA

Family Member #2

First Name:		Middle Name:		Last Name:	
SSN:		Date of Birth:	/ /	Sex (circle one)	Male Female

Relationship to Head of Household	
<input type="checkbox"/>	Spouse
<input type="checkbox"/>	Co-Head
<input type="checkbox"/>	Foster Child/Adult
<input type="checkbox"/>	Youth under 18
<input type="checkbox"/>	Full Time Student 18+
<input type="checkbox"/>	Live-in Aid
<input type="checkbox"/>	Other Adult

Citizenship	
<input type="checkbox"/>	Eligible Citizen
<input type="checkbox"/>	Eligible Non-citizen
<input type="checkbox"/>	Ineligible Non-citizen
<input type="checkbox"/>	Pending Verification
Alien Registration #	
A	

Disabled	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Access Required	
<input type="checkbox"/>	Hearing
<input type="checkbox"/>	Mobility
<input type="checkbox"/>	Sight

Race	
<input type="checkbox"/>	White
<input type="checkbox"/>	Black
<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Pacific Islander

Ethnicity	
<input type="checkbox"/>	Hispanic Or Latino
<input type="checkbox"/>	Not Hispanic Or Latino

School Attending

Name		Address	
City	State	Zip	Phone

Family Member #3

First Name:		Middle Name:		Last Name:	
SSN:		Date of Birth:	/ /	Sex (circle one)	Male Female

Relationship to Head of Household	
<input type="checkbox"/>	Spouse
<input type="checkbox"/>	Co-Head
<input type="checkbox"/>	Foster Child/Adult
<input type="checkbox"/>	Youth under 18
<input type="checkbox"/>	Full Time Student 18+
<input type="checkbox"/>	Live-in Aid
<input type="checkbox"/>	Other Adult

Citizenship	
<input type="checkbox"/>	Eligible Citizen
<input type="checkbox"/>	Eligible Non-citizen
<input type="checkbox"/>	Ineligible Non-citizen
<input type="checkbox"/>	Pending Verification
Alien Registration #	
A	

Disabled	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Access Required	
<input type="checkbox"/>	Hearing
<input type="checkbox"/>	Mobility
<input type="checkbox"/>	Sight

Race	
<input type="checkbox"/>	White
<input type="checkbox"/>	Black
<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Pacific Islander

Ethnicity	
<input type="checkbox"/>	Hispanic Or Latino
<input type="checkbox"/>	Not Hispanic Or Latino

School Attending

Name		Address	
City	State	Zip	Phone

Family Member #4

First Name:		Middle Name:		Last Name:	
SSN:		Date of Birth:	/ /	Sex (circle one)	Male Female

Relationship to Head of Household	
<input type="checkbox"/>	Spouse
<input type="checkbox"/>	Co-Head
<input type="checkbox"/>	Foster Child/Adult
<input type="checkbox"/>	Youth under 18
<input type="checkbox"/>	Full Time Student 18+
<input type="checkbox"/>	Live-in Aid
<input type="checkbox"/>	Other Adult

Citizenship	
<input type="checkbox"/>	Eligible Citizen
<input type="checkbox"/>	Eligible Non-citizen
<input type="checkbox"/>	Ineligible Non-citizen
<input type="checkbox"/>	Pending Verification
Alien Registration #	
A	

Disabled	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Access Required	
<input type="checkbox"/>	Hearing
<input type="checkbox"/>	Mobility
<input type="checkbox"/>	Sight

Race	
<input type="checkbox"/>	White
<input type="checkbox"/>	Black
<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Pacific Islander

Ethnicity	
<input type="checkbox"/>	Hispanic Or Latino
<input type="checkbox"/>	Not Hispanic Or Latino

School Attending

Name		Address	
City	State	Zip	Phone

Family Member #5

First Name:		Middle Name:		Last Name:	
SSN:		Date of Birth:	/ /	Sex (circle one)	Male Female

Relationship to Head of Household	
<input type="checkbox"/>	Spouse
<input type="checkbox"/>	Co-Head
<input type="checkbox"/>	Foster Child/Adult
<input type="checkbox"/>	Youth under 18
<input type="checkbox"/>	Full Time Student 18+
<input type="checkbox"/>	Live-in Aid
<input type="checkbox"/>	Other Adult

Citizenship	
<input type="checkbox"/>	Eligible Citizen
<input type="checkbox"/>	Eligible Non-citizen
<input type="checkbox"/>	Ineligible Non-citizen
<input type="checkbox"/>	Pending Verification
Alien Registration #	
<input type="checkbox"/>	A

Disabled	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Access Required	
<input type="checkbox"/>	Hearing
<input type="checkbox"/>	Mobility
<input type="checkbox"/>	Sight

Race	
<input type="checkbox"/>	White
<input type="checkbox"/>	Black
<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Pacific Islander

Ethnicity	
<input type="checkbox"/>	Hispanic Or Latino
<input type="checkbox"/>	Not Hispanic Or Latino

School Attending

Name		Address	
City	State	Zip	Phone

Family Member #6

First Name:		Middle Name:		Last Name:	
SSN:		Date of Birth:	/ /	Sex (circle one)	Male Female

Relationship to Head of Household	
<input type="checkbox"/>	Spouse
<input type="checkbox"/>	Co-Head
<input type="checkbox"/>	Foster Child/Adult
<input type="checkbox"/>	Youth under 18
<input type="checkbox"/>	Full Time Student 18+
<input type="checkbox"/>	Live-in Aid
<input type="checkbox"/>	Other Adult

Citizenship	
<input type="checkbox"/>	Eligible Citizen
<input type="checkbox"/>	Eligible Non-citizen
<input type="checkbox"/>	Ineligible Non-citizen
<input type="checkbox"/>	Pending Verification
Alien Registration #	
<input type="checkbox"/>	A

Disabled	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
Access Required	
<input type="checkbox"/>	Hearing
<input type="checkbox"/>	Mobility
<input type="checkbox"/>	Sight

Race	
<input type="checkbox"/>	White
<input type="checkbox"/>	Black
<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Pacific Islander

Ethnicity	
<input type="checkbox"/>	Hispanic Or Latino
<input type="checkbox"/>	Not Hispanic Or Latino

School Attending

Name		Address	
City	State	Zip	Phone

Anticipated Family Composition Changes:

Do you expect anyone to move in or out of your household within the next twelve months?	Yes / No	If yes, please tell us who will be added or deleted and when.	
		Add:	Date:
		Delete:	Date:

Program Integrity Information (These questions apply to all household members). You **MUST** answer each of the following questions accurately and completely. The Fort Wayne Housing Authority conducts criminal background checks and your response to these questions may be verified. Providing inaccurate and/or incomplete information may be grounds for denial/termination/eviction.

Have you or any member of your household ever been arrested or convicted for the use, sale and/or manufacture of controlled substances?	Yes / No	If yes, please tell us dates, charges, city and state.
Have you or any member of your household ever been arrested for any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property of another?	Yes / No	If yes, please tell us dates, charges, city and state.

Does anyone in your household currently (or within the last 3 years) use a controlled substance or illegal drug?	Yes / No	If yes, please explain.
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Previous Housing Assistance: You **MUST** answer each of the following questions accurately and completely. False and/or incomplete answers may result in denial/termination/eviction.

Have you ever lived in public or assisted housing at any time in the past?	Yes / No	If yes, please explain. Include dates and locations.
Have you ever committed any fraud or knowingly misrepresented information in any housing assistance program?	Yes / No	If yes, please explain. Include dates and locations.
Do you owe any money to any housing authority or agency that provides housing assistance?	Yes / No	If yes, what agency, how much.
Have you ever been evicted from any public housing program or had program benefits denied or terminated in any housing assistance program?	Yes / No	If yes, please explain. Include dates and locations.

Assets: (This question applies to all household members, including children). Please tell us about all assets owned by household members, including assets owned by more than one person, allowing unrestricted access by the household member(s).

Assets include: The current balance in your savings account, the average 6 month balance in your checking account, stocks, bonds, savings certificates, money market funds, investments, equity in real property, trusts available to the household, IRA's, Keogh's, retirement accounts, company retirement pensions, lump sum receipts such as inheritances, capital gains, lottery winnings, cash from sale of assets, insurance settlements, Social Security and SSI lump sum payments, personal property held as an investment, cash value of life insurance policies, and any assets disposed of for less than fair market value during the 2 years preceding this certification.

Family Member Name	Type of Asset (from list above)	Account Number or Policy Number	Company/Institution Name and Address(include city, state & zip)	Cash Value of Asset
				\$
				\$

Income: (This question applies to all household members). Please tell us about all income received in the household. The definition of income is, **“all amounts, monetary or not, which go to or on behalf of the family head or spouse or to any other family member, or that are anticipated to be received from a source outside the family during the 12 month period following admission or the annual reexamination effective date.”** The Fort Wayne Housing Authority participates in computer matching programs with federal, state and/or local agencies. Providing inaccurate and/or incomplete information is grounds for denial/termination/eviction.

Income includes: Employment income, the net income from a business, periodic payments from Social Security, annuities, pensions, alimony and child support, payments in lieu of earnings such as unemployment compensation, workers compensation, severance pay, public assistance (TANF), SSI, military pay and regular contributions and gifts.

Family Member Name	Type of Income (Listed above)	Provider of Income Name	Address (Include city, state zip)	Dollars per hour, week month or year (specify one)
				\$
				\$

Income continued on next page

