

MT. VERNON HOUSING AUTHORITY

1500 JEFFERSON STREET

MT. VERNON, IN 47620

PHONE: 812-838-6356 FAX: 812-838-6471

Application for Public Housing

Please read carefully. Incomplete applications will not be processed.

To be qualified for admission to public housing an applicant must:

1. Meet the Housing And Urban Development (HUD) requirements on citizenship or immigration status.
2. Income cannot exceed the limits established by HUD posted in PHA office.
3. Provide documentation on Social Security Numbers on all household members.
4. Meet the Applicant Selection Criteria, which includes meeting the screening requirements related to criminal activity and alcohol abuse and rent payment history.

Completed application will be entered on the waiting list in the order they are received. Application can be accepted by mail, fax (812-838-6471) or in person. Applications can be mailed to:

Mount Vernon Housing Authority

1500 Jefferson Street

Mt. Vernon, IN 47620

Please fill out the application completely. The following items need to be brought in or mailed in when applying:

1. Birth Certificates, Social Security cards and Drivers License of all household members.
2. Proof of all income be it social security (entitlement letter), pension, death benefits, wages etc.
3. Verification of all resources which will include but not be limited to: most recent 3 months checking, one month of savings, proof of any CD's, IRA or retirement.
4. Lastly we will need copies of all medical expenses. Medical expenses will include but not be limited to 12 month print out from pharmacy, copies of supplemental insurance and co-pays for doctor visits.

Application for Admission

Mount Vernon Housing Authority
1500 Jefferson Street
Mt. Vernon, IN 47620
Phone: 812-838-6356
Fax: 812-838-6471

OFFICE USE ONLY

Application Date _____

Application Time ____ : ____ AM/PM

Taken By Initials _____

Applicant Information

Applicant Name _____ Applicant SSN _____

Street Address _____ City, State, Zip _____

Home Telephone _____ Message Phone _____

Pet Information Cat _____ Dog _____ Other _____

Household Size _____ Accessibility features requested?

Current Landlord _____ Vision _____

Current Landlord Phone # _____ Hearing _____

Current Landlord Address _____ Wheelchair _____

_____ Physical _____

Current Household Information

	First/Last Name	DOB	Sex	SSN	Relationship to Head	Disabled Person	Age
H					HEAD		
2							
3							

Previously lived in Public Housing? ____ Yes or ____ No

Previous HA Name _____

Address _____ City, State, Zip _____

Lived there From _____ to _____

Ethnicity _____ Hispanic or Latino _____ Not Hispanic or Latino

Race _____ White _____ Black /African American _____ American Indian/Alaska Native
 _____ Asian _____ Native Hawaiian/Other Pacific Islander _____ Other

Has anyone on your household been arrested or convicted for the use, sale, manufacture, or distribution of a controlled substance (drugs)? _____yes _____no

Has anyone in your household ever been convicted of a felony or arrested for a violent crime? _____yes or _____no

Does anyone outside of your household pay for any of your bills or expenses? _____yes or _____no
 If yes who? _____ and how much monthly \$ _____

INCOME			
Household Member Name	Income Source (SS, SSI, Pension, Paystubs)	Amount \$	Frequency -- Per ____Week__Month__Year
			____Week__Month__Year
			____Week__Month__Year
			____Week__Month__Year
			____Week__Month__Year
MEDICAL EXPENSES ONLY			
Household Member Name	Expense Source (Scripts, Insurance Supplements, Medicare)	Amount \$	Frequency -- Per ____Week__Month__Year
			____Week__Month__Year
			____Week__Month__Year
			____Week__Month__Year
			____Week__Month__Year
ASSETS			
Household Member Name	Asset Source (checking, savings, CD's)	Cash Value	Annual Income (interest, dividends etc.)

LEASE READ: Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance. If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please notify the housing authority at the number on the application. I understand that no one is permitted to move into my unit without prior written approval of the Mount Vernon Housing Authority. The Mount Vernon Housing Authority is a SMOKE FREE facility and this will be strictly enforced.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant Signature

Date

Cloverleaf Circle

Four Story High Rise for Elderly and Disabled

Building Completion: January 1975

83 One-Bedroom Apartments

Each Unit Features:

- Living room with dining area (approx 11 ½ X 22 feet)
- One Bedroom (approx 10 X 12 feet)
- Kitchen -- Stove and refrigerator furnished
- Bathroom -- Includes tub/shower, emergency pull cord

All units have individually controlled heating and air conditioning units. Large linen closet, entry closet and 9 ft closet in bedroom. Each unit has a sliding glass door to small private patio for each unit.

Community Facilities:

- Multi-Purpose room with kitchen
- Laundry room with 5 washers and 4 dryers which are all coin operated
- On site beauty shop
- Parking adjacent to building
- Two elevators
- Beautiful grounds
- Library
- Two community TV's with cable
- Onsite maintenance with 24 hour emergency service available
- Onsite management

Cloverleaf apartments are available to the elderly age 50 and over, or individuals who are disabled and /or handicapped.