

Last

First

M.I.



Please enter the name of the family member who is Head of Household (HOH). This person must be wholly or partially responsible for paying the rent, must have the legal capacity to enter into a lease, and must be available for all appointments with our agency.

## Helena Housing Authority Full Application Form

812 Abbey Street, Helena, MT, 59601 Telephone:  
(406) 442-7970 FAX: (406) 442-0574 TTY:  
1-800-253-4091 E-Mail: admissions@hhamt.org

**For which housing program(s) are you applying?**

**Housing Choice Voucher (local Sec 8)**

**Public Housing**

ME Anderson is a Public Housing building that is designated for persons 50+ years of age and persons with disabilities. If you are applying for public housing and you are also interested specifically in ME Anderson, please select the box below.

**ME Anderson**

**What is your present address?** *If you are homeless, please list general delivery. Otherwise, a mailing address is **REQUIRED**.*

Street address City State Zip

Mailing address City State Zip

Home Telephone

Message Telephone

Work Telephone



**Our materials and services are available in alternate formats.**

We are committed to making our materials, services, and programs accessible to people with disabilities. If you have a disability and need help to complete the application process or lease a unit, please request an accommodation. We will try to help you in any way we can.

**Household Members:** Please start with Head of Household, then list Spouse or Co-head, then minors (oldest to youngest), and then any other adults.

**Statistical Information (OPTIONAL):** Please use the following number to complete optional race, ethnicity information:

**RACE:** (1) White, (2) Black, (3) American Indian/Alaska Native, (4) Asian, (5) Native Hawaiian/Other Pacific Islander, (6) Other

**ETHNICITY:** (1) Hispanic, (2) Non-Hispanic

<b>Legal Name</b> Last, First, Middle Initial	<b>Sex</b> M/F	<b>Relationship to Head</b> of Household	<b>Social Security Number</b> <b>REQUIRED</b>	<b>DOB</b> Month/Date/Year	<b>Age</b>	<b>Race</b> (Optional)	<b>Ethnicity</b> (Optional)
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Do you have a disability?

Yes

No

**Do you or does a member of your household require a reasonable accommodation and/or modification\*?**

Yes \*A person with a disability, or another person representing them, may request a **reasonable accommodation and/or modification** at any time during the application process and residency at HHA, either in writing, orally, or by any other equally effective means of communication. A Reasonable Accommodation is a change, modification, alteration, or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the equal opportunity for full use and enjoyment in the participation in and use of the programs, services, and activities provided by HHA.

*Please note:* It is not necessary to give us details about your disability unless you are requesting a reasonable accommodation and/or modification.

However, if you answered **YES** to the question above, please describe your need for such reasonable accommodation and/or modification:

***The Helena Housing Authority complies with the Fair Housing Act, Section 504, and provides Reasonable Accommodations/Modifications to persons with disabilities. Forms are available at the HHA office, but are not required. HHA staff may assist you in requesting a reasonable accommodation .***

Do you claim any of these preferences? (Please check the appropriate boxes if you are claiming one (or more) of the following)

**HOUSING CHOICE VOUCHER (SEC 8)**

DISABLED  
ELDERLY  
HOMELESS  
WORKING FAMILY (30 or more hours per week)  
SUB STANDARD HOUSING  
VICTIM OF DOMESTIC VIOLENCE  
MORE THAN 50% OF INCOME TOWARDS RENT

**PUBLIC HOUSING**

DISABLED  
ELDERLY  
HOMELESS  
WORKING FAMILY (30 or more hours per week)  
SUB STANDARD HOUSING  
VICTIM OF DOMESTIC VIOLENCE  
MORE THAN 50% OF INCOME TOWARDS RENT

**Income Information:** Please list the source(s) and amount(s) of all household income.

Family Member Name	Type of Income (Wages, SS/SSI/SSDI, Child Support, Unemployment, TANF, VA, Self-emp, etc)	Amount \$ received if wages also include # of hours worked per week (ex: \$9.20/40hrs)	Frequency		
			Hourly	Week	Monthly
			Bi-weekly	Semi-monthly	Year
			Hourly	Week	Monthly
			Bi-weekly	Semi-monthly	Year
			Hourly	Week	Monthly
			Bi-weekly	Semi-monthly	Year
			Hourly	Week	Monthly
			Bi-weekly	Semi-monthly	Year

**Do you have a checking or savings account or own any certificates of deposits (CDs), Stocks, Bonds, etc?**

- YES
- NO

**Signature** **DATE** **SUBMIT APPLICATION**

- Click on the red button when you are ready to submit your application.
- Your computer will prompt you to send this PDF application to [admissions@hhamt.org](mailto:admissions@hhamt.org), where your application will be processed and you will be placed on the waitlist(s) for which you applied.
- You may also save a copy of this PDF to your computer and separately e-mail it as an attachment or you may drop off a printed copy to our office at 812 Abbey St.
- If printing, please be sure to select 'Fit' or 'Fit to Page' in your Page Sizing & Handling Options

**Certification of Applicant:**

1) By typing my name here, I am allowing HHA to use this electronic signature in place of a physical signature.  
 2) I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that if I do not provide all of the information requested, my name may not be added to the waiting list(s). I understand that providing false information may result in my application being cancelled or denied or the termination of my housing assistance. I understand that at the time I rise to the top of a waiting list, I will be required to verify the information I have provided here. I accept responsibility for keeping the Helena Housing Authority (HHA) informed of my current address, and I understand that my application may be cancelled if I fail to do so. I further recognize that if HHA staff cannot contact me at the address listed on this application, my name may be removed from the waiting list(s) and I may have to re-apply.



The Helena Housing Authority is an equal opportunity housing provider and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, family status or any other basis prohibited by law in the administration of programs and activities.

**Persons with disabilities who require a reasonable accomodation may contact HHA's Section 504 Coordinator as follows:**

**Michael M. O'Neil**  
 812 Abbey St., Helena, MT 59601

**Telephone: (406) 442-7970 FAX: (406) 442-0574 Montana Relay Service: 711**

**Alternate formats of the application are available upon request. Language interpreters are also available upon request.**