

Employment

Head of Household

When did employment begin? _____
Company Name: _____
Address: _____
Phone: _____
Fax: _____
How many hours per week do you work? _____
What is your rate of pay? _____ per _____
Do you receive tips, bonuses, commission? _____
Were you hired through a temp. agency? _____
If yes, agency name, address, and phone number: _____

Is there a job loss? Yes No
Where were you working? _____
Address: _____
Phone: _____
Last day worked: _____
Have you applied for unemployment?
Yes No

EID Qualification (PH/Disabled S8 only)		
Has it been 12 months or longer since you last worked?	Yes	No
Have you received cash assistance in the last six months?	Yes	No

Other Adult

When did employment begin? _____
Company Name: _____
Address: _____
Phone: _____
Fax: _____
How many hours per week do you work? _____
What is your rate of pay? _____ per _____
Do you receive tips, bonuses, commission? _____
Were you hired through a temp. agency? _____
If yes, agency name, address, and phone number: _____

Is there a job loss? Yes No
Where were you working? _____
Address: _____
Phone: _____
Last day worked: _____
Have you applied for unemployment?
Yes No

EID Qualification (PH/Disabled S8 only)		
Has it been 12 months or longer since you last worked?	Yes	No
Have you received cash assistance in the last six months?	Yes	No

Child Support

Are you receiving Child Support? Yes No
What county & state are your orders in? _____
Do you have an order for Child Support? Yes No

How many cases & what is the amount received?
Case 1 _____ Case 2 _____
Case 3 _____ Case 4 _____

Lump Sum Disbursement

Have you or anyone in your household received a lump sum disbursement? Yes No
If yes, what is the amount & source? \$ _____ source: _____

Benefit Approval

I have been approved for:
Ohio Works First (OWF) SS SSI SSD Pension Workmans Comp Unemployment
\$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Child Care

Do you pay for child care? Yes No
If yes, amount paid: \$ _____ per _____
If no, when did your child care stop? _____
Do you receive help paying childcare? Yes No Who helps? _____
Name & Address of childcare provider: _____
_____ phone: _____

I/we certify that the information given to WMHA is accurate and complete to the best of my/our knowledge and belief. I/we understand that knowingly supplying false, inaccurate or incomplete information is punishable under Federal and Criminal law. I/we understand that supplying false, inaccurate or incomplete information is grounds for TERMINATION of Housing Assistance.

I/We have read and fully understand the above statements.

Signature of Head of Household

Date

Signature of Spouse/Other Adult

Date

Signature of Other Adult

Date



Warren Metropolitan Housing Authority

990 East Ridge Drive Lebanon, Ohio 45036
Phone (513) 695-3380 Fax (513) 695-1638
Email: housing@warrenmha.org

Cincinnati (513) 925-3380 * Middletown (513) 261-3380 * Dayton/Franklin/Springboro (937) 425-3380

INFORMATION RELEASE FORM

I/We, _____,
(Print Your Full Legal Name)

being a participant of Warren Metropolitan Housing Authority of Warren County, Ohio hereby affix my signature so that the Warren Metropolitan Housing Authority may obtain information from the following sources:

1. Any Type of Retirement Plan(s)
2. Internal Revenue Service
3. Previous Landlords
4. Employers, Current and Former
5. Any Public Assistance Agency
6. Sherriff and Police Departments
7. City, County, and State Health Departments
8. Credit References
9. Any Social Service Organization
10. School Systems
11. Financial Institutions
12. Utility Companies
13. Day Care Providers
14. Personal References
15. Life Insurance Companies
16. Pharmacies
17. Physicians or Other Medical Care Providers
18. Any Department or Agency of any kind that can furnish the required information to determine continued eligibility for the program including information relating to household income and family/household composition. A copy/fax of this release shall be used as an original.

Please Print Your Name

Social Security Number

Signature

Date

Spouse or Other Adult (Print)

Social Security Number

Spouse or Other Adult (Signature)

Date

Other Adult (Print)

Social Security Number

Other Adult (Signature)

Date

This release of Information will be in effect for 18 months from signature date.