



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 PACKET

Head of Household Name (Last, First, Middle)		Email Address (Optional)	
Social Security Number		Telephone Number	
Address	City	State	Zip

If you are planning a move outside of Stark County, please provide the following information:

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 once this packet has been completed.

You must provide ALL documents listed below for your move to be considered and all documents must be complete:

1. Complete the Request to Move
2. Complete the Certification of Good Standing with your **current** landlord
3. Complete the Section 8 Programs Personal Family Declaration
4. Attach ALL required verification(s). **See attached list of required documents.**

Once you have been determined eligible to move, you will receive a new voucher when you attend the scheduled Voucher Issuance Briefing (Move Meeting). SMHA will provide you with the date and time of the meeting in writing.

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.

Please Note: Move Meetings are held at SMHA on the 2nd and 4th Wednesday of each month.

If we receive your completed packet by our first move meeting of the month (2nd Wednesday); you will be invited to the next meeting (held the same month) on the 4th Wednesday

If we receive your completed packet by our second meeting of the month (4th Wednesday); you will be invited to the move meeting the following month which is held on the 2nd 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 _____

REQUIRED INCOME, ASSET AND EXPENSE VERIFICATIONS

You MUST provide verification of income, assets and expenses with your paperwork

ASSETS: PLEASE PROVIDE THE FOLLOWING DOCUMENTATION FOR ALL MEMBERS

- **Checking:** provide your most recent bank statement
Savings: provide your most recent account statement(s)
- Current statement listing the cash value of any CDs, stocks, bonds, etc.
- If you have a life insurance policy with a **CASH** value, please provide a statement from your life insurance agency, this printout must include the CASH value of your account.

INCOME INFORMATION: PLEASE PROVIDE THE FOLLOWING FOR ALL MEMBERS

- **Employment-** 2 most recent paystubs (must be consecutive)
- **Social Security Income (SS, SSDI, SSI and Survivors)-** Statement of benefits indicating current monthly amount (must be dated within 60 days)
- **Unemployment-** Statement of benefits indicating weekly or monthly amount and balance (dated within 60 days)
- **Retirement/Pension or Workers Compensation-** Statement with monthly gross amount (dated within 60 days)
- **Child Support-** Printout from the child support office or online portal of the last 6 months of child support received. This information must be provided for all child support cases **regardless of whether you are receiving payments at this time** (dated within 60 days)
- **OWF/DA Benefits-** Statement from Job and Family Services indicating your monthly amount (dated within 60 day)
- **Zero Income-** Written statement from all household members 18 and over with no income

EXPENSES: PLEASE PROVIDE THE FOLLOWING DOCUMENTATION FOR ALL MEMBERS

- **Child Care:** Written statement from the provider listing the child(ren) that attend along with the amount paid and the name, address and phone number of the person providing the care.
- **Medical/Disability Expenses:** Payment histories from pharmacies, physicians, etc. indicating the anticipated yearly expenses.

SCHOOL VERIFICATION: PLEASE PROVIDE THE FOLLOWING DOCUMENTATION FOR ALL MEMBERS OVER THE AGE OF 18 WHO ARE CURRENTLY ATTENDING SCHOOL

- **Full Time Status; High School-** Provide verification that the student is currently enrolled and the grade of the student for the **current** school year
- **Student Status; College-** Provide the most recent schedule, which must include the number of hours enrolled **AND** provide all financial aid information for the **current** school year

**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.

BUILDING FOUNDATIONS SMHA Family Self Sufficiency Program Intake Form Please return completed intake application <u>By mail</u> to 400 E. Tuscarawas St. NE Canton, OH 44702, <u>by fax</u> to 330-754-1253 or <u>email</u> to npeterson@starkmha.org Call Natatia Peterson FSS Coordinator with any questions: 330-454-8051 x365	SMHA Office Use Only Referral Date: _____ Date Received: _____ Staff Initials: _____ HCV _____ PH _____ Recert/Update: _____
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Name: _____ Application Date: _____

Social Security Number: _____ Date of Birth: _____

Address: _____ Zip Code: _____

Email Address: _____ Phone: _____

Education (highest level completed): _____

How did you hear about the Foundations Program? :

Mailer
 SMHA Event
 Resident Services
 FSS Coordinator
 SMHA staff
 Local Agency
 Friend/Family

Other: _____

1. **Currently employed: Y/N? How many hours per week on average? :** _____
2. **Do you have any interest or needs related to the following topics? :**

Employment: _____	Job Training: _____	Education: _____	Money/Budgeting: _____	Food: _____
Childcare: _____	Homeownership: _____		Utility Assistance: _____	Saving Money: _____

3. What are two or three of the biggest challenges your family is facing right now?

4. What changes do you want to make in your life?

5. Name three of your personal strengths:

1. _____ 2. _____
3. _____

Please include any additional information you would like to share.

Signature: _____ **Date:** _____

BUILDING FOUNDATIONS TOWARDS A BETTER YOU!

A FAMILY SELF-SUFFICIENCY PROGRAM

HOSTED BY:

STARK METROPOLITAN HOUSING AUTHORITY

READY TO ENROLL?
WANT MORE INFORMATION ?

CONTACT:

Natatia Peterson BS.,MS.Ed
SMHA FSS Coordinator
330-454-8051 x365
npeterson@starkmha.org

FACT SHEET

WHAT IS THE FAMILY SELF-SUFFICIENCY PROGRAM?

The purpose of the Family Self-Sufficiency Program is to establish relationships with local public and private agencies that can aid SMHA residents in becoming economically independent and self-sufficient. The FSS Program is a service program offered free of charge to the residents participating in SMHA Housing Choice and Public Housing Programs.

HOW DOES THE PROGRAM WORK?

Once an eligible family is enrolled, the FSS participant will receive individualized case management and service coordination by a Family Self-Sufficiency Coordinator. Participation generally lasts five years, during which the participants identify educational, professional and personal goals. As a member of the FSS program the participating family is eligible to have an interest-bearing escrow account established. After the family graduates from the program, they may access the escrow and use it for any purpose.

FSS PROGRAM GOAL?

The goal of the FSS Program is to reduce the dependency of low income families on welfare assistance, voucher program assistance, and other public assistance programs. The program will assist unemployed or underemployed, low-income families who are eligible to receive assistance under the HCV, and PH programs make the transition from public assistance to productive employment and economic self-sufficiency. This goal can be accomplished by the coordination of quality, comprehensive supportive services; that include job training, mental health counseling, job skills, and educational support services. These resources can assist FSS participants in obtaining opportunities for education, job training, counseling and other social assistance that will lead to economic independence and maintenance of self-sufficiency.

Additional goals of the program include, but are not limited to:

- obtain full time employment
- obtain a higher paying job
- obtain a high school diploma or higher education
- acquiring skills in budgeting and homeownership
- acquiring reliable transportation
- saving money

AM I ELIGIBLE?

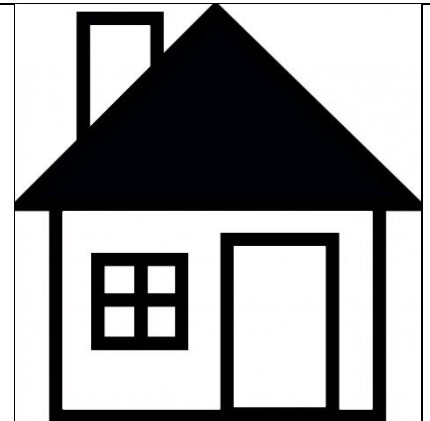
Any individual currently participating in SMHA's Public Housing & Section 8 Programs

PROGRAM BENEFITS

- *Employment Coaching
- *Financial Coaching
- *Life Coaching

\$ ESCROW SAVINGS \$

Participants in the program will be eligible to establish a Escrow savings account. Any increases in the participants rent as a result of increased earning will result in a credit to the participants escrow account.



Moving Procedures for Housing Choice Voucher Program Participants

Step 1: Plan ahead.

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

Prepare a Security Deposit- SMHA does not provide assistance with deposits, you will need to plan to pay your deposit in full when your unit passes inspection and you are notified that you can move by your reviewer

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 2nd and the 4th Wednesday of each month.
- Please note; any changes in income, family household members, etc. may delay your moving process.

Step 5: Search for a New Unit

- You are responsible for finding a new place to rent. You are also responsible for moving costs including a deposit.

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.
- 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, your reviewer will notify you of when you can sign a lease and move in
- 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.***

How Portability Works

What is Portability?

"Portability" in the Housing Choice Voucher (HCV) program refers to the process through which your family can transfer or "port" your rental subsidy when you move to a location outside the jurisdiction of the public housing agency (PHA) that first gave you the voucher when you were selected for the program (**the initial PHA**).

The agency that will administer your assistance in the area to which you are moving is called the receiving PHA.

New families have to live in the jurisdiction of the initial PHA for a year before they can port. But, the initial PHA may allow new families to port during this one-year period.



What Happens Next?

1. You must notify the initial PHA that you would like to port and to which area you are moving.
2. The initial PHA will determine if you are eligible to move. For example, the PHA will determine whether you have moved out of your unit in accordance with your lease.
3. If eligible to move, the initial PHA will issue you a voucher (if it has not done so already) and send all relevant paperwork to the receiving PHA.
4. If you are currently assisted, you must give your landlord notice of your intent to vacate in accordance with your lease.

Contacting the Receiving PHA

1. Your case manager will let you know how and when to contact the receiving PHA. Your case manager must give you enough information so that you know how to contact the receiving PHA.
2. If there is more than one PHA that administers the HCV program where you wish to move, you may choose the receiving PHA. The initial PHA will give you the contact information for the PHAs that serve the area. If you prefer, you may request that the initial PHA selects the receiving PHA for you.

Generally, the initial PHA is not required to give you any other information about the receiving PHAs, but you may wish to find out more details when contacting them (such as whether the receiving PHA operates a Family Self-Sufficiency or Homeownership program).

How Portability Works



Before Porting, Things You Should Know

Subsidy Standards: The receiving PHA may have different subsidy standards. In other words, the initial PHA may have issued you a three-bedroom voucher, but the receiving PHA may, if appropriate for your family, issue you a two-bedroom voucher. Note, however, that the PHA's subsidy standards must comply with fair housing and civil rights laws. This includes processing reasonable accommodation requests that are necessary for qualified individuals with disabilities.

Payment Standards: The payment standards of the receiving PHA may be different for each PHA. Payment standards are what determine the amount of the rent that the PHA will pay on your behalf. If a receiving PHA's payment standards are lower than the initial PHA, then the portion of the rent you pay may be more than what you were paying at the initial PHA.

Re-screening: The receiving PHA may re-screen you using their own policies, which may be different than the initial PHA's policies and could result in them denying your request to move. When contacting the receiving PHA, you may want to ask whether they re-screen families moving into their area under portability and what are their policies for termination or denial of HCV assistance. This will assist you in determining if the receiving PHA's policies might prevent you from moving to their jurisdiction.

Time Management: You should manage the move so that you have enough time to arrive at the receiving PHA before the initial PHA voucher expires; otherwise, you may lose your assistance.

See front for more details

Once at the Receiving PHA

1. The receiving PHA will issue you a voucher to search for a unit in its jurisdiction. Your voucher must be extended by 30 days from the expiration date on the voucher issued by the initial PHA.
2. When you submit a request for tenancy approval, the time on your voucher will stop until you are notified in writing whether the unit is approved or denied. The request for tenancy approval is the form you will submit to the receiving PHA once you find a unit, so that the receiving PHA can determine whether you may rent that unit under the program.
3. If you decide that you do not want to lease a unit in the area, the receiving PHA will return your voucher to the initial PHA. The initial PHA is not required to, but may, extend the term of your voucher so that you may search for a unit in the initial PHA's jurisdiction or port to another jurisdiction.

Any additional instructions will be provided by the receiving PHA. PHAs must comply with all nondiscrimination and equal opportunity requirements in the portability process, including, but not limited to, the Fair Housing Act, Section 504 of the of the Rehabilitation Act, Title VI of the Civil Rights Act, and title II of the Americans with Disabilities Act.

See front for more details