

Fayette County Housing Authority

Tenant Selection Department

624 Pittsburgh Road, Uniontown, PA 15401

724-434-2118

Checklist for Section 8 Applications

Thank you for your interest in applying for the Section 8 Housing Choice Voucher Program administered by the Fayette County Housing Authority.

Please carefully review the checklist and information listed below before completing the application.

It is very important that you provide a current phone number for a Staff member from the Tenant Selection Department to use to contact you to review your application with you.

To complete this application, you must provide the following:

- Current/working phone number**
- Current/accessible mailing address**
- Social Security Numbers for all persons on the application**
- Date of Birth for all persons on the application**
- Completed Authorization for Release of Information Form – See attached**

Important information:

- Credit checks and criminal background checks are required for all persons on the application age 18 or older**

Once you have completed the application in its entirety you may drop it off in the secure drop slot at the Tenant Selection Department Office located at 624 Pittsburgh Road, Uniontown PA 15401. The drop slot is located just outside of the Department Entry Door.

If you are unable to drop off your Section 8 Application, you can mail it to:

**Fayette County Housing Authority
Tenant Selection Department
624 Pittsburgh Road
Uniontown, PA 15401**

What happens after you submit your application?

You will be placed on the Section 8 waiting list. Once you reach the top of the waiting list a staff member will contact you to review your application and you will have to provide the following information before you can receive your voucher:

- Birth Certificates for all persons on your application
- Social Security cards for all persons on your application
- Driver's License or Photo ID for all persons on your application age 18 or older

If you have questions call the Tenant Selection Department at 724-434-2118.

Fayette County Housing Authority

Administration Office: 624 Pittsburgh Road, Uniontown, PA 15401

Phone: 724-434-2100 Fax: 724-434-2130

General Authorization for Release of Information

Consent:

I authorize and direct any Federal, State or Local Agency, organization, business, or individual to release to the **Fayette County Housing Authority** (HA) any information or materials needed to complete or verify my application for participation, or to maintain my continued occupancy under the Section-8, Public Housing, or any other housing assistance program. I understand and agree that this authorization or the information obtained with its use may be given to and used by the U.S. Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for the HA to release information from my file about my rental history to HUD, credit bureaus, collection agencies, or future landlords. This includes record on my payment history, and any violations of my lease or HA policies.

Information Covered:

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to:

Identity and Marital Status

Employment, Income and Assets

Residence and Rental Activities

Employment, Income Child Care Allowance

Credit, Drug related and Criminal Activity

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and continued participation in a housing assistance program.

Groups or Individuals That May be Asked:

The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limited to:

- Previous Landlords (including HA's)
- State Unemployment Agencies
- Out of Pocket Medical Expenses
- Social Security Administration
- Support and Alimony Providers
- Past & Present Employers

Welfare Agencies
Court & Post Offices
Utility Companies
Schools and Colleges
Veteran Pensions
Child Care Providers

- Credit Providers & Credit Bureaus
- Out of Pocket Prescription Drug Expenses
- Social Service Agencies
- Law Enforcement Agencies
- Bank & Financial Institutions
- Retirement Systems

Conditions:

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file with the HA and will stay in effect for fifteen (15) months from the date signed. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

Signatures:



Fayette County Housing Authority

Application for:

Section 8



Date of Application _____ Time _____ Application # _____

Head of Household's Name _____ Maiden Name _____

Previous Spouses _____

Bedroom Size Required _____ Current Rent \$ _____

Phone # (1) _____ Phone # (2) _____

Family Composition

Name (First, Last)	Social Security #	Date of Birth & Place of Birth	Age	Sex	Relation to Head	Race
1. Head						
2. Spouse						
3. Member						
4. Member						
5. Member						
6. Member						
7. Member						
8. Member						
9. Member						
10. Member						

Is English your primary language? (Circle Yes or No) Yes _____ No _____ If no, specify _____

Anticipated changes in family composition: _____

Current place of residence & mailing address: _____

Current landlord's name & address: _____

Reason you want to move from this address: _____

Second most recent address: _____

Prior landlord's name & address: _____

Reason for leaving this address: _____

Please Circle Yes or No

Are you a resident of Fayette County?	Yes	No
Have you ever participated in any Section 8 Program?	Yes	No
Have you ever lived in <u>ANY</u> low income/subsidized housing?	Yes	No
If yes, where:		
When:		
Have you or any member of your household (including those minors under the age of 18) ever been convicted of a crime in this state or any other state?	Yes	No
If yes, date of conviction		
Details of conviction(s):		
Are there any criminal charges currently pending against you?	Yes	No
If yes, please explain:		
Do you have any special needs?	Yes	No
If yes, list:		

Family Member	Income	Amount
	Income Sources	

Total Family Income

Annual Income Checklist*Please Circle Yes or No*

1. Do any household members, 18 or older, receive employment income? If yes, list first names of the family members:	Yes	No
2. Do any household members, 18 or older, receive income from a family operated business (self-employment)? If yes, list first names:	Yes	No
3. Does the family receive an Earned Income Tax Credit?	Yes	No
4. Does anyone in the household receive Social Security Benefits? If yes, list first names:	Yes	No
5. Does anyone in the household receive periodic payment from annuities, insurance policies, retirement funds, pensions, disability or death benefits, maternity or military leave, Military Reserves, or National Guard pay or other similar amounts?	Yes	No
6. Does anyone in the household receive unemployment or disability compensation, workers compensation or severance pay?	Yes	No
7. Does anyone in the household receive welfare benefits?	Yes	No
8. Does anyone in the household receive alimony or child support payments?	Yes	No
9. Does anyone in the household receive income from assets?	Yes	No
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?	Yes	No
11. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	Yes	No
12. Have you ever participated in the Earned Income Disallowance (EID) Program in this county or any other county?	Yes	No

Asset Checklist*Please Circle Yes or No*

1. Do you have a savings account?	Yes	No
a checking account?	Yes	No
a safety deposit box?	Yes	No
2. Do you have any trust funds available to your household?	Yes	No
3. Do you have any equity in rental property or other capital investment?	Yes	No
4. Do you have any stocks, bonds, treasury bills, certificates of deposit, or market funds?	Yes	No
5. Do you have any retirement or pension funds?	Yes	No
6. Will you receive any lump sum payments?	Yes	No
7. Do you have a life insurance policy with a cash value?	Yes	No
8. Have you sold any assets (home, property, etc.) within the past two years?	Yes	No
If yes, what was sold and when:		

Allowances

Please Circle Yes or No

Child Care Allowance

Do you pay for Child Care for children under age 13 which enables you or another family member to work or go to school?

Yes No

Does this amount change in the summer?

Yes No

Handicapped Allowance

Do you pay for a care attendant or for other equipment used by handicapped members of the family which are necessary to permit that person or someone else in the family to work?

Yes No

Elderly / Disabled Allowance

Is the head, spouse or sole member of the household 62 or older, handicapped or disabled?

Yes No

If yes, continue with these questions:

Do you have outstanding medical bills you are paying?

Yes No

Do you expect to have any medical expenses during the next 12 months?

Yes No

Preferences

Federal Preferences

1. **Violence Against Women Act (VAWA)** – Any woman, man, or child who is a victim of domestic violence, dating violence, sexual assault, and stalking *within the last six (6) months*.

Yes No

2. Applicants for whom a law enforcement agency is seeking housing as an accommodation for its **Witness Protection Program** – Applicants who need to be relocated while they await a criminal trial where they will testify against the person on trial. *Requires verification.*

Yes No

3. **Families of Federal Declared Disasters** – Any Family who has been displaced by a Federally Declared Disaster, such as a hurricane, tornado, flood, etc., *within the last six (6) months*.
Requires verification.

Yes No

Local Preferences

1. **Veterans/Spouse of Veterans** – Veteran must have served with the Armed Forces and received either an Honorable or General Discharge and provide evidence of such Discharge.

Yes No

2. **Applicants Displaced by Public Action** – Any applicant who has been displaced by a Public Entity for building or construction on their property, such as a highway. *Requires verification.*

Yes No

3. **Applicants Displaced by Civil Action, Order of Court** – Any applicant who has been displaced because their home was lost through divorce decrees or house foreclosures or landlords selling properties and asking the current tenants to move. *(this action must have taken place within the last six (6) months). Requires verification.*

Yes No

Applicant's Certification

- I do hereby certify that all statements contained in this application are true and complete, to the best of my knowledge.
- I understand that deliberate misrepresentation of any facts will result in being rejected for admission into Public Housing/Section 8, and are punishable under Federal Law.
- In addition, after I have been placed in housing, if any deliberate misrepresentation is determined, I will be subject to eviction. *(Refer to HUD form 52675 Debts owed to Public Housing Agencies and Terminations).*

Applicant's Signature: _____ Date: _____

PHA Representative's Signature: _____