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 Residence and Rental Activities Credit, Drug related and Criminal Activity

Employment, Income and Assets Child Care Allowance

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:

| Print Names | Social Security # | Signature | Date Signed |
|-------------|-------------------|-----------|-------------|
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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: | | | | |

| Income | | | | |
|---------------|--------------------------|--------|--|--|
| Family Member | Income Income Sources | Amount | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| 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? a safety deposit box? | Yes Yes | No 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 Yes | No No |
| 6. Will you receive any lump sum payments? | | |
| 7. Do you have a life insurance policy with a cash value? | Yes Yes | No |
| 8. Have you sold any assets (home, property, etc.) within the past two years? | | 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? | | 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 | Yes | No | | |
| domestic violence, dating violence, sexual assault, and stalking within the last thirty (30) days. | Tes | 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 | Yes | No | | |
| criminal trial where they will testify against the person on trial. <i>Requires verification</i> . | | | | |
| 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. | Yes | No | | |
| Requires verification. | | | | |
| Local Preferences | | | | |
| 1. Veterans/Spouse of Veterans – Veteran must have served with the Armed Forces and | Yes | No | | |
| received either an Honorable or General Discharge and provide evidence of such Discharge. | Tes | NO | | |
| 2. Applicants Displaced by Public Action – Any applicant who has been displaced by a Public | | No | | |
| Entity for building or construction on their property, such as a highway. <i>Requires verification</i> . | 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. | | | | |

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*).

Date:

Applicant's Signature:

PHA Representative's Signature: