

Mississippi Regional Housing Authority IV
P.O. Box 1051
Columbus, MS 39703
662-327-0136



**ONLINE
PRE-APPLICATION**

Dear Applicant:

This letter is an acknowledgement of your request for Section 8 Rental Assistance. We are providing you with a **Preliminary Application**. In order to qualify for rental assistance, you must be (1) 21 years of age or older, (2) 18 years of age and married, or (3) have had your minority disability removed by the proper chancellor under Miss. Code 1972 93-19-1 et seq (1994 rev).

This Pre-Application will be used to place your name on a waiting list for Section 8 Rental assistance. The enclosed form is to be completed in full. **You will be placed on the appropriate waiting list according to the date that this pre-application is received in this office.**

You will be notified by mail to come into our office to make your formal application and determine if you are eligible for the program by verifying information you have given about your family composition and family income.

If you are eligible, you will be notified by mail. The MRHA IV's Selection Policy will be used to determine where you will be placed on the waiting list. **PLEASE UNDERSTAND THAT EACH COUNTY DOES HAVE A WAITING LIST AND THERE WILL BE SOME WAITING TIME. CURRENTLY, THE WAITING LIST FOR ASSISTANCE CAN BE UP TO 4 YEARS.**

When MRHA IV is able to assist you, we will notify you by mail to come in and receive your Housing Voucher. This will allow you to search for a decent, safe and sanitary housing unit. The owner must be willing to rent to you under our program. The Housing Authority will then assist you with your rent. The housing unit must pass our inspection and the rent must be reasonable.

In addition to the pre-application, you will be filling out a "Local Preference" form. A "Local Preference" may change your position on the waiting list. Read the form carefully and answer each question, have someone help you or you may contact this office at 662-327-0136. You must return the form completely filled out whether you are claiming a "Local Preference" or not.

In the event you claim a preference, you will be required to furnish at a later date, **documented proof**, as requested by this Authority that you are:

- (1) living in substandard or dilapidated housing or,
- (2) involuntarily displaced

IF ANY CHANGES OCCUR IN YOUR HOUSEHOLD AFTER WE RECEIVE YOUR PRE-APPLICATION, YOU MUST NOTIFY US IN WRITING; ESPECIALLY, A CHANGE OF ADDRESS.

IT IS NOT NECESSARY TO CALL THIS OFFICE TO CHECK ON YOUR PRE-APPLICATION. WE WILL SCHEDULE YOU AN APPOINTMENT JUST AS SOON AS POSSIBLE

IF A REASONABLE ACCOMMODATION IS NEEDED, PLEASE LET THE OFFICE KNOW BY PUTTING IT IN WRITING.

Thank you,
Section 8
Admissions Department

FAXED APPLICATIONS WILL NOT BE ACCEPTED
PLEASE KEEP THIS SHEET FOR YOUR RECORD

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PRE-APPLICATION FOR SECTION 8 RENTAL ASSISTANCE

We **ONLY SERVE!!** the following counties in **MISSISSIPPI**: Carroll, Choctaw, Clay, Grenada, Lowndes, Montgomery, Oktibbeha, Webster and Winston. **IMPORTANT!!! Please circle the county you plan to live in above. IF YOU WISH TO RESIDE IN ANOTHER COUNTY THAT IS NOT LISTED ON THIS APPLICATION, YOU WILL NEED TO APPLY WITH THE PUBLIC HOUSING AUTHORITY THAT SERVICES THAT PARTICULAR COUNTY.**

The form should be mailed to the above address. PLEASE DO NOT CALL. Report any changes (especially change of address) in writing. YOU WILL RECEIVE A LETTER TELLING YOU WHEN TO COME IN FOR A FORMAL INTERVIEW.

THIS FORM MUST BE FILLED OUT COMPLETELY

List names and information requested below for each person that will be living in your household.

Name of Family Member	Date of Birth	Relationship	Social Security #

List additional family members on a separate sheet of paper

TOTAL HOUSEHOLD INCOME:

Do you work?_____ If yes, list name, address and phone number of your employer:

What is your gross weekly, bi weekly or monthly income? \$_____ Does anyone in your household work? List name of family members and place of employment.

Do you or any member of your household receive TANF, Child Support, VA Benefits, Unemployment Benefits? If so, list family member and amount of benefit.

Do you or any family member receive Social Security, or SSI, or any type of retirement disability? YES_____ amount \$_____ NO_____

FAILURE TO REPORT INCOME FROM ALL SOURCES COULD RESULT IN YOUR APPLICATION BEING DENIED FOR ELIGIBILITY.

Do you now live in Public Housing or any Low-income Housing or you currently on the Section 8 Housing Program YES_____ NO_____

Signature

Date

Your Mailing address: _____
Your Street address _____
City _____, State _____ Zip Code _____
Phone _____

FOR OFFICIAL USE: Waiting List Number _____
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IMPORTANT!!!!- ALL ITEMS BELOW MUST BE CHECKED WITH **EITHER** A **YES OR NO**. READ EACH QUESTION CAREFULLY.

LOCAL PREFERENCES:

(1) SUPER PREFERENCE:(SECTION 8 ONLY)**

The PHA will give a preference to families displaced by Hurricanes Katrina or Rita (see CFR982.207). The PHA will provide families who have recently left or will be leaving FEMA temporary housing units or Katrina Cottages a preference over all displaced families. Families will be considered to have "recently left" a FEMA provided temporary housing unit or Katrina cottage if they vacated their unit after June 24, 2009, the date the appropriations act was signed.

****The above listed preference will take precedence over any other preference. (SECTION 8 ONLY)**

(2) INVOLUNTARILY DISPLACED:

- (a) I have (within the last 6 mos.) been displaced as a result of a disaster such as a fire, flood, tornado, etc. and my housing is uninhabitable and I am not living in standard permanent replacement housing. Yes No
- (b) I have been (within the last 6 mos.) or will be displaced by a governmental action such as a Notice to Move given by the United States, a State Agency, a City Agency, or a County Agency due to a code enforcement, public improvement or a developmental program. Yes No
- (c) I have been notified ((within the last 6 mos.) by a property owner or owner's agent that I must vacate my housing unit where: (1) The reason for the action is beyond my ability to control for prevent; and (2) The action occurs or will occur despite my having met all previously imposed conditions of occupancy; and (3) The vacate notice is due to something other than a rent increase. **EVICCTIONS FOR LEASE VIOLATIONS OR NON-PAYMENT OF RENT DOES NOT QUALIFY.** Yes No
- (d) I am involuntarily displaced: (1) I vacated ((within the last 6 mos.) due to actual or threatened physical violence directed against me or one or more members of my family by my spouse or another member of my household; or (2) I am living in a housing unit with such an individual who engages in such violence. Yes No

(3) LIVING IN SUBSTANDARD HOUSING:

- (a) My present housing is dilapidated and ***does not*** provide safe and adequate shelter and its condition endangers the health, safety or well being of my family. Yes No
- (b) My present housing unit ***does have*** operable indoor plumbing. Yes No (NOTE: This says ***does have***)
- (c) My present housing unit ***does have*** electricity or adequate and safe electrical service Yes No
- (d) My present housing unit ***does have*** a safe and adequate source of heat. Yes No
- (e) My present housing unit should have and does have a kitchen. Yes No

CERTIFICATION OF APPLICANT APPLYING FOR THE LOCAL PREFERENCE:

WE DO HEREBY CERTIFY THAT, AS INDICATED ABOVE, WE ARE ARE NOT APPLYING FOR A LOCAL PREFERENCE. WE UNDERSTAND THAT PRIOR TO **RECEIVING** THE PREFERENCE, WE WILL BE REQUIRED TO FURNISH DOCUMENTED PROOF, AS REQUESTED BY THE HOUSING AUTHORITY. DATED THIS THE _____ DAY OF _____, 20____.

NAME: _____

Signature of Head of Household

Address: _____

Signature of Spouse (if any)

PHONE: _____

(Please print)

FOR PHA USE ONLY: BASED ON THE ABOVE RESPONSES OR DOCUMENTED PROOF, THE APPLICANT IS IS NOT ELIGIBLE FOR A LOCAL PREFERENCE.

REVIEWED BY: _____ DATE: _____