

# FAYETTE COUNTY HOUSING AUTHORITY

ADMINISTRATIVE OFFICE

TENANT SELECTION DEPARTMENT

624 PITTSBURGH ROAD

UNIONTOWN, PA 15401

## SECTION 8

THE FOLLOWING ITEMS ARE NEEDED WHEN APPLYING FOR HOUSING:

- Birth certificates for all persons on your application
- Social Security Number cards for all persons on your application
- VALID** Driver's License or Photo ID for anyone 18 or older on your application

**CREDIT CHECKS AND CRIMINAL BACKGROUND CHECKS ARE DONE ON EVERYONE**

**IN THE HOUSEHOLD 18 OR OLDER**

The rent is not more than 30% of your income

**To enable processing, be sure to include a good mailing address and phone number, and all Social Security Numbers and birth dates.**

FILLED-OUT APPLICATIONS ARE TO BE SUBMITTED TO OUR OFFICE IN THE SECURE DROP BOXES LOCATED IN THE FRONT OF THE BUILDING, OR UP THE RAMP ON THE SIDE OF THE BUILDING OR BY MAIL.

A STAFF PERSON WILL CONTACT YOU BY PHONE TO REVIEW YOUR APPLICATION INFORMATION WITH YOU.

# Fayette County Housing Authority

Administration Office: 624 Pittsburgh Road, Uniontown, PA 15401

Phone: 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 or 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 Individuals 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	Social Security #	Signature	Date Signed



Fayette County Housing Authority

Application for:

**Section 8**



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: \_\_\_\_\_

*Please Circle Yes or No*

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:		

<b>Income</b>		
<b>Family Member</b>	<b>Income Sources</b>	<b>Amount</b>

Total Family Income

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**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 the family receive an Earned Income Tax Credit?	Yes	No
4. Does anyone in the household receive Social Security Benefits? If yes, list first names:	Yes	No
5. 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
6. Does anyone in the household receive unemployment or disability compensation, workers compensation or severance pay?	Yes	No
7. Does anyone in the household receive welfare benefits?	Yes	No
8. Does anyone in the household receive alimony or child support payments?	Yes	No
9. Does anyone in the household receive income from assets?	Yes	No
10. 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
11. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	Yes	No
12. Have you ever participated in the Earned Income Disallowance (EID) Program in this county or any other county?	Yes	No

**Asset Checklist***Please Circle Yes or No*

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

### Federal Preferences

1. **Violence Against Women Act (VAWA)** – Any woman, man, or child who is a victim of domestic violence, dating violence, sexual assault, and stalking *within the last thirty (30) days*. Yes    No

2. Applicants for whom a law enforcement agency is seeking housing as an accommodation for its **Witness Protection Program** – Applicants who need to be relocated while they await a criminal trial where they will testify against the person on trial. *Requires verification.* Yes    No

3. **Families of Federal Declared Disasters** – Any Family who has been displaced by a Federally Declared Disaster, such as a hurricane, tornado, flood, etc., *within the last six (6) months*. *Requires verification.* Yes    No

### Local Preferences

1. **Veterans/Spouse of Veterans** – Veteran must have served with the Armed Forces and received either an Honorable or General Discharge and provide evidence of such Discharge. Yes    No

2. Applicants **Displaced by Public Action** – Any applicant who has been displaced by a Public Entity for building or construction on their property, such as a highway. *Requires verification.* Yes    No

3. Applicants **Displaced by Civil Action, Order of Court** – Any applicant who has been displaced because their home was lost through divorce decrees or house foreclosures or landlords selling properties and asking the current tenants to move. *(this action must have taken place within the last six (6) months). Requires verification.* 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:

PHA Representative's Signature: