

**In order to receive housing assistance on a long term basis: 1) Applicants must meet diagnosis criteria, 2) actively receive mental health services and 3) be a resident of Defiance-Fulton-Williams-Henry counties.
New Home Development is a contract agency of the Four County ADAMhs Board**

Date Rec by NHDC: _____
 Time: _____ By: _____
 On Waiting list: _____

New Home Development Housing Application-Version 07-2022

Please return Housing Application to address below or fax or email

617 N. Walnut, #12, Bryan, OH 43506
 PH: 419-519-3075 Fax: 419-519-3042 nhdc@defnet.com

Please print legibly

| | | | | | |
|-------------------|--------------------|--------------------|-------------------|-----------------|--------|
| Applicant's Name: | | Client Identifier: | | Male | Female |
| Street Address: | | | City/State/Zip | | COUNTY |
| Phone #: | Social Security #: | | Date of Birth: | Marital Status: | |
| Case Manager: | | | Referring Agency: | | |

My Current Housing Status is: Hospitalized ___ Homeless ___ Sub-standard housing ___ Incarcerated ___
 Living w/friend or family ___ Treatment Program: ___ If applicable--your in-house treatment expected out date? _____
Current Rent: _____ **Are utilities included?** Yes ___ No ___ **Pays over 50% of GROSS income for rent?** _____

DO YOU HAVE A PAYEE? YES NO _____
 Payee Name/Agency _____ Address _____ Phone _____

WHY DO YOU NEED HOUSING ASSISTANCE? _____

What housing program are you applying for?

Rent Subsidy ___ Start-up Costs ___ Upton Heights ___ Horizon Heights ___ Pontiac Apts. ___ Other NHDC ___

Please provide the name, address, phone number and length of time you rented from your current and previous landlords. I understand that my landlord will be contacted for a reference.

1) _____
 Name Address Phone Length at Residence

2) _____
 Name Address Phone Length at Residence

In this section provide information for anyone other than you that will be living in the household (if applicable):

| | Full Name | Relationship | Sex | Age | Date of Birth |
|----|-----------|--------------|-----|-----|---------------|
| 1) | | | | | |
| 2) | | | | | |
| 3) | | | | | |



INCOME: Please list total income for all household members.

| Income Source | Whose Income: | How Often Received | Amount |
|---------------|---------------|--------------------|--------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

Additional Questions:

- 1-Have you or any member of your household been convicted of a felony? Yes ___ No ___ If yes, when? _____
If yes, for what? _____
- 2-Are you or any member of your household subject to a State lifetime sex offender registration in any state? Yes ___ No ___
- 3-Please list any and all states you and any member of your household have resided: _____
- 4-Have you attempted to find resources from other Community Agencies? YES _____ NO _____
Source and Amount of Aid Found: _____
- 5-Are you a Veteran? Yes ___ No ___ What branch? _____
- 6-Preferred County for tenancy: Defiance ___ Fulton ___ Williams ___ Henry ___
- 7-Accessibility required: Yes ___ No ___
- 8-Are you employed? Yes ___ No ___ If Yes, for how long & where? _____
- 9-Do you anticipate any changes in your household size? Yes ___ No ___ If yes, explain: _____
- 10-Do you anticipate any changes in your income? Yes ___ No ___ If yes, explain: _____
- 11-Have you been convicted of a violent crime or arson? Yes ___ No ___ If yes, what and when? _____

By my signature, I hereby certify that I have read and understand this application for housing assistance administered by New Home Development. **I also understand that any false or untrue information given is considered fraud and is a prosecutable offense.**

Applicant's Signature

Date

Applicant's Signature

Date

****Please call monthly to report changes and advise of your continued need for housing assistance. Applications will be deemed inactive after 1 month of no contact or updates.**

*Additional information that may be helpful in considering this application: _____

NEW HOME DEVELOPMENT

617 N. Walnut #12 • Bryan, OH 43506 • PH: 419-519-3075 • FAX: 419-519-3042

Authorization for Release of Confidential Information

PLEASE FILL OUT COMPLETELY

Client/Tenant Information:

| | | | |
|---------|---------------|------------------------|-----|
| Name | Date of Birth | Social Security Number | |
| Address | City | State | Zip |

Please check appropriate boxes:

| | | | |
|--|---|---------------|------------|
| | Maumee Valley Guidance Center _____ Recovery Services _____ A Renewed Mind _____ Other Service provider: _____ | CM or Contact | Number |
| | Probation Officer-County/Name | | |
| | Other: | | |
| | Metro Housing Authority | | 4195191735 |
| | Family Member/Guardian | Address: | Phone: |

Information Requested:

New Home Development may share information and/or converse with the above named service agency or person as it relates to housing and the well-being of the person receiving housing assistance and who could also be an NHDC tenant.

Above named service or person is authorized to share needed information regarding above named person to acquire and retain housing assistance.

CLIENT AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize the above named organization/person to release information regarding me to New Home Development Co. for the reason shown above, including any protected health information necessary to verify my disability. I also authorize New Home Development to share information pertinent to my housing needs with the above named organization/person. I acknowledge and understand the PROHIBITION ON DISCLOSURE rule: *“This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42CFR Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute and alcohol or drug abuse patient.”* I understand that once this information is disclosed to New Home Development, it is no longer covered by HIPAA and may be disclosed in a manner that HIPAA would not allow. I understand that New Home Development cannot control the recipient’s use of the information. I understand that I, and/or my guardian may revoke this authorization at any time by submitting a written request to NHDC staff, except to the extent that action has been taken in reliance upon it. I understand that housing assistance and/or service cannot be conditioned upon my signing this document. ***This form will expire when I am no longer a participant of housing assistance programs administered by New Home Development.***

| | | |
|--|------------------------|-------------|
| Signature of Client or Responsible Party | Relationship to Client | Date Signed |
|--|------------------------|-------------|

- If this form is signed by anyone other than the named person, verification of guardianship is REQUIRED.



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Race and Ethnic Reporting Form:

Name of Head of Household: _____

Names of Household Members: _____

THERE IS NO PENALTY FOR PERSONS WHO DO NOT COMPLETE THIS FORM

| Ethnic Categories* | Select One |
|---|-------------|
| Hispanic or Latino | |
| Not-Hispanic or Latino | |
| Racial Categories* | One or More |
| American Indian or Alaska Native | |
| Asian | |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| White | |

Definitions of these categories can be found below

Signature

Date

General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing administered by New Home Development Company. **There is no penalty for persons who do not complete the form. Parents or guardians are to complete the form for children under the age of 18.**

Ethnic Categories: The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino**-a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino**-a person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Racial Categories: The five racial categories to choose from are defined below: You may mark one or more.

1. **American Indian or Alaska Native**-a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian**-a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American**-A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander**-A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White**-a person having origins in any of the original peoples of Europe, the Middle East or North America.

