

Welcome to OHFA's Rental Assistance Program

The Section 8 Rental Assistance Programs are designed to help with rental costs for individuals who fall within program income limits. If you like where you are living now, it may help you pay for your rent, or it may help you afford a better place to live.

HOW THE PROGRAM WORKS

1. Complete and mail this preliminary application and your name is placed on a waiting list by the date and time of application.
2. When your name reaches the top of the waiting list, you will be scheduled by mail to attend an enrollment interview where your eligibility is determined and you receive information on how the program works.
3. If you are eligible, you will receive a Voucher to certify your eligibility to participate in the program.
4. Once received, your Voucher will entitle you to choose a place to live that meets housing quality standards and rent limits. Any type of housing unit is acceptable, such as, house, apartment, duplex and mobile homes.
5. You negotiate the lease terms with the Landlord.
6. You are responsible for contacting OHFA to schedule an appointment time for your unit to be inspected.
7. Once the unit meets housing quality standards, a lease and contract will be signed.
8. OHFA will pay your landlord a portion of your rent each month. You will be responsible for paying the rest to the Landlord.

NOTICE:

Any family member(s) who has engaged in drug related or violent criminal activity is not eligible to apply for rental assistance for a period of three (3) years.

Any family member(s) who has been convicted of manufacturing or producing methamphetamine may not apply for or receive rental assistance.

Any family member(s) who has been convicted of a sex offense and is subject to a lifetime registration requirement may not receive rental assistance.

Any family member(s) who owes money to a PHA or an assisted housing program is not eligible to apply for rental assistance until the debt is paid.

This application does not obligate you in any way. Participation is limited, so please answer all questions completely and send this form to the agency as soon as possible. If you have any questions, please call (405) 842-2471 or 1-800-256-1489 extension 299. Hearing or speech impaired applicants can call (405) 848-7471 for TDD.

If you are notified that you are scheduled for an appointment and you need special accommodations due to a disability please call (405) 842-2471, ext. 299 or (405) 848-7471 for TDD.

******APPLICANTS ARE REQUIRED TO INFORM OHFA IN WRITING OF ADDRESS AND PHONE NUMBER CHANGES******
(Please detach and return the lower portion to OHFA at the address on the back)

PRELIMINARY APPLICATION (Please Print)

Number of people who will live in this household _____

Are any additions to this number expected? YES ___ NO ___ If so, approximate date: _____

Sources of income for all occupants: (Check all that apply) DHS ___ Soc. Sec. ___ Employer ___ Other ___

Total monthly household income for all occupants _____

Are you a citizen of the United States? YES ___ NO ___

For office use only
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1. List each person who will be living in your household. List the head of household first.

Last Name	First Name	MI	Age	Sex	Relationship to you	Social Security Number

2. The Oklahoma Housing Finance Agency is an Equal Opportunity Housing Agency and cannot discriminate on the basis of race, creed, national origin or sex. Information on race and ethnicity is used for statistical purposes only and will not affect your eligibility for assistance. (Please check the one that applies to the head of household.)

White ___ Black ___ American Indian/Native Alaskan ___ Asian/Pacific Islander ___

Is the head of household Hispanic? YES ___ NO ___

3. Current mailing address: _____ Apt. # _____

City _____ State _____ Zip _____ County _____

Telephone: Area Code ___ Number _____

4. Are you or your spouse 62 years of age or older? ___ Yes ___ No

5. Are you or any member of your household disabled? ___ Yes ___ No

6. Are you homeless? ___ Yes ___ No

******SEE INFORMATION ON REVERSE SIDE******

HOMELESS PREFERENCE

OHFA has a local preference for the homeless. This means that those applicants that are certified as homeless will be put on the waiting list ahead of applicants that are not certified as homeless. You qualify for this preference if:

1. You have stayed in a shelter or transitional living facility for at least seven consecutive days. In order to certify this situation, a written statement on letterhead from the shelter manager stating that you or your family has stayed in the shelter or transitional living facility for seven consecutive days must be obtained; or,
2. Your town does not have a shelter, a written statement from a social service agency attesting to the fact that you are homeless and no shelter exists to adequately shelter your family must be obtained; or,
3. Your town has a shelter(s), but they are filled to capacity, a written statement from a social agency attesting to the fact that you are homeless and that the shelters in the immediate area are filled to capacity must be obtained.

If the Homeless Preference section applies to you, you must go to a homeless shelter in your area to get certified and complete this application. If no shelter exists in your area you must be certified by your local social service agency.

DISABLED PREFERENCE

OHFA has a local preference for the disabled. This means if you or a member of your family meets the definitions of a person with disabilities you are eligible for the disabled preference and will be placed on the waiting list ahead of applicants who are not disabled. You qualify for this local preference if you or a member of your family meet the following disability definition:

1. 42 U.S.C. Section 423 d)(1)(A) defines disability as inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months. A disabled person whose physical impairment is expected to be long, continued and of indefinite duration and substantially impedes his or her ability to live independently, and is of such a nature that such a disability could be improved by more suitable housing.
2. The Developmental Disabilities Assistance Bill of Rights Act (42 U.S.C. 6001 (8) defines disability as: "A severe, chronic disability of a person 5 years of age or older which:
 - a. is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - b. is manifested before the person attains age twenty-two;
 - c. is likely to continue indefinitely.

If the Disabled Preference applies to your family, you must send in verification certifying your disabled status such as a disability award letter or statement from a physician verifying you or a member of your family meets the disabled definition.



OKLAHOMA HOUSING FINANCE AGENCY RENTAL ASSISTANCE PROGRAMS APPLICATION

PUT STAMP
HERE OR
Post Office
will not
deliver



OKLAHOMA HOUSING FINANCE AGENCY
P.O. BOX 26720
OKLAHOMA CITY, OK 73126-0720