

Checklist for Section 8 Housing Applications

Thank you for your interest in applying for the Section 8 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, 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

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.

Note: Additional documentation may be required when you are near the top of the waiting list.

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 40% of your income during the initial year of your lease.

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 (on the side of the building at the top of the ramp).

If you are unable to drop off your Section 8 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.

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



Fayette County Housing Authority

Application for:

Section 8 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:	<i>Yes</i>	<i>No</i>
2. Do any household members, 18 or older, receive income from a family operated business (self-employment)? If yes, list first names:	<i>Yes</i>	<i>No</i>
3. Does anyone in the household receive Social Security Benefits? If yes, list first names:	<i>Yes</i>	<i>No</i>
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?	<i>Yes</i>	<i>No</i>
5. Does anyone in the household receive unemployment or disability compensation, workers compensation or severance pay?	<i>Yes</i>	<i>No</i>
6. Does anyone in the household receive welfare benefits?	<i>Yes</i>	<i>No</i>
7. Does anyone in the household receive alimony or child support payments?	<i>Yes</i>	<i>No</i>
8. Does anyone in the household receive income from assets?	<i>Yes</i>	<i>No</i>
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?	<i>Yes</i>	<i>No</i>
10. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	<i>Yes</i>	<i>No</i>

Asset Checklist***Please CIRCLE Yes or No***

1. Do you have a savings account?	<i>Yes</i>	<i>No</i>
a checking account?	<i>Yes</i>	<i>No</i>
2. Do you have any trust funds available to your household?	<i>Yes</i>	<i>No</i>
3. Do you have any equity in rental property or other capital investment?	<i>Yes</i>	<i>No</i>
4. Do you have any stocks, bonds, treasury bills, certificates of deposit, or market funds?	<i>Yes</i>	<i>No</i>
5. Do you have any retirement or pension funds?	<i>Yes</i>	<i>No</i>
6. Will you receive any lump sum payments?	<i>Yes</i>	<i>No</i>
7. Do you have a life insurance policy with a cash value?	<i>Yes</i>	<i>No</i>
8. Have you sold any assets (home, property, etc.) within the past two years?	<i>Yes</i>	<i>No</i>
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
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Does this amount change in the summer?	Yes	No
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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
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Elderly / Disabled Allowance

Is the head, spouse or sole member of the household 62 or older, handicapped or disabled?	Yes	No
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If yes, continue with these questions:

Do you have outstanding medical bills you are paying?	Yes	No
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Do you expect to have any medical expenses during the next 12 months?	Yes	No
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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
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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
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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:

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)	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	Signature	Date Signed