

# PIKE METROPOLITAN HOUSING AUTHORITY

2626 SHYVILLE ROAD

PIKETON, OHIO 45661

(740) 289-4534

(740) 289-3043 FAX

## APPLICATION FOR HOUSING

(Revised November 14, 2018)

**PMHA does not discriminate against tenant applicants based on military status, race, color, religion, sex, age, national origin, ancestry, familial status, or disability.**

This is an application for housing assistance that is available through Pike Metropolitan Housing Authority (PMHA). The following is a list of housing programs provided by the PMHA.

### Vansant Commons

#### **1 BEDROOM CLOSED**

The PMHA owns and manages two (2) low-income housing complexes in Piketon, Ohio.

Moore Meadows, 633 Market Street, is a 47 unit family housing complex consisting of 19 two-bedroom units and 28 three-bedroom units; five of the three bedroom units are equipped to accommodate persons with disabilities.

Vansant Commons, 2626 Shyville Road, is a 50-unit housing complex consisting of 4 one-bedroom units, all of which are equipped to accommodate persons with disabilities, 36 two-bedroom units, and 10 three-bedroom units.

Rent is based on the 30% of adjusted monthly income. Ranking on the Vansant Commons waiting list is based on: date and time of application and number of bedroom size requested. Preferences will be given to Veterans, VAWA-Domestic Violence, Involuntary Displaced and Disabled Head of Household, Co-Head and/or Spouse.

### Section 8 Voucher Program

This program is also known as the "HAP-Program." The PMHA issues Vouchers to eligible families to assist them with paying rent and/or utilities when renting a dwelling unit from a private landlord. These Voucher holders find the property they wish to rent. Before assistance can be provided, the home is inspected and must meet Housing Quality Standards (HQS). After using the assistance for one year in Pike County the household is eligible to take the Voucher anywhere in the United States.

Low-income applicants are ranked on the waiting list based on: by income, as 75% of all new admissions must be at or below 30% of median income, by date, and by time of application. Preference will be given to Veterans, Elderly and/or Disabled Head of Household, Co-Head and/or Spouse, and working families who have been working at least 6 continuous months and work at least 20 hours a week and make at least minimum wage.

### Emmitt Station Apartments Applications

Emmitt Station is a 40-unit apartment complex located in Waverly across from Waverly City Schools. This complex has 16 one-bedroom apartments, 22 two-bedroom apartments, and 2 three-bedroom apartments. Housing Choice Voucher Program (Section 8) vouchers are accepted and rental assistance may be available. **This waiting list can take up to 1 ½-2 years or longer.**

*"If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."*

## TO ALL PERSPECTIVE APPLICANTS:

The Housing Choice Voucher Program has the following preferences: being a veteran with an Honorable Conditions Discharge, 6 months of continuous employment at 20 hours per week that equal or exceeds the minimum wage and for having an elderly or disabled Head of Household, Co-head or Spouse.

Are you or anyone in your household a Veteran with a Honorable Conditions Discharge?

**If yes please provide a DD214 or equivalent**

We give a preference for having an elderly and/or disabled Head of Household, Co-Head and/or Spouse Does your household qualify for this preference?

**If yes, please provide a current award letter from the Social Security Administration.**

Is the Head of Household, Co-Head or spouse working at least 20 hours per week that equals or exceeds minimum wage and has been employed for 6 months of continuous employment.

**If yes, please provide us with 4 current check stubs and one check stub from at least 6 months or earlier. Or you can have your employer write out a statement of how long you have been employed and what you currently make an hour and how many hours you work each week.**

Vansant Commons Apartments has the following preferences: Being a Veteran with an honorable conditions discharge, for having an elderly/disabled head of household, co-head or spouse, PMHA VAWA-Victim of domestic violence, involuntarily displaced.

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation. The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the Voucher is in compliance with VAWA. A HUD-approved certification form is attached. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA. If you otherwise qualify for assistance under Voucher, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Involuntary displacement - This preference basis if either of the following apply: 1. The applicant has been involuntarily displaced and is not living in standard permanent replacement housing o Standard permanent replacement housing is housing that is decent, safe and sanitary and adequate for the family size, and that the family is occupying pursuant to a lease agreement 2. The applicant will be involuntarily displaced within no more than six months from the date of preference status certification or verification. An applicant is or will be involuntarily displaced if the applicant has vacated or will have to vacate the unit where the applicant lives because of one or more of the following: a) An applicant's unit is uninhabitable because of a disaster, such as a fire or flood b) Activities carried on by an agency of the United States or by any state or local governmental body or agency in connection with code enforcement, public improvements or development program c) Displacement to avoid reprisal, such as family cooperating with the police (PMHA may only grant this if a law enforcement agency carries out a threat assessment and recommends re-housing the family) d) Displacement due to hate crimes when applicants have been victims of a hate crime (Hate crime is defined as actual or threatened physical violence that is based on victim's race, color, religion, sex, national origin, handicap or familial status.)

**PIKE METROPOLITAN HOUSING AUTHORITY  
ESTABLISHED PREFERENCES**

To comply with the revised admission regulations promulgated by the U.S. Department of Housing and Urban Development (HUD) implementing amendments of the United States Housing Act of 1937 by the Quality Housing and Work Responsibility Act of 1998 and related changes, the Pike Metropolitan Housing Authority (PMHA) establishes the following as its criteria for the annual admission of applicants to both its Section 8 Rental Assistance Program and to the RAD Housing Program:

**I. Veteran Preference**

In accordance with Ohio Revised Code Section 3735.42 PMHA will give preference to veterans as follows:

- (A) Except as provided in any contract for financial assistance with the federal government in the selection of tenants for housing, a metropolitan housing authority shall give preference, as among applicants equally in need and eligible for occupancy of the dwelling and at the rent involved, to families of veterans and persons serving in the active military or naval service of the United States, including families of deceased veterans or deceased persons who were so serving at the time of death.
- (B) As used in this section:
- (1) "Veteran" means either of the following:
- (a) A person who has served in the active military or naval service of the United States and who was discharged or released with an Honorable or General Discharge. Preference will not be given to persons with an "Other Than Honorable Conditions Discharge (UOTHCD)", a bad conduct discharge, or a dishonorable discharge;
- (b) A person who served as a member of the United States merchant marine and to whom either of the following applies:
- (i) The person has an honorable report of separation from active duty military service, form DD214 or DD215.
- (ii) The person served in the United States merchant marine between December 7, 1941, and December 31, 1946, and died on active duty while serving in a war zone during that period of service.
- (2) "United States merchant marine" includes the United States army transport service and the United States naval transport service.

**II. Employment Preference**

In accordance with PMHA's Section 8 Management Plan, preference will be given for Upward Mobility, as follows:

- An adult member of the household who can document **six (6) months** of continuous employment at a minimum of twenty (20) hours per week;
- Earnings from said employment **must** equal or exceed the current minimum wage rate.
- Applicant **must** present evidence from his/her employer to document this status. Acceptable documentation will include: **copies of check stubs, a signed statement from the employer, or a year-to-date earnings statement that clearly shows applicant meets the requirement.** Other forms of documentation may be necessary to document self-employment.

**FAILURE TO PROVIDE ALL OF THE REQUESTED DOCUMENTATION COULD RESULT IN DENIAL OF YOUR HOUSING APPLICATION.**

**In addition please provide these documents for everyone in the household.**

\_\_\_\_\_ DRIVER'S LICENSE OR PICTURE ID for Applicant and Co-Applicant

\_\_\_\_\_ BIRTH CERTIFICATES FOR EACH FAMILY MEMBER

\_\_\_\_\_ SOCIAL SECURITY CARDS FOR EACH FAMILY MEMBER

\_\_\_\_\_ PREGNANCY STATEMENT

\_\_\_\_\_ CUSTODY PAPERS

In order for you to be eligible for consideration for housing at Vasant Commons, Emmitt Station or the Housing Choice Voucher Program (Section 8), **the following list of information must be provided before an application can be considered complete.**

Please bring this information to PMHA offices at 2626 Shyville Road, Piketon, Ohio, between the hours of 8:00 A.M. – 4:30 P.M., Monday thru Friday.

\_\_\_\_\_ SOURCE AND AMOUNT OF INCOME

(Examples: 4 current check stubs or any verification from your employer or printout of income from Social Security or Bank Statement with the direct deposit amount or OWF printout, Child Support Printout )

\_\_\_\_\_ DD214, Certificate of Discharge, or Military ID for Present Service for Verification of Military Service (If Applicable)

\_\_\_\_\_ Documentation of Six (6) Months Continuous Employment at 20 Hours Per Week That Equals or Exceeds Current Minimum Wage. **I only need one pay stub from 6 months ago or a statement from your employer of either the start date or that you have been employed for the last 6 months.**

**We will contact you through the mail when your name reaches the top of the waiting list. Please keep all of your household information current with us. If your income, household members, or address changes you must update your application. Failure to do so may result in your name being taken off of the Waiting List and being placed inactive.**

**Every year we send out Waiting List Update forms. You will have to fill it out and return it to us within the required time frame. Failure to do so will result in your application being placed inactive. Again, it's very important that you keep your address and household information updated with us at all times. This must be done in writing. You can contact us through assistance check or come in to the office and ask to update your application.**

**If you have any questions please feel free to contact Rachel Leach at 740-289-4534 Ext. 122 or email at [r.a.leach@outlook.com](mailto:r.a.leach@outlook.com)**

# APPLICATION FOR HOUSING

\* \_\_\_\_\_ \*



Pike Metropolitan  
Housing Authority  
2626 Shyville Rd  
Piketon, OH 45661  
740-289-4534  
Fax 740-289-3043  
TDD Available



For office use only  
do not write here

For office use only do not  
write here:  
  
VAWA given to applicant  
  
\_\_\_\_ Yes \_\_\_\_ No

Return  
Date: \_\_\_\_\_  
  
Return  
Time: \_\_\_\_\_

**PLEASE INITIAL YES IF YOU WOULD LIKE TO APPLY FOR THAT PROGRAM OR NO FOR THE PROGRAMS YOU DO NOT WANT TO APPLY FOR:**

- Vansant Commons:    YES \_\_\_\_\_    NO \_\_\_\_\_  
    (1 BEDROOM CLOSED)
- Emmitt Station Apartments YES \_\_\_\_\_    NO \_\_\_\_\_
- Section 8 Housing Choice Voucher Program Yes \_\_\_\_\_ NO \_\_\_\_\_

1.    **APPLICANT NAME** \_\_\_\_\_    **Date** \_\_\_\_\_

**CO-APPLICANT NAME** \_\_\_\_\_    **Phone** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_    **County** \_\_\_\_\_

      \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
                    (If Different from Above)

E-mail Address: \_\_\_\_\_

Please list other counties and states lived in: \_\_\_\_\_

2.    **FAMILY COMPOSITION & CHARACTERISTICS** \_\_\_\_\_

      (List head of household and all other persons who will be living in the assisted household.)

A. <u>First Name - Middle Initial - Last Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Is there a Disabled/Handicapped Head of Household, Co-Head or Spouse? ( )Yes ( )No

1. Name of Family Member \_\_\_\_\_

C. Military Service ( ) Yes ( ) No

(Please provide verification of this through a copy of DD214, Certificate of Discharge, or Military ID for present service.) Verification Provided: \_\_\_\_\_ Date Provided: \_\_\_\_\_

Name of Family Member \_\_\_\_\_ Type of Discharge \_\_\_\_\_  
 ( ) Active ( ) Medical ( ) Honorable ( ) Other

D. Is any household member gainfully employed?( ) Yes ( ) No If yes, name of family member \_\_\_\_\_

If you checked yes, please fill out the information below, this information will help us determine if you are eligible for the working preference.

IF YES, HIRE DATE: \_\_\_\_\_ LENGTH OF EMPLOYMENT: \_\_\_\_\_

Name of Applicant/Co-Applicant \_\_\_\_\_ Employer Name \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Does any Household Member require an accessible unit for the physically impaired? ( ) Yes ( ) No

Name of Family Member: \_\_\_\_\_

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the PMHA housing programs and related services. When such accommodations are granted, they do not confer special treatment or advantage for the person with a disability; rather, they make the program accessible to them in a way that would otherwise not be possible due to their disability. SEE ATTACHMENT "B" FOR FURTHER INFORMATION.

3. INCOME: (List all sources and amounts of income in the household. Please use the Income Limits Table for accurate listing of income.)

Family Member \_\_\_\_\_ Type of Income \_\_\_\_\_ # of Hours Worked & Hourly Rate of Pay,  
OR Monthly Amount if Other Income \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*Your Maximum Gross Income Cannot Exceed These Limits for Vasant Commons\*\***

<u>1 Person</u>	<u>2 Persons</u>	<u>3 Persons</u>	<u>4 Persons</u>	<u>5 Persons</u>	<u>6 Persons</u>	<u>7 Persons</u>	<u>8 Persons</u>
\$25,800	\$29,520	\$33,180	\$36,840	\$39,840	\$42,780	\$45,720	\$48,660

**\*\*Emmitt Station Income Guidelines\*\***

<u>1 Person</u>	<u>2 Persons</u>	<u>3 Persons</u>	<u>4 Persons</u>	<u>5 Persons</u>	<u>6 Persons</u>	<u>7 Persons</u>	<u>8 Persons</u>
\$34,350	\$39,300	\$44,200	\$49,100	\$53,050	\$56,950	\$60,900	\$64,800

**\*\*Housing Choice Voucher Program Income Guidelines\*\***

<u>1 Person</u>	<u>2 Persons</u>	<u>3 Persons</u>	<u>4 Persons</u>	<u>5 Persons</u>	<u>6 Persons</u>	<u>7 Persons</u>	<u>8 Persons</u>
\$21,500	\$24,600	\$27,650	\$30,700	\$33,200	\$35,650	\$38,100	\$40,550

4. **ASSETS:** (List checking accounts, savings accounts, savings certificates, credit union shares, stocks, bonds, real estate, mobile homes, etc. Automobiles and furniture are not assets. Verification of assets will be required prior to determination of eligibility).

A. <u>Type</u>	<u>Value</u>
_____	_____
_____	_____
_____	_____

B. Have you or any household members sold/disposed of any property or assets in the past 24 months?  
( ) Yes ( ) No  
If yes, what was sold/disposed and date of sale/disposal \_\_\_\_\_

5. **HOUSING:**

A. Briefly describe your reason(s) for applying \_\_\_\_\_  
\_\_\_\_\_

B. Current Landlord's name and address: \_\_\_\_\_  
\_\_\_\_\_

C. Are you currently living in government subsidized housing? ( ) Yes ( ) No

D. Have you or any household member ever lived in a house or apartment financed and/or subsidized by the government?  
( ) Yes ( ) No If yes, name and address: \_\_\_\_\_

E. Have you or any household member ever been evicted from any Federal Housing Program (such as Public Housing)?  
( ) Yes ( ) No If yes, where and why? \_\_\_\_\_

F. Have you or any household member ever been evicted from any other housing? ( ) Yes ( ) No  
If yes, where and why? \_\_\_\_\_

6. **HOUSEHOLD INFORMATION:**

A. Have you or any other adult members used any name(s), Social Security number(s) than the one that you are currently using? ( ) Yes ( ) No If yes, explain \_\_\_\_\_  
\_\_\_\_\_

B. Have you or any household member ever committed fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing program? ( ) Yes ( ) No  
If yes, explain \_\_\_\_\_

C. Do you or any household member presently owe money to this agency or any other Housing Authority?  
( ) Yes ( ) No If yes, the amount owed \$ \_\_\_\_\_

D. Has any household member been arrested or convicted for any crime in the past five (5) years?  
( ) Yes ( ) No

IF YES:

\*give name of household member involved \_\_\_\_\_

\*give the offense person was arrested for \_\_\_\_\_

\*give date, city, and state of the arrest \_\_\_\_\_

E. Are you or anyone in your household subject to a lifetime registration requirement under a state sex offender registration program? ( ) Yes ( ) No If yes, name: \_\_\_\_\_

7. **BEDROOM SIZE:**

PMHA does not determine who shares a bedroom/sleeping room, but there must be at least one person per bedroom. In determining bedroom size, the PMHA will include the presence of children to be born to a pregnant woman, who must provide written documentation of pregnancy, children who are in the process of being adopted, children whose custody is being obtained (upon documentation by involved agencies such as the court or children services agency), children who are temporarily away at school, children who are in foster-care, children who reside in the unit a minimum of 50% or more of the time due to shared custody agreements, or foster care children who are in the home (upon documentation by involved agencies such as court or children services agency). Children more than 4 years apart will be considered for separate bedrooms.

You will be placed on the waiting list according to which bedroom size you qualify for, unless you request in writing and explain the need for an exception.

8. **REFERENCES INFORMATION:**

(The following information is needed only if you are applying for Vasant Commons & Emmitt Station Apartments. )

A. **Landlord References:**

\_\_\_\_\_  
Current Landlord: Name, Complete Street Address, City, State, and Zip, & Phone Number

\_\_\_\_\_  
Previous Landlord: Name, Complete Street Address, City, State, and Zip, & Phone Number

\_\_\_\_\_  
Previous Landlord: Name, Complete Street Address, City, State, and Zip, & Phone Number

B.

**Personal References:** (Must not be related to the Applicant and/or Co-Applicant - three must be listed with complete address. Must not be a landlord reference.)

<u>Name</u>	<u>Address</u>	<u>Phone</u>
(1.)	_____	_____
(2.)	_____	_____
(3.)	_____	_____





I/We understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my/our knowledge. I/We have no objections to inquiries being made for the purpose of verifying the statements made herein.

Further, the unit being applied for will be my/our household's permanent residence and I/We do/will not maintain a separate subsidized rental unit in a different location.

Warning! Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willfully-falsifies, conceals, or covers up by any trick, scheme, or device a material fact, makes any materially false, fictitious, or fraudulent statement or representation or makes or uses any false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

9. **OPTIONAL:**



The information regarding sex designation, race, and national origin solicited on this application is requested in order to assure Federal Government, acting through Farmers Home Administration (Rural Development) and/or the U.S. Department of Housing and Urban Development (HUD), that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicapped are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the PMHA is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname. The collection of this information assures everyone that the PMHA operates in a non-discriminatory fashion.

- A. Sex of Head of Household:                    ( ) Male            ( ) Female
- B. Race:    ( ) White  
     (Check appropriate box)                    ( ) Black  
     ( ) Asian/Pacific Islander  
     ( ) American Indian/Alaskan Native
- C. Ethnicity of Head of Household            ( ) Hispanic        ( ) Non-Hispanic

Optional and Supplemental 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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason to Contact: (Check all that apply)</b> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

<b>Signature of Applicant</b>	<b>Date</b>
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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.

# PIKE METROPOLITAN HOUSING AUTHORITY

2626 Shyville Road – Piketon, Ohio 45661

TDD/Telephone (740) 289-4534

Fax (740) 289-3043

## ATTACHMENT “B”

### Notice of Right of Reasonable Accommodation

#### **If you have a disability and as a result of your disability you need ...**

- A change in the rules or policies or how we do things that would give you an equal chance to live here and use the facilities or take part in the programs on site,
- A change or repair in your apartment or a special type of apartment that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change or repair to come other part of the housing site that would give you an equal chance to live here and use the facilities or take part in programs on site,
- A change in the way we communicate with you or give you information.

You may ask for this kind of change, which is called a REASONABLE ACCOMMODATION.

If you can show that you have a disability and if your request is reasonable (\*does not pose “an undue financial or administrative burden”), we will try to make the change you request.

We will give you an answer in 14 days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM or if you want to give us your request in some other way, we will help you.

You can get a REQUEST FOR A REASONABLE ACCOMMODATION FORM at the PMHA Administrative Office.

NOTE: All information you provide will be kept confidential and be used only to help you have an equal opportunity to enjoy your housing and the common areas.