

(PHA USE ONLY)

ANNUAL INCOME:
\$ _____

BEDROOM SIZE:

INITIAL APPLICATION FOR HOUSING ASSISTANCE – ALL PROGRAMS

Housing Authority of Indiana County, 104 Philadelphia Street, Indiana, PA 15701
(724) 463-4730 Voice or TDD, www.housingauthority-indianacounty.com



IF YOU OR ANY MEMBER OR YOUR HOUSEHOLD SHOULD REQUIRE AN INTERPRETER DUE TO A LANGUAGE BARRIER AND/OR ASSISTANCE FOR SPECIAL NEEDS, PLEASE MAKE KNOWN THOSE REQUIREMENTS TO THE HOUSING AUTHORITY!

DO NOT LEAVE ANYTHING BLANK (IF SOMETHING DOES NOT APPLY MARK N/A OR NONE!)

(PLEASE NOTE IF YOUR ADDRESS CHANGES YOU MUST REPORT THIS CHANGE IN WRITING TO OUR OFFICE TO UPDATE YOUR APPLICATION!)

PART 1

Head of Household: **Last Name:** _____ **First Name:** _____ **Middle Initial:** _____ **Phone/Cell Phone Number:** () _____

Mailing Address (required): _____ **City:** _____ **State:** _____ **Zip Code:** _____

HOUSEHOLD COMPOSITION – Please list ALL persons who plan to live in your household when you receive assistance. All information is required to process this Initial Application.

Last Name	First Name	Middle Name	Social Security Number	Relationship to HEAD	Sex (Circle one)	Age	Birth Date MM/DD/YY	United States Citizen? (Circle one)	Full-Time Student? (Circle one)	Pregnant? (Circle one if female)	Person with a Disability? (Circle one)
				HEAD	M / F			Yes / No	Yes / No	Yes / No	Yes / No
					M / F			Yes / No	Yes / No	Yes / No	Yes / No
					M / F			Yes / No	Yes / No	Yes / No	Yes / No
					M / F			Yes / No	Yes / No	Yes / No	Yes / No
					M / F			Yes / No	Yes / No	Yes / No	Yes / No
					M / F			Yes / No	Yes / No	Yes / No	Yes / No
					M / F			Yes / No	Yes / No	Yes / No	Yes / No

INCOME – Please list ALL sources of income for every household member.

Name of Household Member	Source of Income	Amount / How Often Received	Employer
		\$ / <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	
		\$ / <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	
		\$ / <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	
		\$ / <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	
		\$ / <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	
		\$ / <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	

ASSETS – Please list ALL checking accounts, savings accounts and any other interest-bearing accounts. Also list stocks, bonds, certificates of deposit, etc, and houses, land or property owned.

Name of Household Member	Type of Asset	Cash Value	Interest Earned Per Year
		\$	\$
		\$	\$
		\$	\$

Part 2

STATUS – Please check one box in each category based upon the HEAD of household. This information is for statistical purposes only, but is very important.

RACE

- White
- Black/African American
- American Indian/Alaskan
- Asian
- Native Hawaiian/Pacific Islander

ETHNICITY

- Hispanic
- Non-Hispanic

FAMILY STATUS

- Under 50 years of age
- 62 years of age or older
- Receiving Social Security or SSI, or any payment based on inability to work
- Age 50 to 61

GENERAL INFORMATION – Please answer each of the following questions:

- A. Is any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program? Yes No If yes, list family member(s): _____
- B. Has anyone in your household been **charged or convicted** of a drug-related crime in the past three (3) years? Yes No If yes, please explain (list household member(s), date of occurrence, law enforcement involved, etc.): _____
- C. Has anyone in your household ever been **charged or convicted** of a violent crime against a person or property in the past three (3) years? Yes No If yes, please explain (list household member(s), date of occurrence, law enforcement involved, etc.): _____
- D. Has any household member committed a felony in the past three (3) years; or ever been evicted from Subsidized, Section 8 or Public Housing? Yes No If yes, list family member(s) and briefly describe incident: _____
- E. Is at least one family member age 18 or older, employed a minimum of 20 hours per week or participating in a job training program; or a full-time student enrolled in secondary education? Yes No If yes, list family member(s): _____
- F. Does anyone in your household require a unit with handicapped accessibility features? Yes No If yes, indicate feature(s): (a) Wheelchair access (b) Visual/Hearing equipped (c) Other please specify: _____
- G. Are you or any member of your household a veteran? Yes No A homeless veteran? Yes No If yes, list family member(s): _____
- H. Are you currently receiving Section 8 Rental Assistance? Yes No If yes, under what name & county: _____
- I. Do you have any pets? Yes No If yes, type(s) and number(s): _____
- J. How did you hear about our apartments (i.e. internet, Facebook, newspaper etc.)? _____

IMPORTANT NOTICE

You are responsible to answer all questions on this preliminary application. Incomplete applications will not be added to our list. Read carefully and be sure you have filled out all areas before returning this preliminary application. We will review your application to determine your eligibility. You will receive a letter soon informing you as to whether your application has been placed on our waiting list. Please keep your application updated. **Report ALL changes in your address, family composition or income. If we cannot reach you by mail, your name will be removed from the waiting list.**

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

I certify that the information listed on this application is true and correct to the best of my knowledge.

X _____ / _____
Applicant's Signature / Print Name

X _____
Date



Part 3

WAITING LIST CHOICES - The Housing Authority of Indiana County operates five housing programs. You may choose to be placed on more than one program waiting list and/or more than one site list. Place check marks next to ALL programs / sites for which you are applying.

Community and Location:	Please check all interested boxes		Utilities	Apartment Type	Rent	
Section 8 Rental Assistance				for private sector	30% of adjusted income	
Public Housing						Amenities
Chestnut Ridge Terrace Blairsville, PA 15717	<input type="checkbox"/> 2 BR	<input type="checkbox"/> 3 BR	Trash, water & sewage included!	2 and 3 bedroom Apts.	30% of adjusted income (applicants requiring a smaller/larger bedroom size will be placed at the bottom of the waiting list with no preference for admission)	Large playground, carpet, central air, off-street parking, on-site laundry.
Saltsburg Heights Saltsburg, PA 15681	<input type="checkbox"/> 2 BR	<input type="checkbox"/> 3 BR	Trash, water & sewage included!	2 and 3 bedroom Apts.	30% of adjusted income (applicants requiring a smaller/larger bedroom size will be placed at the bottom of the waiting list with no preference for admission)	Central air, extra storage, carpeting, off-street parking, in-town location.
Tate Terrace Clymer, PA 15728	<input type="checkbox"/> 2 BR	<input type="checkbox"/> 3 BR	Trash, water & sewage included!	2 and 3 bedroom Apts.	30% of adjusted income (applicants requiring a smaller/larger bedroom size will be placed at the bottom of the waiting list with no preference for admission)	Convenient in-town location, off-street parking.
Green Valley Commodore, PA 15729			All utilities included!	2 bedroom Apts.	30% of adjusted income (applicants requiring a smaller bedroom size will be placed at the bottom of the waiting list with no preference for admission)	Washers & dryers included. Large yard, 2 play areas.
Black Lick Manor Black Lick, PA 15716			Trash, water & sewage included!	1 bedroom Apts.	30% of adjusted income	Carpeting, large lawn areas, off-street parking.
McGregor Manor Saltsburg, PA 15681			Water, trash, sewage included!	1 bedroom Apts.	30% of adjusted income	Riverside view, convenient in-town location, carpeting, air conditioning.
Tall Pines Terrace Clymer, PA 15728			Trash, water & sewage included!	1 bedroom Apts.	30% of adjusted income	Off-street parking, on-site laundry, private porches.
Fieldcrest Robinson, PA 15949			All utilities included!	1 bedroom Apts.	30% of adjusted income	Beautifully landscaped, quaint apartments.
HAIC Owned Properties: Market Rate	Please check bedroom size/s you will accept					
Morewood Towers Blairsville, PA 15717			All utilities included!	1 bedroom age 55 & over No income restrictions	\$470 & \$485 * Section 8 rental assistance is accepted at this community	Indoor laundry and mailboxes; furnished sitting areas; social room.

A person with a disability may request a reasonable accommodation from the Housing Authority of Indiana County (HAIC) at any time during the application process, while residing in properties owned and or managed by the HAIC, or while participating in the Housing Choice Voucher Program. 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 opportunity to participate in, or benefit from, a program or activity.

X _____ / _____
Applicant's Signature / Print Name

X _____
Date

