

(PHA USE ONLY)  
 ANNUAL INCOME: \$ \_\_\_\_\_  
 BEDROOM SIZE: \_\_\_\_\_

**PRELIMINARY APPLICATION FOR HOUSING ASSISTANCE – ALL PROGRAMS**

Housing Authority of Indiana County, 104 Philadelphia Street, Indiana, PA 15701  
 Voice or TDD (724) 463-4730; Fax (724) 463-4743; [www.haichousing.com](http://www.haichousing.com)



**DO NOT LEAVE ANYTHING BLANK (IF SOMETHING DOES NOT APPLY MARK N/A OR NONE!)**

**PART 1**

Head of Household: **Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Phone/Cell Phone Number:** ( ) \_\_\_\_\_

**Mailing Address (required):** \_\_\_\_\_ **9-1-1 Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **E Mail Address** \_\_\_\_\_

**HOUSEHOLD COMPOSITION** - Complete for ALL persons living in the household.

Last Name	First Name	Middle Name	Social Security #	Relationship to HEAD	Sex (Circle)	Age	Birth Date MM/DD/YY	U.S. Citizen?	Full-Time Student?	Pregnant?	Person with a Disability?
				HEAD	M / F			Yes / No	Yes / No	Yes / No	Yes / No
					M / F			Yes / No	Yes / No	Yes / No	Yes / No
					M / F			Yes / No	Yes / No	Yes / No	Yes / No
					M / F			Yes / No	Yes / No	Yes / No	Yes / No
					M / F			Yes / No	Yes / No	Yes / No	Yes / No
					M / F			Yes / No	Yes / No	Yes / No	Yes / No
					M / F			Yes / No	Yes / No	Yes / No	Yes / No

**INCOME** – Please list ALL sources of income for **every** household member (wages, Social Security benefits, cash assistance, child support, etc.) If there is no income, write NA or none.

Name of Household Member	Source of Income	Amount / How Often Received	Employer
		\$ / <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	
		\$ / <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	
		\$ / <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	
		\$ / <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	
		\$ / <input type="checkbox"/> weekly <input type="checkbox"/> monthly <input type="checkbox"/> yearly	

**ASSETS** – Please list ALL checking accounts, savings accounts and any other interest-bearing accounts. Also list stocks, bonds, certificates of deposit, etc, and houses, land or property owned.

Name of Household Member	Type of Asset	Cash Value	Interest Earned Per Year
		\$	\$
		\$	\$
		\$	\$

**PART 2**

**STATUS** – Please check one box in each category based upon the HEAD of household. This information is for statistical purposes only, but is very important.

RACE

- White
- Black/African American
- American Indian/Alaskan
- Asian
- Native Hawaiian/Pacific Islander

ETHNICITY

- Hispanic
- Non-Hispanic

FAMILY STATUS

- Under 50 years of age
- 62 years of age or older
- Receiving Social Security or SSI, or any payment based on inability to work
- Age 50 to 61

**GENERAL INFORMATION** – Please answer each of the following questions:

- A. Is any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program?  Yes  No If yes, list family member(s): \_\_\_\_\_
- B. Has anyone in your household been **charged or convicted** of a drug-related crime in the past three (3) years?  Yes  No If yes, please explain (list household member(s), date of occurrence, law enforcement involved, etc.): \_\_\_\_\_
- C. Has anyone in your household ever been **charged or convicted** of a violent crime against a person or property in the past three (3) years?  Yes  No If yes, please explain (list household member(s), date of occurrence, law enforcement involved, etc.): \_\_\_\_\_
- D. Has any household member committed a felony in the past three (3) years; or ever been evicted from Subsidized, Section 8 or Public Housing?  Yes  No If yes, list family member(s) and briefly describe incident: \_\_\_\_\_
- E. Is at least one family member age 18 or older, employed a minimum of 20 hours per week or participating in a job training program; or a full-time student enrolled in secondary education?  Yes  No If yes, list family member(s): \_\_\_\_\_
- F. Does anyone in your household require a unit with handicapped accessibility features?  Yes  No If yes, indicate feature(s): (a) Wheelchair access (b) Visual/Hearing equipped (c) Other please specify: \_\_\_\_\_
- G. Are you or any member of your household homeless?  Yes  No If yes, list family member(s): \_\_\_\_\_
- H. Are you currently receiving Section 8 Rental Assistance?  Yes  No If yes, under what name & county: \_\_\_\_\_
- I. Are you or any member of your household a veteran?  Yes  No If yes, list family member(s): \_\_\_\_\_
- J. Do you have any pets?  Yes  No If yes, type(s) and number(s): \_\_\_\_\_
- K. How did you hear about our apartments (i.e. internet, Facebook, newspaper, friend, agency or other – please list)? \_\_\_\_\_

**All questions must be answered on this preliminary application; incomplete applications will not be added to our list. If you require an interpreter or special needs assistance, please contact us.**

**We will review your application to determine your eligibility. You will receive a letter informing you as to whether your application has been placed on our waiting list. If you have any changes to address, phone, family composition or income, you must report this. If we can't contact you by mail, your name will be removed from the waiting list.**

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

*I certify that the information listed on this application is true and correct to the best of my knowledge.*

X \_\_\_\_\_ / \_\_\_\_\_  
Applicant's Signature / Print Name

X \_\_\_\_\_  
Date



