

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

HOUSING AUTHORITY OF INDIANA COUNTY
 104 PHILADELPHIA STREET
 INDIANA, PA 15701
 PHONE (724) 463-4730 FAX (724) 463-4743
www.haichousing.com



PRELIMINARY APPLICATION FOR HOUSING ASSISTANCE – ALL PROGRAMS

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

PART 1

Head of Household:

Legal Name: Last _____ First _____ Middle _____
 Street Address: _____ City/State/Zip _____
 Mailing Address: _____ City/State/Zip _____
 Home Phone: _____ Cell Phone: _____
 E-Mail Address: _____

HOUSEHOLD COMPOSITION: Complete below for **ALL** people living in the household.

Legal Last Name	Legal First Name	Middle Name	Social Security #	Relationship to HEAD	Sex (Circle)	Age	Birth Date (MM/DD/YY)	U.S Citizen?
				HEAD	M / F / O			Yes / No
					M / F / O			Yes / No
					M / F / O			Yes / No
					M / F / O			Yes / No
					M / F / O			Yes / No
					M / F / O			Yes / No
					M / F / O			Yes / No
					M / F / O			Yes / No

ANSWER ALL QUESTIONS BELOW FOR ALL HOUSEHOLD MEMBERS

1. Is any household member a Full-Time Student? Yes _____ No _____
 If Yes, who? _____

2. Is any household member Pregnant? Yes _____ No _____
 If Yes, who? _____

3. Is any household member a person with a Disability? Yes _____ No _____
 If Yes, who? _____

INCOME: List **ALL** sources of income for **every** household member (wages, self-employment, Social Security benefits, cash assistance, child support, etc.)

If there is no income, write NA or none.

Full Name of Household Member	Source of Income	Amount received Monthly	Employer (If applicable)

ASSETS: List **ALL** checking and savings accounts, mobile payment services (Cash App, Venmo, PayPal, etc.) house, property, stocks, bonds, gas wells, royalties, etc.

If there are no assets, write N/A or none.

Full Name of Household Member	Type of Asset	Cash Value	Interest Rate (%)

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

ETHNICITY

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

- Hispanic
- Non-Hispanic

GENERAL INFORMATION – Please answer ALL 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) and state(s) registered in: _____

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:

ALL HOUSEHOLD MEMBERS 18 YEARS OF AGE AND OLDER ARE ENTITLED TO EQUAL RIGHTS TO THEIR HOUSING ASSISTANCE!

PART 3

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

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

At risk of homelessness? **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):* _____

Facing/at risk of eviction, behind on bills/rent, facing/at risk of foreclosure on property, experiencing overcrowding, moving frequently, spending majority of income on housing or any other circumstance putting you or your household members at high risk of housing instability? **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 _____ **/** _____ **X** _____
Applicant's Signature / **Print Name** **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.

PART 4

WAITING LIST CHOICES - Place check marks (✓) next to ALL programs / sites for which you are applying.

	Please check all interested boxes		Utilities	Apartment Type	Rent	Amenities
Public Housing (Smoke Free)						
Chestnut Ridge Terrace Blairsville, PA 15717	<input type="checkbox"/> 2 BR	<input type="checkbox"/> 3 BR	Trash, water & sewage included!	2 and 3 bedroom Apts.	30% of adjusted income	Large playground, central air, off-street parking, on-site laundry.
Saltsburg Heights Saltsburg, PA 15681	<input type="checkbox"/> 2 BR	<input type="checkbox"/> 3 BR	Trash, water & sewage included!	2 and 3 bedroom Apts.	30% of adjusted income	Central air, extra storage, off-street parking, in-town location.
Tate Terrace Clymer, PA 15728	<input type="checkbox"/> 2 BR	<input type="checkbox"/> 3 BR	Trash, water & sewage included!	2 and 3 bedroom Apts.	30% of adjusted income	Convenient in-town location, off-street parking.
Green Valley Commodore, PA 15729	<input type="checkbox"/> 2 BR		All utilities included!	2 bedroom Apts.	30% of adjusted income	Washers & dryers included. Large yard, playground
Black Lick Manor Black Lick, PA 15716	<input type="checkbox"/> 1 BR		Trash, water & sewage included!	1 bedroom Apts.	30% of adjusted income	Main street location, off-street parking.
McGregor Manor Saltsburg, PA 15681	<input type="checkbox"/> 1 BR		Water, trash, sewage included!	1 bedroom Apts.	30% of adjusted income	Riverside view, convenient in-town location, air conditioning.
Tall Pines Terrace Clymer, PA 15728	<input type="checkbox"/> 1 BR		Trash, water & sewage included!	1 bedroom Apts.	30% of adjusted income	Off-street parking, on-site laundry, social room
Fieldcrest Robinson, PA 15949	<input type="checkbox"/> 1 BR		All utilities included!	1 bedroom Apts.	30% of adjusted income	Central air, off-street parking, small town atmosphere
Senior Housing owned by HAIC						
Morewood Towers Blairsville, PA 15717	<input type="checkbox"/> 1 BR		All utilities included!	1 bedroom Ages 55 & over	\$535 & \$550 * Section 8 rental assistance is accepted here!	Indoor laundry and mailboxes; furnished lobby areas; social room, secure access
Housing Choice Voucher						
Section 8 Rental Assistance	<input type="checkbox"/>			Private Landlords in Indiana County	30% of adjusted income	NOTE: If you have checked YES on any line in PART 3-G PLEASE CHECK HERE: <input type="checkbox"/>

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.

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X _____ / _____
Applicant's Signature / **Print Name**

X _____
Date

