

(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



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

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.

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

ETHNICITY

- Hispanic
 Non-Hispanic

FAMILY STATUS

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

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: _____.

PART 3

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.

G. IF YOU CHECK ANY BOXES (YES) IN THIS SECTION (G), PLEASE CHECK (✓) THE BLUE BOX ON LAST PAGE (PART 4).

Are you or any member of your household homeless? Yes No If yes, list family member(s): _____.

At risk of homeless? Yes No, If yes, list family member(s): _____.

Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking? Yes No, If yes, list family member(s): _____.

Recently homeless and for whom providing rental assistance will prevent the family's homeless or having high risk of housing instability (including households currently residing in rapid rehousing or permanent supportive housing.) 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)? _____.

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.

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



A person with a disability may request a reasonable accommodation from the Housing Authority of Indiana County (HAIC) at any time during the application process, while residing in properties owned and or managed by the HAIC, or while participating in the Housing Choice Voucher Program. A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program or activity.

