

## **ATTENTION ALL PARTICIPANTS**

**You MUST provide verification of income, assets and expenses at the same time you turn in your request to move packet.**

**FAILURE TO SUBMIT ALL REQUIRED DOCUMENTATION WILL DELAY APPROVAL TO RECEIVE A VOUCHER TO MOVE**

### **EMPLOYMENT:**

- **TWO most recent** (must be consecutive) pay stubs **or** a statement from your employer, on company letterhead, indicating your current hourly wage and the current average hours worked per week.
- If reporting **new employment**, the letter must indicate the hire date in addition to the above information.
- If reporting **loss of employment**; the letter must indicate the last day worked.

### **SOCIAL SECURITY ● WELFARE ● CHILD SUPPORT ● PENSIONS ● WORKER'S COMPENSATION ● UNEMPLOYMENT:**

- Social Security recipients must provide an award letter for the current benefit year
- Welfare Benefits
  - ✓ OWF, GA Benefits and/or Food Stamps: you must **provide verification** from Stark County Jobs and Family Services (must be within the last 60 days)
- Child Support
  - ✓ A printout from the child support agency showing at least 6 months payment history for all cases.
    - You must provide this verification if you have a support order, even if no payments have been received. You may be asked to submit your username and password information.
- Unemployment Benefits:
  - ✓ Statement from Unemployment Office indicating the weekly benefit and balance. You may be asked to submit your username and password information.

### **EXPENSES:**

- **Child Care Expenses**
  - ✓ Statement from your child care provider on company letterhead listing the name(s) of the child(ren) care is provided along with the amount charged for each child each month.
  - ✓ If your child care provider does not have company letterhead, you must submit a letter with the child care provider's name, address and phone number along with the information listed above.
- **Medical Expenses / Handicap Expenses**
  - ✓ Print out from your pharmacy indicating out of pocket cost for the previous 12 months.
  - ✓ For medical bills you wish to claim, you must include RECIEPTS of payments (not bills).
  - ✓ Spend down: Statement from the Department of Jobs and Family Services indicating your spend down amount and the numbers of months spend down was met during the last 12 months.

**YOU WILL NOT BE INVITED TO A MOVE VOUCHER MEETING UNTIL ALL REQUIRED DOCUMENTATION HAS BEEN PROVIDED. IF YOU FAIL TO SUBMIT YOUR INFORMATION BY THE APPROPRIATE DEADLINE, YOU MAY NOT BE ELIGIBLE TO ATTEND UNTIL THE NEXT SCHEDULED MEETING**

## Moving Procedures for Housing Choice Voucher Program Participants

### Step 1: Plan ahead.

Give yourself at least 45 days to make a move. If you are planning to move out of Stark County, give yourself 60-70 days.

### Step 2: Find out if you are eligible to move.

- You must be in a month-to-month lease and be in a unit 12 months before you can move.
- You must be in good standing with landlord, with no money owed for back rent, utilities, or damages.
- You must pay off any debt owed to SMHA, and submit verification to SMHA.
- You are not eligible to move if you have received a move voucher within the past 12 months.

### Step 3: Complete a "Move with Continued Assistance" packet.

- Packets are available at SMHA's central office located at 400 East Tuscarawas Street, Canton, Ohio 44702, Monday through Friday from 8:00 a.m. until 4:30 p.m. If necessary, you may call your Section 8 Reviewer to have a packet mailed to you.
- Return the completed "Move with Continued Assistance" packet to SMHA with all required income verification.
- DO NOT TURN IN YOUR 30-DAY NOTICE AT THIS TIME.**
- Be sure to notify SMHA if you wish to move outside of Stark County. Additional information will be required.
- Be sure SMHA has a current telephone number where you can be reached so we can contact you throughout this process.
- Once you have completed the "Move with Continued Assistance" packet, you will be contacted for a voucher issuance briefing at SMHA. If you do not meet the requirements to move you will receive a denial notice that includes the reason(s) you are ineligible to receive a move voucher.

### Step 4: Attend the "Voucher Issuance Briefing" at SMHA

- At the appointment you will receive your move voucher along with other necessary documents needed for this process.
- "Voucher Issuance Briefings" are held on the 2<sup>nd</sup> and the 4<sup>th</sup> Wednesday of each month.
- A list of units will be included in the Request for Tenancy (RTA) packet. This list is also available at SMHA's central office. It is updated every two weeks. You must present your voucher in order to receive a listing.
- Please note; any changes in income, family household members, etc. may delay your moving process.

### Step 5: Find a place to rent & provide current landlord with a "30-Day Notice to Vacate"

- You are responsible for finding a new place to rent. You are also responsible for moving costs including any deposit.
- Be sure to provide your landlord with the "30-Day Notice to Vacate." You must provide SMHA with a copy of the notice.

### Step 6: Have the new owner complete a "Request for Tenancy Approval" (RTA packet).

- You will get your RTA packet when you receive your voucher. Give the RTA packet to the landlord when you find a unit.
- Make sure the RTA packet is completed and returned to SMHA. ***Your RTA will not be processed until you have provided SMHA with a copy of the "30-Day Notice to Vacate."***
- SMHA will verify information with the landlord and make sure you can afford the unit.
- Once the unit is determined affordable, SMHA will schedule an inspection for the unit within 15 calendar days. This process may be delayed if the unit is not ready for inspection.
- If the unit is not affordable and the landlord will not negotiate a lower rent, SMHA will let you know to keep looking.

### Step 7: Unit must pass inspection

- Some units may require repairs before passing the initial inspection. The inspection process may be delayed while the landlord is completing the required repairs.
- Do not move into your new unit or sign the lease until the unit passes SMHA's inspection!***
- SMHA will notify you when the unit passes inspection, inform you of the amount of rent you will be required to pay to your landlord.

### Step 8: Move in

- Once the unit passes inspection, you may move in and start paying your portion of rent.
- Walk through the unit with the landlord and write down all existing conditions in the unit (for example, burn marks in the carpet which the former tenant caused). Have the landlord sign the list and keep a copy for your records.
- Sign the lease with the landlord and keep a copy for your records. ***You must provide a signed copy of your lease to SMHA. No payments can be made to the new landlord without it.***



400 East Tuscarawas Street, Canton, Ohio 44702-1131

Phone 330-454-8051 RELAY 1-800-750-0750  
Fax 330-580-9000 WEB WWW.starkmha.org



## Request to Move with Continued Assistance

Head of Household Name (Last, First, Middle)			
Social Security Number		Telephone Number	
Address		City	State Zip
<b>If you are planning a move outside of Stark County, please provide the following information:</b>			
Name of Housing Authority		Contact Phone Number (include area code)	
Name of Contact Person	Email Address	Fax Number (include area code)	
Address		City	State Zip

### INSTRUCTIONS:

If you would like to move, SMHA must issue you a new voucher.

We must also determine whether or not you are eligible to move. Only your reviewer can determine whether or not you are eligible to move. **A request to move does not guarantee that you will be able to move.**

The following forms must accompany this request to move:

- ✓ A completed Request to Move with Continued Assistance
- ✓ Section 8 Programs Personal Family Declaration
- ✓ ALL required verification of income. **See attached list of acceptable documents.**

After you have been determined eligible to move, you will receive your move voucher when you attend the Voucher Issuance Briefing. SMHA will provide you with the date and time of the next scheduled Briefing.

If you are ineligible to move, you will receive a denial notice that includes the reason(s) you are ineligible to receive a move voucher.

### ATTENTION:

**Voucher Issuance Briefings are held on the 2<sup>nd</sup> and 4<sup>th</sup> Wednesday of each month. If you are eligible to move and all required information is received by the 2<sup>nd</sup> Wednesday of the month, you will be invited to the meeting held on the 4<sup>th</sup> Wednesday. If your information is received by the 4<sup>th</sup> Wednesday of the month, you will be invited to attend the meeting held on the 2<sup>nd</sup> Wednesday.**

For a more detailed explanation of the move procedures, please review the "Moving Procedures for Housing Choice Voucher Program Participants" form included in the move packet.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 8 PROGRAMS  
FAMILY PERSONAL DECLARATION**

This form must be completed in your own handwriting. You must use the correct legal name for each member of your household. All adult members 18 years or older of the household must sign certifying the information pertaining to them. (PLEASE PRINT)

\_\_\_\_\_  
Name (Head of Household)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address (Optional)

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. List the Head of Household and all other members who will be living in the unit.

**Race Codes:** 1 = White; 2 = Black/African American; 3 = American Indian/Alaska Native; 4 = Asian; 5 = Native Hawaiian/Pacific Islander  
**Ethnicity Codes:** 1 = Hispanic or Latino; 2 = not Hispanic or Latino

	Member's Full Name	Relation to Head	Birth Date	Marital Status	Sex	If you are CURRENTLY attending school, please list the name of the school	Race	Ethnicity
1		SELF						
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								

For minor children listed above, list all absent parent's names.

Child's Name	Absent Parent's Name	Absent Parent's Address DO NOT LEAVE BLANK

- How many people live in your unit? \_\_\_\_\_
- Does anyone live with you now **OR** plan to live with you in the future who is not listed above?  Yes  No  
**If yes**, please explain: \_\_\_\_\_
- Is the head of household, spouse or co-head 62 years or older and/or a person with disabilities?  Yes  No
- Please identify any special housing needs your household has. \_\_\_\_\_  
\_\_\_\_\_
- In the past year, has any member of the household been arrested or convicted of a crime?  Yes  No  
**If yes**, state reason for arrest and dates of arrests or conviction. \_\_\_\_\_
- Is any member of your household subject to a lifetime registration requirement as a sex offender?  Yes  No

**INCOME INFORMATION**

Please answer each of the following questions. For each **YES** you must provide details in the chart below.

- YES**    **NO**    Does any member of your Household:
- Yes    No   1. Work full-time, part-time or seasonally?
  - Yes    No   2. Expect to work for any period during the next year? If **YES**, explain \_\_\_\_\_
  - Yes    No   3. Work for someone who pays them cash? If **YES**, provide written documentation
  - Yes    No   4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
  - Yes    No   5. Now receive or expect to receive unemployment benefits?
  - Yes    No   6. Have a child support order established (includes sporadic payments)?
  - Yes    No   7. Have an entitlement to receive alimony?
  - Yes    No   8. Now receive **CASH** benefits from the Department of Job and Family Services?
  - Yes    No   9. Now receive Social Security benefits or SSI?
  - Yes    No   10. Now receive income from a pension or annuity?
  - Yes    No   11. Now receive regular contributions from organizations or from individuals not living in the unit?
  - Yes    No   10. Have you **applied** for CASH benefits from any source and are awaiting a determination?  
If **YES**, explain \_\_\_\_\_

**INCOME-** (DO NOT LEAVE BLANK)    List income **from all sources** for ALL family members

**IF YOU HAVE NO HOUSEHOLD INCOME, PLEASE WRITE 'NONE'**

Name of Family Member Receiving the Income	Source / Type of Income	If CURRENTLY EMPLOYED, you must list EACH employer name	Annual Income

**ASSET INFORMATION**

Please answer each of the following questions. For each **YES** you must provide details in the charts below.

- Yes    No   12. Do you have a life insurance policy with a **cash value**?
- Yes    No   13. Have you sold or given away any real estate or other assets (including cash) in the past 2 years?  
If **YES**, describe \_\_\_\_\_ List value \$ \_\_\_\_\_
- Yes    No   14. Does anyone in your household have a checking or savings account?
- Yes    No   15. Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks or bonds, or income from rental property?
- Yes    No   16. Own real estate or assets for which you receive no income?

**ASSETS-** (DO NOT LEAVE BLANK)    List details of the assets of **ALL** household members

**IF YOU HAVE NO ASSETS, PLEASE WRITE 'NONE'**

Member Name	Bank Name or Investment Source	Type of Account	Annual Percentage Rate (APR%) *If none, write zero*	Balance

**EXPENSES**

- Yes  No Do you have expenses for child care of a child ages 12 or younger while you work or attend school?  
**If yes, you must provide written verification from your childcare provider.**
- Yes  No Do you pay a care attendant or for any equipment for any household member(s) with disabilities necessary to permit that person or someone else in the household to work or attend school?  
**If yes, you must provide written verification for all expenses you wish to claim as an expense.**

**\*\*STOP\*\* YOU ARE ONLY REQUIRED TO COMPLETE THIS SECTION IF THE HEAD OF HOUSEHOLD, SPOUSE OR CO-HEAD ARE ELDERLY (62 OR OLDER) AND/OR DISABLED**

- Yes  No Do you have Medicare? If yes, what is your monthly premium? \$\_\_\_\_\_ **If yes, you must provide written verification from Medicare**
- Yes  No Do you have any other kind of medical insurance? List your monthly premium \$\_\_\_\_\_ **If yes, you must provide written verification for all expenses you wish to claim as a deduction.**
- Yes  No Do you have any outstanding medical bills or medical expenses that will be paid OUT OF POCKET over the next 12 months? **If yes, provide printout(s) for each facility/office of expenses for 12 months.**
- Yes  No Does your household have OUT OF POCKET costs for prescriptions annually? **If yes**, what is the average monthly cost? \$\_\_\_\_\_ **(you must provide a 12 month history for all pharmacies)**
- Yes  No Do you have a Medicare discount drug card that you pay for? **If yes**, what is your monthly cost? \$\_\_\_\_\_ **(you must provide written verification from Medicare)**

**PLEASE BE SURE YOU HAVE PROVIDED WRITTEN DOCUMENTATION FOR ALL MEDICAL EXPENSES**

**PARTICIPANT CERTIFICATION**

I/We certify that the information given to the **Stark Metropolitan Housing Authority** on household composition, income, net family assets, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. \*I/We also understand that false statements or information are grounds for denial/ termination of housing assistance and termination of tenancy.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other household member 18 and over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other household member 18 and over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other household member 18 and over

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other household member 18 and over

\_\_\_\_\_  
Date

NOTE TO PARTICIPANTS: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at (800) 765-9372.