

Checklist for Public Housing Applications

Thank you for your interest in applying for the Public Housing Program administered by the FCHA.

It is very important that you provide a working phone number for a Staff member from the Tenant Selection Department to contact you.

To complete this application and enable processing, 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
- ☐ Site Selection Form – See attached

Required documents:

- ☐ Birth Certificates for all persons on your application
- ☐ Social Security Number Cards for all persons on your application
- ☐ VALID State Driver's License or Photo I.D. for persons 18 years of age or older on your application.
- ☐ Proof of all source(s) of income (Social Security Benefits, Wages, Pensions, Child Support, Cash Assistance, etc.)

Note: After you are interviewed, additional documentation may be required.

Important information:

- Credit checks and criminal background checks are required for all persons on the application age 18 or older
- Rent is not more than 30% of your income
- \$120.00 Security Deposit and first month's rent is required at move in
- If you select a housing site where you are responsible for utilities, you must be able to have the utilities in your name prior to move in and pay your utilities promptly.

If you are unable to drop off your Public Housing Application, you can mail it, email it or fax it. The mailing address is:

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

The email address is: tenantselection@faycha.org

The fax number is: 724-434-2130

**PLEASE UNDERSTAND THAT WE DO NOT HAVE IMMEDIATE OR EMERGENCY HOUSING.
THE APPLICATION PROCESS TAKES SOME TIME TO COMPLETE.**

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



Fayette County Housing Authority

Application for:

Public Housing



Date of Application _____ Time _____ Application # _____

Head of Household's Name _____ Maiden Name _____

Previous Spouses _____

Bedroom Size Required _____ Current Rent \$ _____

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

Email address: _____

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: _____

<i>Please CIRCLE Yes or No</i>		
Are you a resident of Fayette County?	<i>Yes</i>	<i>No</i>
Have you ever participated in any Section 8 Program?	<i>Yes</i>	<i>No</i>
Have you ever lived in <u>ANY</u> low income/subsidized housing?	<i>Yes</i>	<i>No</i>
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?	<i>Yes</i>	<i>No</i>
If yes, date of conviction		
Details of conviction(s):		
Are there any criminal charges currently pending against you?	<i>Yes</i>	<i>No</i>
If yes, please explain:		
Do you have any special needs?	<i>Yes</i>	<i>No</i>
If yes, list:		

[illegible]

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 anyone in the household receive Social Security Benefits? If yes, list first names:	Yes	No
4. 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
5. Does anyone in the household receive unemployment or disability compensation, workers compensation or severance pay?	Yes	No
6. Does anyone in the household receive welfare benefits?	Yes	No
7. Does anyone in the household receive alimony or child support payments?	Yes	No
8. Does anyone in the household receive income from assets?	Yes	No
9. 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
10. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	Yes	No

Asset Checklist

Please CIRCLE Yes or No

1. Do you have a savings account?	Yes	No
a checking account?	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

1. Veterans/Spouse of Veterans – Veterans who have been honorably discharged from U.S. military service and the spouses of deceased veterans qualify for this admission reference.	Yes	No
2. Applicants who reside in Fayette County. Residents of Fayette County: Otherwise, eligible families and individuals who, at the time of application either live in Fayette County, have an adult member who works in Fayette County, or have an adult member who can verify that he/she has been hired to work in Fayette County.	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:

Applicant's Signature:

Date:

PHA Representative's Signature:

07/01/25

FAYETTE COUNTY HOUSING AUTHORITY
TENANT SELECTION SITES FORM

You can select up to 3 sites for housing under our Tenant Selection Policy of Site-Based Waiting List.

**Our Policy is, if an offer of housing is refused, your application is -
WITHDRAWN AND YOU CANNOT REAPPLY FOR 6 MONTHS.**

(Numbers in parenthesis represent bedroom sizes.)

UNIONTOWN

- _____ Bierer Wood Acres (1) (2) (3) (4)
_____ Crossland Place (1) (2) (3) (4)
_____ East View Terrace (1) (2) (3) (4) (5)
_____ Sembower Terrace (2) (3)
_____ Scattered Sites (1) (2) (3)

BELLE VERNON

- _____ Marion Villa, Belle Vernon (1) (2) (3) (4)

BROWNSVILLE

- _____ South Hill Terrace (1) (2) (3) (4)
_____ Snowden Terrace (1) (2) (3) (4)

MASONTOWN

- _____ Fort Mason Village (1) (2) (3) (4)
_____ Clarence Hess (1 Elderly) (2) (3) (4)

FAMILY SITES ONLY- NOT FOR 1 BEDROOM APPLICANT(S)

- _____ Lemont Heights, Lemont Furnace (3) _____ Outcrop I (3)
_____ Fairchance (2) (3) _____ Outcrop II (2) (3)

ELDERLY SITES - FOR APPLICANT(S) "50 AND OLDER"

- _____ Marshall Manor, Uniontown (EFF) (1) (2)
_____ Mulligan Manor, Brownsville (1)
_____ Belle Vernon Apartments, Belle Vernon (1)

.....
☐ **1ST AVAILABLE**

**IF YOU CHOOSE THIS OPTION AND REFUSE AN OFFER OF HOUSING, YOUR
APPLICATION WILL BE WITHDRAWN AND YOU CAN NOT REAPPLY FOR 6 MONTHS.**

Applicant's Signature

Date

F.C.H.A. Representative

Date

(September 1,2023)

Fayette County Housing Authority
Administration Office – Tenant Selection Dept.
624 Pittsburgh Road
Uniontown, PA 15401
(724) 434-2118

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 and 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

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 INDIVIDUAL 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	Signature	Date Signed