Project-Based Section 8

MI/MR Program at Park Place Apartments

The Waiting List for Project-Based Vouchers for the MI/MR Program at Park Place Apartments will open at 8:00 a.m. on January 14, 2019, and remain open until further notice.

The Housing Authority of the Birmingham District (HABD) will be accepting applications for the project-based waiting list for the MI/MR Program at Park Place Apartments, located at 600 24th Street North, Birmingham, AL 35203.

What is the MI/MR Program?

The MI/MR Program assists families with rental subsidy at Park Place Apartments where the head of the household has been classified as having a mental illness. Applicants interested in this program must be referred from a mental health agency or doctor who can properly certify their eligibility based on specific criteria. Upon an applicant’s name reaching the top of the waiting list, a certification form will be sent to their physician or medical provider for completion.

How Does the Project-Based Section 8 Housing Choice Voucher program work?

Under the Project-Based Section 8 Voucher Program, the rental assistance is tied to the unit and is not portable like the regular “tenant” based Section 8 Housing Choice Voucher Program. The HABD will refer families from the project-based waiting list to MI/MR Program at Park Place Apartments “owner” to fill their vacancies. Because the assistance is tied to the unit, a family who moves from the project-based unit may not have any right to continued housing assistance like the regular tenant-based Section 8 Housing Choice Voucher Program.

Application Process to Be Placed on The Project-Based Waiting List:

Applications are only available online at www.habd.org. The waiting list will open on January 14, 2019, at 8:00 a.m. and will remain open until further notice. Applications will be accepted by mail only!

No applicant can apply or return applications in person at any of HABD locations or at Park Place Apartments.
Applications must be returned via U.S. mail to:

McCoy Building
1301 25th Avenue North
Birmingham, AL 35204
Attention: Section 8 PBV Park Place Apartments

HABD requirements for applicants to apply for the 30 PBV units are to be within the applicable income limits based on family size (see chart below) and be able to obtain the appropriate certification from a certified physician or medical provider.

<table>
<thead>
<tr>
<th>1 Person</th>
<th>2 Person</th>
<th>3 Person</th>
<th>4 Person</th>
<th>5 Person</th>
<th>6 Person</th>
<th>7 Person</th>
<th>8 Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>$24,650</td>
<td>$28,150</td>
<td>$31,650</td>
<td>$35,150</td>
<td>$38,000</td>
<td>$40,800</td>
<td>$43,600</td>
<td>$46,400</td>
</tr>
</tbody>
</table>

Unit Size Mix
The following lists the available unit sizes for Valley Brook Apartments:

- 16 – 1 bedroom units
- 13 – 2-bedroom units
- 1 – 3-bedroom units

Subsidy Standards
The following lists the subsidy standards per unit size:

<table>
<thead>
<tr>
<th>Number of Bedrooms</th>
<th>Number of Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Minimum</td>
</tr>
<tr>
<td>1 BR</td>
<td>1</td>
</tr>
<tr>
<td>2 BR</td>
<td>2</td>
</tr>
<tr>
<td>3 BR</td>
<td>3</td>
</tr>
</tbody>
</table>

Special preference points will be given to applicants who fall under the below listed criteria:

- Involuntary Displaced: 10 pts
- Victims of Domestic Violence: 5 pts
- Homeless: 5 pts

*The maximum preference points an applicant may apply for is 10 pts. In the event an applicant selects two (2) preferences and the total exceeds 10 points, HABD will assign the highest preference points.

Project-based waiting list applicants will be notified through U.S. Postal Service once they are placed on the waiting list.

**Duplicate or hand delivered applications will not be accepted! Multiple applications in one envelope will not be accepted!**
The Housing Authority of The Birmingham District
MI/MR Program at Park Place Apartments
Project-Based Section 8 Program Housing Pre-Application

Please print and answer all questions to the best of your ability. All information contained herein will be kept in strict confidence.
*Please note that this is not an application for the regular Section 8 Housing Choice Voucher Tenant-Based Rental Assistance program.

Name of Head of Household   Name of Spouse (Maiden)

Home Telephone   Work Telephone

Present Address   City   State   Zip

How long at this address? *Please keep a current mailing address with us at all times.*

Are you currently or have you ever received housing subsidy from any Federal Program? □ Yes □ No
If “Yes,” list agency: __________________________________________

The following information is requested in compliance with HUD regulations:
Marital Status (check one): □ Married □ Single □ Widow/Widower □ Divorced □ Separated
Race (check one): □ White □ Black □ American Indian/Alaska Native □ Hispanic □ Asian/Pacific Islander □ Other
Are you a Veteran? □ Yes □ No

Family or Household Composition
Including yourself, list the names of all persons who will live with you.

<table>
<thead>
<tr>
<th>Full Name of Head of Household</th>
<th>Sex</th>
<th>Birth Date</th>
<th>Age</th>
<th>Relationship</th>
<th>Birth Place (City and State)</th>
<th>Social Security #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you expect a change in your family size? □ Yes □ No   If “Yes,” expected change (including date)

Do you or your spouse attend school or job training? □ Yes □ No   If “Yes,” what and number of hours per week:

Contact Information
Family member or friend to contact if we are unable to contact you:

Name   Relation

Address   Phone Number
Housing Application, cont.

Total Household Income
List all money earned or received by everyone living in your household. This includes money from wages, self-employment, child support, contributions, Social Security, disability payments (SSI), Worker’s Compensation, retirement benefits, TANF, Veterans benefits, rental property income, stock dividends, income from bank accounts, alimony, and other sources. If you receive any of the incomes listed above, please list amounts received below.

<table>
<thead>
<tr>
<th>Name of Household Member</th>
<th>Employer Name/Address</th>
<th>Income per hour</th>
<th>Hours per week</th>
<th>Other Source of Income (Welfare, SSI, Soc. Sec.)</th>
<th>Amount per month</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Assets
Do you or any household member own or have an interest in any real estate, boat, and/or mobile home? □ Yes □ No
Have you sold any real estate in the last two years? □ Yes □ No
Do you own any stocks or bonds? □ Yes □ No
Do you have savings accounts? □ Yes □ No
If “Yes,” give bank, account number and amounts:

If “yes” to any of the following questions, please explain:

Disabilities
Wheelchair unit only? □ Yes □ No
Do you or anyone in your household have a handicap or disability that requires special housing accommodations? □ Yes □ No
It is not mandatory for you to answer this question, but it will help us to know your housing needs. If “Yes,” explain:

Housing Data
Please check the appropriate box for the preference that you are claiming (all preferences will be verified at final application and before you are selected for the program). Please note that the maximum preference points will be 10. In the event that two or more preferences are selected and the total exceeds 10 pts, HABD will assign the highest preference points selected.

| [ ] Involuntary Displaced, 10 pts (due to disaster or government action) |
| [ ] Victims of Domestic Violence, 5 pts |
| [ ] Homeless, 5 pts |

Name and Address of Current Landlord:

I hereby certify the above information is correct and complete to the best of my knowledge and may be used for the purpose of verification. I understand that this is not a contract and does not bind either party. I also understand that any changes of income or family composition will be reported to the Housing Authority in writing.

Signature of Applicant ___________________________ Date __________

Signature of Spouse ___________________________ Date __________

*The Housing Authority complies with Section 504 of the Rehabilitation Act of 1973 in providing individuals with a disability equal access to the services, programs and activities the Housing Authority offers. Upon request the Housing Authority will provide reasonable accommodations to individuals with disabilities.

All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability or national origin in compliance with the Fair Housing Act.

WARNING! Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.