

HOUSING AUTHORITY OF THE COUNTY OF ARMSTRONG
HOUSING PROGRAM OVERVIEW
(Do not return this Overview Information...Keep it for future reference)

If you require assistance in completing the application forms, need special accommodations, or need this information in a different format, please ask the receptionist or call our office.

PUBLIC HOUSING apartments are owned and operated by the Housing Authority as follows:

Project Name	Address	# Units	Family	Elderly	0BR	1BR	2BR	3BR	4BR
Armstrong Court	100 North Grant Avenue Kittanning, PA 16201	56		56	17	33	6		
Allegheny Manor	McCanna & Caruso Streets Kittanning, PA 16201	34	34			0	7	21	6
Parkview Apartments	319 Ninth Street Ford City, PA 16226	38		38	12	26			
Luxemburg Manor	Cochran & North 13th Streets North Apollo, PA 15673	28	18	10		10	5	10	3
Lee Haven Towers	120 Second Street Leechburg, PA 15656	60		60	30	30			
Warren Manor	120 North Railroad Avenue Apollo, PA 15613	61		61	23	38			
Garden Towers	280 South McKean Street Kittanning, PA 16201	98		98	57	40	1		
South McKean Way	South McKean Way, 200 Block Kittanning, PA 16201	16	12	4		3	13		
Friendship Apartments	330 Main Street Leechburg, PA 15656	50		50	24	26			
Freeport Towers	411 Riverside Drive Freeport, PA 16229	84		84		84			

Applicants are placed on a Waiting List according to the date and time the application is received, unit size required, and the following admission priorities:

County Residency Preference: an adult family member must reside, work, or have been hired to work in Armstrong County

Elderly Preference: the head of household, spouse, or sole member must be 62 years of age or older, or be a disabled person

Veteran Preference: applies to active duty service members, veterans, and their households

Extremely-Low Income: household income must not exceed the higher of the Federal poverty level or 30% of median area income, and will also be in accordance with deconcentration policies as required by HUD.

Prior to admission, all income and assets will be verified to determine eligibility for the program.
Applicants will not be housed until proof of valid Social Security numbers have been provided for all

household members listed on the application. Information such as rental history, criminal records, credit reports, and housekeeping habits will be verified to determine suitability for the program.

Monthly rent is based on 30% of an adjusted family income, a flat rent as established by the Housing Authority, or a minimum rent of \$50.

Rent includes all utilities (except telephone and cable); however, some family communities are required to pay their own gas and/or electric. In these instances, a utility allowance is given. Each apartment contains a range, refrigerator, and smoke/carbon monoxide detectors as required.

The Housing Authority performs all *normal wear and tear* maintenance at no charge. Required maintenance due to abuse or neglect will be the responsibility of the Resident.

At the signing of the Lease, a \$99 Security Deposit and rent for the first month (prorated based on Lease date) is required. The full monthly rent is due on the first of each month thereafter.

Leases are effective for a 12-month period. Residents may terminate the Lease by submitting a 30-day written notice. The Housing Authority may terminate the Lease for breach of contract, such as, non-payment of rent, criminal activity, disturbances, etc.

Residents are required to commit to 8 hours/month of community service (individuals who are elderly, disabled, employed, or receiving welfare assistance, benefits, or other services may be exempt). Noncompliance with the community service requirement will result in non-renewal of the Lease.

Families will have the option annually to select a rent based on income or a flat rent. Family income, assets, deductions and composition will be re-evaluated each year, and rent adjusted accordingly. Any change in family income source, assets, deductions, or composition between regular recertifications must be reported within 10 days, and rent will be adjusted accordingly.

Each apartment will be inspected at least annually.

Families may be required to transfer to another suitable unit to correct occupancy standards or to accommodate a person with disabilities. Family requests to transfer to another unit will not be permitted unless there is a verifiable extenuating circumstance.

The Housing Authority does not carry insurance coverage on the personal property of Residents.

Effective July 1, 2018 all apartments, all interior common areas of high-rise communities, and all outdoor areas within 25 feet from housing and office buildings will be smoke-free.

SECTION 8 NEW CONSTRUCTION apartments are owned and operated by the Housing Authority as follows:

Project Name	Address	# Units	Family	Elderly	0BR	1BR
Balcony Towers	301 South McKean Street Kittanning, PA 16201	100		100		100

Applicants are placed on a Waiting List according to the date and time the application is received and the following admission priorities:

Elderly Preference: the head of household, spouse, or sole member must be 62 years of age or older, or be a disabled person

Extremely-Low Income: household income must not exceed the higher of the Federal poverty level or 30% of median area income, and will also be in accordance with deconcentration policies as required by HUD.

Prior to admission, all income and assets will be verified to determine eligibility for the program. **Applicants will not be housed until proof of valid Social Security numbers have been provided for all household members listed on the application.** Information such as rental history, criminal records, credit reports, and housekeeping habits will be verified to determine suitability for the program.

Monthly rent is based on 30% of an adjusted family income, or a minimum rent of \$25. Rent includes all utilities (except telephone and cable). Each apartment contains a range, refrigerator, and smoke detectors as required.

The Housing Authority performs all *normal wear and tear* maintenance at no charge. Required maintenance due to abuse or neglect will be the responsibility of the Resident.

At the signing of the Lease, a Security Deposit equal to one month's rent and rent for the first month (prorated based on Lease date) is required. The full monthly rent is due on the first of each month thereafter.

Initial leases are effective for a 12-month period, renewal on a month-by-month basis. Residents may terminate the Lease by submitting a 30-day written notice. The Housing Authority may terminate the Lease for breach of contract, such as, non-payment of rent, criminal activity, disturbances, etc.

Family income, assets, deductions and composition will be re-evaluated each year and rent adjusted accordingly. Any change in family income source, assets, deductions, or composition between regular recertifications must be reported within 10 days, and rent will be adjusted accordingly.

Each apartment will be inspected at least annually.

Families may be required to transfer to another suitable unit to correct occupancy standards or to accommodate a person with disabilities. Family requests to transfer to another unit will not be permitted unless there is a verifiable extenuating circumstance.

The Housing Authority does not carry insurance coverage on the personal property of Residents.

Effective July 1, 2018 all apartments, all interior common areas of high-rise communities, and all outdoor areas within 25 feet from housing and office buildings will be smoke-free.

IT IS YOUR RESPONSIBILITY TO NOTIFY THE HOUSING AUTHORITY OF ANY CHANGE OF ADDRESS, TELEPHONE NUMBER, INCOME, ASSETS, FAMILY COMPOSITION, OR OTHER INFORMATION THAT MAY AFFECT YOUR PLACEMENT ON THE WAITING LIST. THE WAITING LIST IS UPDATED ANNUALLY. TO KEEP YOUR APPLICATION ACTIVE, YOU MUST RESPOND TO ANY CORRESPONDENCE OR QUESTIONNAIRES YOU RECEIVE FROM THE HOUSING AUTHORITY.

OTHER HOUSING PROGRAMS ADMINISTERED BY THE HOUSING AUTHORITY:

SECTION 8 VOUCHER HOUSING: Privately owned rental properties located throughout the County

NOTE: These programs require a separate application and are governed by different regulations. Please ask for details.

ADMINISTRATIVE OFFICE PHONE NUMBERS:

(724)548-7671 or 1-800-762-8291 (toll-free)

RELAY SERVICE FOR PERSONS WITH HEARING, SPEECH, OR SIGHT IMPAIRMENTS:

1-800-654-5984 (TTY users)

1-800-654-5988 (no TTY)

THE HOUSING AUTHORITY PROMOTES AND SUPPORTS EQUAL HOUSING OPPORTUNITY AND DOES NOT DISCRIMINATE BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL OR ETHNIC ORIGIN, HANDICAP OR DISABILITY, FAMILIAL STATUS, ACTUAL OR PERCEIVED SEXUAL ORIENTATION, GENDER IDENTITY, OR MARITAL STATUS.

KEEP FOR YOUR RECORDS



HousingProgramOverview
Rev 9/2015
Rev 12/2016
Rev 4/2018
Rev 6/2018

APPLICATION # _____

RETURN THIS DOCUMENT

Rev. 12/2016

HOUSING AUTHORITY OF THE COUNTY OF ARMSTRONG PRE-APPLICATION & PERSONAL DECLARATION FORM

THIS FORM MUST BE COMPLETED **IN YOUR OWN HANDWRITING AND PLEASE PRINT.**
YOU MUST USE THE CORRECT LEGAL NAME FOR EACH MEMBER OF YOUR HOUSEHOLD.

Applicant Name _____ Telephone # _____

Current Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____ County _____

Mailing address if different from above address _____

Race: (Please check all that apply) Homeless _____ Yes _____ No

White _____ American Indian/Alaska Native _____ Asian _____

Black/African American _____ Native Hawaiian/Other Pacific Islander _____

Name and phone number of person we contact if we cannot reach you:

Name _____ Telephone # _____

Address _____

Current landlord's name, address & telephone

Unit address you occupy

Present monthly rent \$ _____ Number of bedrooms _____

Previous street address before you moved to your current address:

LIST ALL PERSONS, BY LEGAL NAME, INCLUDING YOURSELF, WHO WILL LIVE IN THE
RENTAL UNIT WHILE YOU ARE ON THIS PROGRAM. HEAD OF HOUSEHOLD SHOULD BE
FIRST. (ATTACH ADDITIONAL PAPER IF MORE SPACE IS NEEDED.)

MEM- BER	NAME (first, m.i., last)	RELATION TO HEAD	SEX	OCCUPATION (STUDENT)	DATE OF BIRTH	PLACE OF BIRTH	AGE	SOC. SEC. #
Head								
#2								
#3								
#4								
#5								

#6								
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PLEASE LIST ALL SOURCES OF INCOME. (Income includes but is not limited to wages, Public Assistance, Social Security, SSI (Supplemental Security Income), Pensions, Disability Compensation, Black Lung, Unemployment Benefits, Alimony, Child Support, Veterans, Annuity Income, Dividend Income, Rental Property Income, etc.)

MEMBER NAME	SOURCE OF INCOME	GROSS AMOUNT OF MONTHLY INCOME

ASSET INFORMATION (Assets include but are not limited to bank accounts (Checking, Savings, Certificates of Deposit, IRA's, etc.) Stocks, Bonds, Real Estate, Life Insurance Cash Value, etc. Please include any assets, which have been disposed of in the last two (2) years.

MEMBER NAME	NAME OF FINANCIAL INSTITUTION	TYPE OF ASSET	ACCOUNT #	CURRENT CASH VALUE	INTEREST BEARING?

1. Did you ever own real estate? _____ If yes, when did you own? _____
2. Have you ever applied for or participated in a rental assistance program? _____ If yes, Where? _____
3. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? _____ Yes _____ No
4. Does anyone in your household currently use a controlled or illegal drug? _____ Yes _____ No
5. Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? _____ Yes _____ No
6. Have you or anyone in your household ever been arrested or convicted of any crime, other than traffic violation? (Include DUI charges.) _____ Yes _____ No

7. Do you believe you qualify as a person with disabilities? _____ (If yes, please provide the name and address of doctor to verify this information.) _____

I also feel that I have special needs, which I have explained below, that may necessitate a barrier-free unit or special accommodations in order to fully utilize the program and its services. I understand that this information is voluntary and will be kept confidential.

PLEASE CHECK IF YOU FEEL YOU QUALIFY FOR THE PREFERENCE LISTED BELOW (these preferences do not apply to Balcony Towers):

_____ County residency preference – to qualify, an adult member must reside, work, or have been hired to work in Armstrong County.

_____ Veteran preference – active servicemember or veteran household

I/WE ARE INTERESTED IN LIVING AT (Please check all that apply):

- | | | |
|---|--|--|
| ☐ Armstrong Court | ☐ Allegheny Manor | ☐ Garden Towers |
| ☐ South McKean Way | ☐ Parkview Apartments | ☐ Freeport Towers |
| ☐ Lee Haven Towers | ☐ Friendship Apartments | ☐ Warren Manor |
| ☐ Luxemburg Manor | ☐ Balcony Towers | |

I do hereby confirm that all of the information provided on this pre-application is true and correct to the best of my knowledge and belief. I also understand that **any changes involving family composition, address, telephone number, family income and assets must be reported to the Housing Authority, in writing immediately.**

Applicant (Head of Household) Signature

Date

Spouse or Adult Member

Date

Please return completed application to: **Housing Authority of the County of Armstrong
Attention: Tenant Selector
350 South Jefferson Street
Kittanning, PA 16201**