

ALLEGHENY COUNTY HOUSING AUTHORITY
Please complete attached site listings and send with application
ALL BOXES MUST BE FILLED OUT

HEAD OF HOUSEHOLD (Use Legal Names Only)

Last Name		First Name		MI	Sex	Social Security Number	
Date of Birth	Place of Birth (City, St.)	Total Monthly Income	Source of Income		Ethnicity		
					<input type="checkbox"/> Hispanic or <input type="checkbox"/> Non-Hispanic		
RACE (check all that apply below):							
<input type="checkbox"/> White, <input type="checkbox"/> Black/African American, <input type="checkbox"/> American Indian or Alaskan Native, <input type="checkbox"/> Native Hawaiian/Pacific Islander, <input type="checkbox"/> Asian							

COMPLETE MAILING ADDRESS

Complete Street Address			City		State	Zip Code
County		Current Day Phone Number			Night Phone Number	
Landlord's Name		Landlord's Phone	Landlord's Address			
Emergency Contact Person			Phone number			Relationship

OTHER ADULTS (Spouse, co-head, adults 18 years of age or older)

Last Name		First Name		MI	Sex	Relationship	
1.							
Social Security Number		Date of Birth	Place of Birth	Monthly Income		Source of Income	
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African Am <input type="checkbox"/> Am Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian							
Last Name		First Name		MI	Sex	Relationship	
2.							
Social Security Number		Date of Birth	Place of Birth	Monthly Income		Source of Income	
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African Am <input type="checkbox"/> Am Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian							

MINORS (Family members under the age of 18)

Last Name		First Name		MI	Sex	Relationship	
1.							
Social Security Number		Date of Birth	Place of Birth (City-State)		Source of Income		
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African Am <input type="checkbox"/> Am Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian							
Last Name		First Name		MI	Sex	Relationship	
2.							
Social Security Number		Date of Birth	Place of Birth (City-State)		Source of Income		
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African Am <input type="checkbox"/> Am Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian							
Last Name		First Name		MI	Sex	Relationship	
3.							
Social Security Number		Date of Birth	Place of Birth (City-State)		Source of Income		
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African Am <input type="checkbox"/> Am Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian							
Last Name		First Name		MI	Sex	Relationship	
4.							
Social Security Number		Date of Birth	Place of Birth (City-State)		Source of Income		
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African Am <input type="checkbox"/> Am Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian							
Last Name		First Name		MI	Sex	Relationship	
5.							
Social Security Number		Date of Birth	Place of Birth (City-State)		Source of Income		
Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African Am <input type="checkbox"/> Am Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian							

Race (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black/African Am <input type="checkbox"/> Am Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian		

NOTE: You are required to report in writing any change in your income, household composition or address to the Allegheny County Housing Authority. If we can't contact you at the address provided, your name will be removed from the waiting list and you'll need to re-apply.

Do you or any member of your household claim either of the following preferences? If so, please check the one(s) that apply.

- 1. Are you a Victim of domestic violence?
- 2. War Veteran with an honorable discharge or not currently in an Allegheny County Housing Authority project-based assisted unit.

Do you or any member of your household require reasonable accommodations? (Examples of reasonable accommodations are: wheelchair accessible unit, need for a live-in attendant, auxiliary aid, guide/service animal, fire alarm for hearing impaired).

- YES *If yes, what accommodation is required? _____
- NO

Do you or any member of your household require assistance with completing this application?

- YES *If yes, briefly explain _____
- NO

If you wish to have your personal information regarding the waiting list released to another person or agency, you must have this authorization question completed. This designated person must provide both your password and your social security number before any information is given.

I, _____, give _____ authorization to receive my personal information to determine eligibility or placement on the Waiting List. Also, this person/organization must provide my social security number and password before any information will be released.

Print Authorized Individual's Name: _____

Name of Organization: _____ Phone # _____

Have you or any member of your household ever been charged with or convicted of a crime (misdemeanor or felony) other than a minor traffic violation?

- YES *If yes, please explain _____
- NO

Have you or any member of your household ever been convicted of manufacturing or producing Metamphetamine on the premises of any federally assisted housing property?

- YES *If yes, explain _____
- NO

Are you or any member of your household currently registered, or been required to register with the Pennsylvania State Police Sex Offender registration program (i.e. Megan's Law) or with any other state sex offender registration program in the United States of America?

- YES *If yes, please explain _____
- NO

Have you or any member of your household ever lived in Public Housing?

- YES *If yes, what location _____
- NO

Have you or any member of your household ever received Section 8 Housing Assistance?

- YES *If yes, what location _____
- NO

Do you or any member of your household owe any money to a Public Housing Authority? Applicants will be ineligible if they have an unpaid balance to any Housing Authority.

- YES *If yes, please explain _____
- NO

I/WE DO HEREBY CERTIFY THAT ALL INFORMATION I/WE HAVE PROVIDED IS COMPLETE AND ACCURATE. I/WE ARE AWARE THAT SUBMITTING FALSE INFORMATION IS FRAUD AND PUNISHABLE BY NOT BEING ABLE TO RECEIVE FUTURE HOUSING ASSISTANCE, FINES AND/OR IMPRISONMENT.

Signature of Head _____ Date _____

Signature of other Adult _____ Date _____

NOTICE: In compliance with Section 504 of the Rehabilitation Act of 1973 as amended, the Housing Authority does not discriminate on the basis of handicap, physical or mental, in the admission of or access to public housing or in the treatment of employees or applicants for employment, any discrimination on this basis is illegal.