

**WASHINGTON COUNTY HOUSING AUTHORITY
100 CRUMRINE TOWER, FRANKLIN STREET
WASHINGTON, PA 15301
TELEPHONE: 724-228-6060 FAX: 724-228-6089**

PRE-APPLICATION for HOUSING

Please read carefully. Incomplete applications will not be processed.

1. To be qualified for admission to public housing an applicant must;
 - a. Be a family as defined in Washington County Housing Authority's Admission and Continued Occupancy policy;
 - b. Meet the HUD requirements on citizenship or immigration status;
 - c. Have an annual income at the time of admission that does not exceed the income limits established by HUD posted in the Washington County Housing Authority offices;
 - d. Provide documentation of Social Security numbers for all family members
 - e. Meet or exceed the applicant selection criteria, including attending and successfully completing the Washington County Housing Authority's approved pre-occupancy orientation session.
 - f. 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 applicant admission preferences.
3. Applications will be accepted online or by mail if sent to the above address, postmarked within dates when 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.

EXCEPT

5. Applicants with disabilities may seek assistance with the completion of the application at Washington County Housing Authority's Admissions and Occupancy Department, at the address above.
6. Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household.
7. Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.

The Washington County Housing Authority is an Equal Housing Provider

Washington County Housing Authority Use Only!

Date of Application: _____

Time of Application: _____

Pre-Application for Housing

Head of Household

1. First Name _____ Middle _____ Last _____

Co-Head of Household

2. First Name _____ Middle _____ Last _____

3. Current Street address _____ Apt # _____

Current City _____ State _____ Zip: _____

Current Phone #: (_____) _____ - _____ Email _____

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

5. Ethnicity of Head: Hispanic/Latino Non-Hispanic/Non-Latino

Emergency Contact Person Name _____ Address _____ Phone No _____

FAMILY INFORMATION

First & Last Name of all family members including yourself!	Date of Birth	Sex	Social Security Number	Relationship to head	Disabled Person?	Birthplace County	FT or PT Student
1							
2							
3							
4							
5							
6							
7							
8							

- 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 ____ N

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 Public or Assisted Housing for violent or drug related criminal activity within the past 3-6 years:

_____ Yes _____ No

12. Is the Applicant or any member of the applicant's household subject to a State lifetime sex offender registration in any state.

_____ Yes _____ No

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

_____	_____
_____	_____
_____	_____

14. **Family Income Information:** Please list the source and amount of all current income received by all family members, including you. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker's Compensation, Child Support, etc.

Family Member Name	Income Source	Amount \$	Frequency – Per
1.			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
2.			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
3.			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
4.			<input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year

15. Current Landlord's name _____ phone #: (_____) _____ - _____

Date family moved to this location: Month _____ Year _____

16. Most recent former street address _____ Apt. #: _____

Most recent former City _____ State _____ Zip: _____

17. Most recent prior landlord's name _____ phone #: (_____) _____ - _____

Date family moved to this location: Month _____ Year _____

WAITING LIST CHOICES

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 of 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.

Applicant Signature: _____ **Date:** _____

Co-Applicant 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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SOCIAL SECURITY NUMBER: _____ - _____ - _____

ANY ALIAS SOCIAL SECURITY NUMBER: _____ - _____ - _____

CURRENT STREET ADDRESS: _____ **CITY** _____ **STATE** _____

PREVIOUS STREET ADDRESS: _____ **CITY** _____ **STATE** _____

Signature: _____ **Date:** _____

Printed Name: _____

WASHINGTON COUNTY HOUSING AUTHORITY

APPLICANT SCREENING VERIFICATION

Date: _____

RE: _____

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,

Dottie Kesneck
Occupancy Supervisor



I hereby authorized the release of the requested information.

Date: _____

Signature: _____

WASHINGTON COUNTY HOUSING AUTHORITY

LANDLORD INFORMATION

List the name, address, and phone numbers of your landlords for the past three (3) years below. We need complete names and addresses and if you have them, phone numbers. We cannot process your application without this information.

Landlord or Company Name: _____

Street Address: _____ City _____ State _____

Phone No.: (_____) _____ - _____

Landlord or Company Name: _____

Street Address: _____ City _____ State _____

Phone No.: (_____) _____ - _____

Landlord or Company Name: _____

Street Address: _____ City _____ State _____

Phone No.: (_____) _____ - _____

Landlord or Company Name: _____

Street Address: _____ City _____ State _____

Phone No.: (_____) _____ - _____

Have you ever lived in public housing or participated in the Section 8 existing program? Yes No

If yes, When _____ Where _____

Under what name _____

Who was Head of Household _____