

HOUSING AUTHORITY USE ONLY

B/R SIZE	<input type="checkbox"/> COUNTY PREFERENCE	ENTERED BY:	DATE:	APPLICATION #	TOTAL INCOME / INCOME LIMIT
	<input type="checkbox"/> WORKING PREFERENCE				EL, VL, OVER

**HOUSING AUTHORITY OF THE COUNTY OF ARMSTRONG
APPLICATION FOR SECTION 8 VOUCHER RENTAL ASSISTANCE**

Applicant Name _____ Telephone # _____

Current Street Address _____ City _____

State _____ Zip Code _____ County _____

Mailing address if different from above _____

Your email address _____

Homeless Yes No

Race (Please check all that apply)

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

Hispanic Yes No

LIST THE LEGAL NAME OF ALL PERSONS WHO WILL BE LIVING WITH YOU. BEGIN WITH HEAD OF HOUSEHOLD. ATTACH ADDITIONAL PAPER IF NEEDED.

NAME FIRST, MIDDLE INITIAL, LAST	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX M/F	SOCIAL SECURITY NUMBER	DATE OF BIRTH	AGE	PLACE OF BIRTH CITY/STATE
	HEAD OF HOUSEHOLD					

PLEASE LIST ALL INCOME AND ASSETS. (Income includes but is not limited to wages, Public Assistance, Social Security, SSI, SSD, Pensions, Unemployment Compensation, Alimony, Child Support, Veterans Benefits, etc. Assets are checking accounts, savings accounts, stocks, houses, etc.) Attach additional paper if needed.

MEMBER NAME	SOURCE OF INCOME (Social Security, Wages, Child Support, etc.)	GROSS AMOUNT OF INCOME PER MONTH	TYPE OF ASSET (Checking, savings, etc.)	VALUE OF ASSET (Dollar value)

PREFERENCES. If you qualify for one or more of the preferences listed below, you will receive priority on the waiting list. Check any of these preferences you feel you qualify for.

_____ **COUNTY PREFERENCE:** An adult family member lives, works, or has been hired to work in Armstrong County.

_____ **WORKING PREFERENCE:** An adult family member is working a minimum of 20 hours per week.

_____ **ELDERLY:** Head of Household or Spouse is 62 years or age or older.

_____ **DISABILITY:** Head of Household or Spouse is receiving Social Security Disability, Supplemental Security Income or any other payments based on the inability to work.

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Is every member of your family a US citizen or eligible immigrant? Yes No
2. Is any member of your household a person with a disability? Yes No
 If yes, who? _____
3. Do you or any member of your household require any reasonable accommodations (such as a change in the rules or policies to give you an equal opportunity to participate in this housing program or a change in the way we communicate with you)?
 Yes No If yes, please explain:

4. Have you or any member of your household engaged in use/possession of drugs or in violent activity?
 Yes No If yes, explain: _____
5. Have you or any member of your family abused alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents? Yes No If yes, please explain:

6. Have you ever received housing assistance? Yes No
 If yes, when? _____ Where? _____
7. Have you ever lived in public housing? Yes No
 If yes, when? _____ Where? _____
8. While participating in any housing program, were you forced to move because a member of your family violated the program's family obligations, rules, or regulations? Yes No
 If yes, please explain: _____
9. Do you owe any money to a housing authority? Yes No
10. Have you ever been evicted for any reason? Yes No
11. Do you wish to move? Yes No

AUTHORIZATION AND CERTIFICATION

I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from participation, and may be grounds for termination of assistance. I understand information will be verified from civil or criminal actions, employment/salary details, police and vehicle records, and any other relevant information.

WARNING! Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false or fraudulent statements to any agency of the U.S. Department of Housing and Urban Development is guilty of a felony.

NOTICE: Any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime under state code.

ALL ADULTS (AGE 18 OR OLDER) MUST SIGN:

_____	(Head of Household)	_____	(Date)
_____	(Spouse of other adult)	_____	(Date)
_____	(Other Adult)	_____	(Date)

RETURN THIS APPLICATION BY MAIL, FAX, OR EMAIL.		www.hacarmstrong.org
HOUSING AUTHORITY	FAX: 724-548-8061	EMAIL: dvizzini@hacarmstrong.org
350 S JEFFERSON ST	PHONE: 724-548-7671	
KITTANNING PA 16201		

******IT IS THE APPLICANT'S RESPONSIBILITY TO NOTIFY THE HOUSING AUTHORITY OF CHANGES IN YOUR ADDRESS, TELEPHONE NUMBER, INCOME, OR THE MEMBERS OF YOUR HOUSEHOLD. ******

PART 1: DECLARATION OF U.S. CITIZENSHIP. Beginning June 19, 1995, to receive or to continue receiving financial assistance is contingent upon submission and verification, as appropriate, of the evidence of citizenship. Under penalty of perjury, each family member's signature that appears below contends that he or she is a U.S. citizen or a noncitizen with eligible immigration status.

LAST NAME	FIRST NAME	MI	RELATIONSHIP TO HEAD	SEX	DATE OF BIRTH	SOCIAL SECURITY NUMBER	IF MINOR CHILD	SIGNATURE For each child, the declaration must be signed by an adult residing in the assisted dwelling who is responsible for the child.	Y/N US CITIZEN	Y/N NONCITIZEN ELIGIBLE IF "Y" GO TO PART 2	DATE SIGNED

YOU DO NOT HAVE TO COMPLETE THE REST OF THIS FORM IF EVERYONE IN YOUR FAMILY IS A U.S. CITIZEN.

PART 2: VERIFICATION CONSENT FORM. Each family member that indicates they are a noncitizen with eligible immigration status must sign this verification of consent form and present one of the following documents. A photocopy of the original document will be kept in the family's file. Noncitizens who were 62 years of age or older on 6/19/1995 must present a proof of age document and one of the following: (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens); (2) Form I-94, Arrival-Departure record with specific annotations; (e) if Form I-94 is not annotated, additional records are required; (4) Form k-688, Temporary Resident Card; (5) Form I-6888, Employment Authorization Card; and (6) A receipt issued by the INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

VERIFICATION OF ELIGIBLE IMMIGRATION STATUS. Verification will be conducted simultaneously with verification of other aspects of eligibility for assistance under a covered program. For each family member, the family is required to submit evidence of eligible status only one time during continuously assisted occupancy under any covered program. (1) **Primary Verification:** The PHA will use the INS SAVE SYSTEM THAT PROVIDES ACCESS TO NAME, FILE NUMBERS AND ADMISSION NUMBER OF NONCITIZENS; (2) **Secondary Verification:** If primary search fails, the PHA will forward copies of documentation to the INS and they manually search its records; (3) If the secondary search fails the PHA will notify the family their right to appeal to the INS of the INS finding on immigration status. **The PHA shall not be liable for any action, delay, or failure of the INS in conducting the automated or manual search.**

LAST NAME	FIRST NAME	MI	SIGNATURE	ALIEN REG. NO.	ADMISSION NO.	NATIONALITY	SAVE NO.

NOTICE OF RELEASE OF EVIDENCE: The PHA may release evidence of eligible immigration status, without responsibility for the further use or transmission of the evidence by (1) HUD as required by HUD; (2) the INS for purposes of verification of the immigration status of the individual. HUD may release evidence of eligible immigration status to the INS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for further use or transmission of the evidence or other information by the INS.