WASHINGTON COUNTY HOUSING AUTHORITY
100 S. FRANKLIN ST., CRUMRINE TOWER
WASHINGTON, PA 15301
TELEPHONE: 724-228-6060 FAX: 724-228-6089

PRE-APPLICATION FOR PUBLIC HOUSING

Please read carefully. Incomplete applications will not be processed.

1. To be qualified for admission to public housing, an applicant must:
   - Be a family as defined in the Washington County Housing Authority's Admission and Continued Occupancy Policy;
   - Meet the HUD requirements on citizenship or immigration status;
   - Have an annual income at that time of admission that does not exceed the income limits established by HUD that are posted in the Housing Authority's offices;
   - Provide documentation of Social Security numbers for all family members; and
   - Meet the screening requirements related to criminal activity and alcohol abuse.

2. Completed applications will be entered on the waiting list in the order received. The waiting list will then be sorted according to unit type and size and application admission preferences.

3. Applications will be accepted online or by mail if sent to the above address, postmarked within the dates when the Washington County Housing authority is accepting applications.

4. All applicants including family members 18 and older requesting public housing must complete a separate criminal background page or online addendum at the time of application.

5. Applicants with disabilities may seek assistance with the completion of the application at the Washington County Housing Authority's Admissions and Occupancy Department.

6. Be sure to include the name, social security number, date of birth, and income for all family members who will live in the household.

7. Be sure to provide your complete address and telephone number so we can reach you. If your contact information changes, be sure to notify our office.

Washington County Housing Authority Use Only:

Date of Application: _____ Time of Application: _____

PRE-APPLICATION FOR PUBLIC HOUSING

1. Name of Head of Household: _____

2. Name of Adult Co-head of Household: _____

3. Current Address, Street, Apt. #: _____

   Current City, State, and Zip: _____

   Current Phone Number(s): _____

4. Race of Head: ☐ African American/Black ☐ Asian or Pacific Islander ☐ Native American/Alaskan Native ☐ Caucasian/White

5. Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

Emergency Contact Person
Name _____
_____
Address _____
_____
Phone No _____

FAMILY INFORMATION

First Name & Last Name	Date of Birth	Sex	Social Security Number	Relationship to Head	Disabled Person?	Birthplace Country	Full or Part Time Student?
H							
2							
3							
4							
5							
6							
7							
8							

VERIFICATION OF PREFERENCES WILL BE REQUIRED

6. Is the applicant family displaced by a natural disaster, such as flood, hurricane, earthquake, tornado, etc.? ___ Yes ___ No
7. Is the applicant family displaced by governmental action through no fault of their own? ___ Yes ___ No
8. Is the applicant family displaced by domestic violence? ___ Yes ___ No
9. Is any adult family member employed? ___ Yes ___ No

9A. Are you a Veteran? ___ Yes ___ No

10. Are you a resident of Washington County? ___ Yes ___ No

11. Have you or anyone in your household who will be living with you:

    A. Been convicted of a crime other than a traffic violation? ___ Yes ___ No

    B. Been evicted from any public or assisted housing for violent of drug related criminal activity within the past 3 to 6 years? ___ Yes ___ No

12. Is the applicant or any member of the applicant's household subject to a state lifetime offender registration in any state? ___ Yes ___ No

    Please list all the states where the applicant and members of the applicant's household have resided:

    _____ _____

    _____ _____

    _____ _____

13. Family Income Information: Please list the source and amount of all income expected for the coming 12 months for all family members, including you. Include all earnings and benefits received from TANF, VA, Social Security, SSI, SSID, Wages, Unemployment, Worker's Compensation, Child Support, etc.

Family Member Name	Income Source	Amount	Frequency
			☐ Week ☐ Month ☐ Year
			☐ Week ☐ Month ☐ Year
			☐ Week ☐ Month ☐ Year
			☐ Week ☐ Month ☐ Year

14. Have you ever lived in Public Housing or participated in the Section 8 program? ___ Yes ___ No

    If yes: When _____ Where _____

    Under what name _____

    Who was the Head of Household _____

WAITING LIST CHOICES

Please mark locations the you are willing to reside.

FAMILY AREAS

- ☐ Washington
- ☐ Fredericktown
- ☐ California
- ☐ Donora
- ☐ Monongahela
- ☐ Canonsburg

ELDERLY AREAS

- ☐ Washington
- ☐ Bentleyville
- ☐ North Charleroi
- ☐ California
- ☐ Monongahela Manor

Authorizations, Representations and Certifications

I do hereby authorize Washington County Housing Authority to obtain a "consumer report" as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode if living of applicants.

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

WARNING: Title 18, Section 1001 of the U.S. 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 U.S. or the Department of Housing and Urban Development.

NOTICE: Any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime subject to the penalties of Title 18, Crimes and Offenses of the Pennsylvania Consolidated Statutes, Chapter 49, Subchapter A, Perjury and Falsification in official matters, Section 4904: (unsworn falsification to authorities).

_____ _____

Signature Date

NOTICE: You are required to notify the Housing Authority (in writing) of any change of address. If we cannot contact you at the above address, your name may be removed from the waiting list, and you will have to re-apply.

Washington County Housing Authority will be contacting all former landlords for the period three years from the date of application.

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public Assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

_____ _____

Signature Date

_____ _____

Signature Date

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 a 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.

WASHINGTON COUNTY HOUSING AUTHORITY
OCCUPANCY DEPARTMENT

AUTHORIZATION FOR CRIMINAL RECORD

I, _____, do hereby authorize the Washington County Housing Authority to access/obtain, from any person, agency or service, information regarding my background which may assist in determining whether I have a criminal history.

I understand that this information will be used to determine my eligibility for public housing. I understand that signing this authorization in no way guarantees my eligibility for public housing.

All adults age 18 years and over must complete this form. Feel free to copy the form for additional adults, or obtain additional sheets from the Occupancy Department.

FIRST NAME _____ MIDDLE _____ LAST _____

ANY ALIAS NAMES: _____

DATE OF BIRTH: MONTH _____ DAY _____ YEAR _____

ANY ALIAS DATES OF BIRTH: MONTH _____ DAY _____ YEAR _____

SOCIAL SECURITY NUMBER: _____-_____-_____

ANY ALIAS SOCIAL SECURITY NUMBER: _____-_____-_____

CURRENT STREET ADDRESS: _____ CITY _____ STATE _____

PREVIOUS STREET ADDRESS: _____ CITY _____ STATE _____

Signature: _____ Date: _____

Printed Name: _____

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CURRENT STREET ADDRESS: _____ CITY _____ STATE _____

PREVIOUS STREET ADDRESS: _____ CITY _____ STATE _____

Signature: _____ Date: _____

Printed Name: _____

WASHINGTON COUNTY HOUSING AUTHORITY

APPLICANT SCREENING VERIFICATION

Date: _____

Re: _____

Dear Current or Former Landlord:

Our resident selection policy obliges us to verify certain information about all members of families applying for admission to our development. To comply with this requirement, we ask your cooperation in supplying information on the resident history of the family listed above. This information will be used only in determining whether the family can be accepted for admission.

Your prompt return of this information will be appreciated. A stamped, self-addressed envelope is enclosed. If you have any questions, please call me at 724-228-6060, ext. 105.

Sincerely yours,

Occupancy Supervisor

I hereby authorized the release of the requested information.

Date: _____

Signature: _____

Printed Name: _____

WASHINGTON COUNTY HOUSING AUTHORITY

LANDLORD INFORMATION

List the name, address, and phone numbers of your landlord for the past three (3) years below. We cannot process your application without this information.

Current Address: _____ City _____ State _____

Date Moved to Address: _____

Current Landlord or Company Name: _____

Landlord Mailing Address: _____ City _____ State _____

Landlord Phone Number: (_____) _____ - _____

Previous Address: _____ City _____ State _____

Dates Lived at Address: _____

Previous Landlord or Company Name: _____

Landlord Mailing Address: _____ City _____ State _____

Landlord Phone Number: (_____) _____ - _____

Previous Address: _____ City _____ State _____

Dates Lived at Address: _____

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ADDENDUM

For Co-Applicants and Family Members 18 years or older.

Head of Household Name: _____

Co-Applicant Name: _____

Relationship to Head of Household: _____

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_____ _____

Signature Date

Note: Co-Applicants and family members age 18 and older must complete the online addendum at the time of original application submission.

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CURRENT STREET ADDRESS: _____ CITY _____ STATE _____

PREVIOUS STREET ADDRESS: _____ CITY _____ STATE _____

Signature: _____ Date: _____

Printed Name: _____