

CONNELLSVILLE HOUSING AUTHORITY

MUST INCLUDE MIDDLE INITIAL APPLICATION FOR HOUSING

1. DATE OF APPLICATION _____ TIME _____
NAME OF HEAD _____ (MAIDEN NAME OR
2. OF HOUSEHOLD _____ OTHER MARRIED NAME) _____
BEDROOM SIZE _____ PHONE NUMBER _____

FAMILY COMPOSITION

NAME	S. S. #	DATE OF BIRTH & PLACE	AGE	SEX	RELATION TO HEAD	RACE
1. HEAD OF HOUSEHOLD						
2. SPOUSE						
3. FAMILY MEMBER						
4. FAMILY MEMBER						
5. FAMILY MEMBER						
6. FAMILY MEMBER						
7. FAMILY MEMBER						
8. FAMILY MEMBER						
9. FAMILY MEMBER						

ANTICIPATED CHANGES IN FAMILY COMPOSITION _____

ARE ANY OF THE ABOVE FULL-TIME STUDENTS? _____

3. CURRENT PLACE OF RESIDENCE AND MAILING ADDRESS _____

4. LANDLORD'S NAME AND PHONE NUMBER _____

5. CURRENT MONTHLY AMOUNT PAID FOR RENT _____

CURRENT MONTHLY AMOUNT PAID FOR UTILITIES _____

6. SECOND MOST RECENT PRIOR LANDLORD'S NAME, PHONE NUMBER _____

7. INCOME:

Family Member

SOURCE

AMOUNT

Family Member	SOURCE	AMOUNT

TOTAL FAMILY INCOME: _____

The above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein.

NAME OF APPLICANT _____ Date _____

INTERVIEWED BY: _____

ANNUAL INCOME CHECKLIST

	YES	NO	DATE VERIFIED	AMOUNTS
1) a. Will any household members, 18 or older, be receiving employment income?	_____	_____	_____	
b. If yes, list first names of such family members who will receive employment income.				
_____				\$ _____
_____				\$ _____
_____				\$ _____
2) a. Will any household members, 18 or older, be receiving income from a family-operated business (self-employment)?	_____	_____	_____	
b. If yes, list names of such family members who will receive employment income.				
_____				\$ _____
_____				\$ _____
_____				\$ _____
3) Will the family be receiving an Earned Income Tax Credit?	_____	_____	_____	\$ _____
4) Will anyone in the household receive Social Security Benefits? If yes, list recipients.	_____	_____	_____	
_____				\$ _____
_____				\$ _____
_____				\$ _____
5) Will anyone in the household receive periodic payments from Annuities, Insurance policies, retirement funds, pensions, disability or death benefits, or other similar amounts? If yes, list recipients.	_____	_____	_____	
_____				\$ _____
_____				\$ _____
_____				\$ _____
6) Will anyone in the household receive unemployment compensation, disability compensation, workers' compensation or severance pay? If yes, list recipients.	_____	_____	_____	
_____				\$ _____
_____				\$ _____
_____				\$ _____

YES NO DATE VERIFIED AMOUNTS

7) Will anyone in the household be receiving welfare benefits?
If yes, list recipients.

\$ _____
\$ _____
\$ _____

8) Will anyone in the household be receiving alimony or child support payments?
If yes, list recipients.

\$ _____
\$ _____
\$ _____

9) Will anyone in the household be receiving income from assets?
If yes, list recipients.

\$ _____
\$ _____
\$ _____

10) Are there any full-time students, 18 or older, residing in the household, who will be receiving education grants, scholarships, or VA education benefits?
If yes, list recipients.

\$ _____
\$ _____
\$ _____

11) Is head, spouse, or any other household member, 18 or older, with dependents residing in the unit a member of the Armed Services?
If yes, list recipients of military income.

\$ _____
\$ _____
\$ _____

12) Is any household member receiving lottery winnings, paid off periodically?
If yes, list recipients.

\$ _____
\$ _____
\$ _____

TENANT'S STATEMENT

I hereby certify that I have answered the questions on this checklist truthfully.

_____ Tenant's name

_____ Tenant's signature

_____ PHA witness

ASSET CHECKLIST

INSTRUCTIONS: At the certification interview, have the head of household answer the various questions relating to assets, and then sign the closing disclaimer statement.

	YES	NO	DATE VERIFIED	AMOUNTS
1) Do you have cash				
•in a savings account?	_____	_____	_____	\$ _____
•in a checking account?	_____	_____	_____	\$ _____
•in a safety deposit box?	_____	_____	_____	\$ _____
•at home?	_____	_____	_____	\$ _____
•anywhere else?	_____	_____	_____	\$ _____
2) Do you have trust funds available to your household?	_____	_____	_____	\$ _____
3) Do you have any equity in rental property or other capital investments?	_____	_____	_____	\$ _____
4) Do you have any stock, bonds, treasury bills, certificates of deposit or market funds?	_____	_____	_____	\$ _____
5) Do you have any retirement or pension funds?	_____	_____	_____	\$ _____
6) Will you receive any lump sum receipts?	_____	_____	_____	\$ _____
7) Do you have any personal property you are holding as an investment? (Antique cars, coin or stamp collections, etc.)	_____	_____	_____	\$ _____
8) Do you have a "Whole Life" Life Insurance Policy	_____	_____	_____	\$ _____

ALLOWANCE CHECKLIST

INSTRUCTIONS: At the certification interview, have the head of the household answer the various questions relating to the allowances. Enter the dates when information is verified. Have the head of the household sign the disclaimer statement at the end of the checklist.

	YES	NO	DATE VERIFIED	AMOUNTS
Dependent Deduction				
Do you have any household members, other than head, spouse, foster children, and live-in attendants who are: under 18?	_____	_____	_____	
18 or older AND either a full-time student, disabled or handicapped?	_____	_____	_____	
Childcare Allowance				
Is the family paying for care of members under age 13 so that an adult can work?	_____	_____	_____	
an adult can look for work?	_____	_____	_____	
a family member can go to school?	_____	_____	_____	
List the first names of children for whom care is provided.	_____	_____	_____	
_____				\$ _____
_____				\$ _____
_____				\$ _____

Elderly Household Allowance				
Is the head, spouse or sole member of the household 62 or older?	_____	_____	_____	
Medical Expenses Allowance	_____	_____	_____	\$ _____
Health Insurance Premiums	_____	_____	_____	\$ _____

TENANT'S STATEMENT

I hereby certify that I have answered these questions truthfully.

_____ Tenant's name
 _____ Tenant's signature
 _____ PHA witness

Connellsville Housing Authority

315 North Arch Street, P.O. Box 762 • Connellsville, Pennsylvania 15425

(724) 628-4501 Fax (724) 628-2702

APPLICANTS FOR PUBLIC HOUSING

Thank you for applying for housing with the Connellsville Housing Authority. The Authority provides to eligible residents of the greater Connellsville Area safe, sanitary, and decent housing. This letter is intended to advise you of our occupancy procedures and policies.

Once your application is received, the application is reviewed for completeness. You are then placed on a waiting list. Depending on the apartment bedroom size you may need, the wait can be from several months to a year or more. The Authority does *not* provide emergency housing. **No one can, nor will, promise you that an apartment will be available to you by a certain date.**

When you become next on the list to receive an apartment, the Authority will perform criminal background checks on you and any member of your family over the age of **eighteen**, a credit check, and obtain landlord references. If it is found that you or a family member have been involved in any criminal activity, have bad credit, and/or receive a negative landlord reference, you will not be eligible for housing with the Connellsville Housing Authority.

Additionally, while a pet is allowed, you must follow the Connellsville Housing Authority's Pet Policy. Once you become a resident, the Manager can provide you with a copy of the policy. It should be noted that all residents are limited to one pet. A dog cannot exceed 15 pounds when fully grown.

Finally, there is no need to call the Authority to inquire about the status of your application. The Authority will notify you when an apartment becomes available for you. However, you should call the Authority to update information given on your application---phone number, current address, family composition, etc.---if it changes.

Thank you for your cooperation,

Connellsville Housing Authority

please sign and return.

I received a copy of this letter.

**EFFECTIVE JANUARY 1ST, 2018
A NO SMOKING POLICY IS IN
PLACE FOR ALL APARTMENTS.
NO EXCEPTIONS.**

Name

Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants
SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.