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

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	Department to use to contact you to review your application with you.
To com	plete 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
mporta	ant information:
•	Credit checks and criminal background checks are required for all persons on the application age 18 or older
Selectio	ou have completed the application in its entirety you may drop it off in the secure drop slot at the Tenant on Department Office located at 624 Pittsburgh Road, Uniontown PA 15401. The drop slot is located just outside 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
You will you to r vouche	
	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) Welfare Agencies Credit Providers & Credit Bureaus State Unemployment Agencies Court & Post Offices Out of Pocket Prescription Drug Expenses Out of Pocket Medical Expenses Utility Companies Social Service Agencies Social Security Administration Schools and Colleges Law Enforcement Agencies Support and Alimony Providers **Veteran Pensions** Bank & Financial Institutions Past & Present Employers Child Care Providers 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



Fayette County Housing Authority Application for:



Section 8

Date of Application	Time	Application	#			
Head of Household's Name N			ne			
Previous Spouses						
Bedroom Size Required Current	Rent \$					
Phone # (1)	Phone # (2)					
Email address:						
	Family Composition		1	1	T	
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 1	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 ANY low income/subsidized housing?	Yes	No		
If yes, where:				
When:				
TT 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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			

Total Family Income	
Total Family Income	

Annual Income Checklist			
Please Circle Yes or No			
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	Мо	
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	Yes	No
domestic violence, dating violence, sexual assault, and stalking within the last thirty (30) days.	res	100
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.	res	100
2. Applicants Displaced by Public Action – Any applicant who has been displaced by a Public	V	λ 7 -
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	Yes	No
selling properties and asking the current tenants to move. (this action must have taken place	ies	100
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*).

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Applicant's Signature:	Date:
PHA Representative's Signature:	