



Clarion County Housing Authority

Serving the Housing Needs of Clarion and Forest Counties

WAITING LIST APPLICATION

I would like to apply for:

ELDERLY DEVELOPMENT:

Cherry Run, Rimersburg, PA

Elderly/Disabled

Edenburg Court, Knox, PA

Elderly

FAMILY DEVELOPMENT:

Hillside Apartments, Clarion, PA

2 Bedrooms

Medardo Estates, Rimersburg, PA

2 & 3 Bedrooms

Penn Court Apartments, Clarion, PA

2 & 3 Bedrooms

RENTAL ASSISTANCE:

Section 8 Housing Choice Voucher Program - Number of Bedrooms: _____

APPLIES TO **PROSPECTIVE HILLSIDE APARTMENT TENANTS ONLY**: If immediate subsidy is not available, would you be willing to pay \$600.00 per month? Yes No

Please answer the following questions:

- Are you currently homeless? Yes No
- Are you a resident of **Clarion** or **Forest** County in Pennsylvania?
- If not, what County do you currently reside in? _____.
- Are you a victim of a Federally declared disaster? Yes No
- Are you a current resident of CCHA and a displaced victim of disaster through no fault of your own? Yes No



Clarion County Housing Authority prohibits discrimination in all of its activities on the basis of race, color, national origin, gender, religion, age, familial status, marital status, handicap or disability.



8 West Main Street, Clarion, PA 16214
Email address: ccha@penn.com
REVISED 04/11/2017

(Voice/TTY) 814-226-8910
(Fax) 814-226-6039

- Are you or have you been notified that you will be working in Clarion or Forest County, Pennsylvania? Yes No

- HOW DID YOU HEAR ABOUT US? Radio _____ Newspaper _____
- Welfare Office Friend _____ Vendor Booth _____
- Explore Clarion Flyer Brochure Housing Authority Website
- Facebook Other Agency _____ Other _____

- Are any household members enrolled as a student in an institution of higher education:
 Yes No

- Are any household members under the age of 24 years old? Yes No
- Are any household members a Veteran of the United States Military? Yes No
- Are any household members unmarried? Yes No
- Do any household members have a dependent child? Yes No
- Are any household members parents income eligible, on the basis of their income (individually or jointly), for the program I am applying for? Yes No

****Student Rule does not apply to Penn Court, Hillside Apartments or Cherry Run Estates ****

It is your responsibility to notify this office immediately if any of the following events occur:

- 1. Your address changes;**
- 2. Your household income increases or decreases;**
- 3. Your household members increase or decrease; or**
- 4. You get a new telephone number.**

Failure to notify this office could result in the removal or process of your application.

"The information solicited on this application is requested by the apartment or housing owner in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname."



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Application for Admission

Clarion County Housing Authority
Eight West Main Street
Clarion, PA 16214
(814) 226-8910

For Office Use Only

I. Applicant Information

Applicant SSN _____
Applicant Name _____

Street Address _____

City, State, Zip _____

Home Telephone _____ Cell Phone _____

Work Telephone _____ Household Size _____

Message Telephone _____ Emancipated Minor Yes No

Pet Information: Cats _____ Dogs _____ Other: _____
Comments: _____

Accessibility features requested?

Vision _____

Hearing _____

Wheelchair _____

Physical _____

Other: _____

Mailing address same as current address? Yes No

Mailing Address _____

City, State, Zip _____

Current Information

Lived there from _____ to _____

Number of bedrooms _____ Rent _____

Reason for Moving

About to be or without housing Sub-Standard housing Other (Please specify) _____

Current Landlord

Address _____

City, State, Zip _____ Telephone _____

Current Utility Information

Gas Company _____ Deposit _____

Electric Company _____ Deposit _____

Water Company _____ Deposit _____

II. Previous Information

Previous Address

City, State, Zip _____

Lived there from _____ to _____

Number of bedrooms _____ Rent _____

Previous Landlord

Address _____

City, State, Zip _____ Telephone _____

Previously lived in Public Housing? Yes No

Previous HA Name _____

Address _____

City, State, Zip _____ Telephone _____

Lived there from _____ to _____

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Waiting List Applied For

Application Number

Application Date/Time

Beds Applied For

| Waiting List Applied For | Application Number | Application Date/Time | Beds Applied For |
|--------------------------|--------------------|-----------------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

III. Program Integrity

1. Has anyone in your household been arrested or convicted for the use, sale manufacture, or distribution of controlled substances (drugs)? Yes No
 If yes: Who? When? For What? _____
2. Does anyone in your household currently use a controlled or illegal drug? Yes No
 If yes: please explain. _____
3. Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? Yes No
 If yes, Who? When? For What? _____
4. Does anyone outside of your household pay for any of your bills or expenses? Yes No
 If yes, Who? When? For What? _____

IV. Family Composition Information

(In order to place a child/children on your application, you must have primary custody of the child/children and provide court ordered documentation.)

LIST ALL FAMILY MEMBERS

| | Name (First, Middle, Last) | Social Security # | Student (Y/N) | Relation to Head | Birthday |
|------|----------------------------|-------------------|---------------|------------------|----------|
| Head | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |

| | Birth Place (Town, State) | Gender (M/F) | Race (Mark as needed) | | | | | Ethnicity Hispanic? | Eligibility | | | | Alien Registration | Handicap (Y/N) | Disabled (Y/N) |
|------|---------------------------|--------------|-----------------------|---|---|---|---|---------------------|-------------|----|----|----|--------------------|----------------|----------------|
| | | | 1 | 2 | 3 | 4 | 5 | | EC | EN | IN | PV | | | |
| Head | | | | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | | | | |

Eligibility Codes: EC = Eligible Citizen
 EN = Eligible Non-citizen
 IN = Ineligible Non-citizen
 PV = Eligibility Pending

Race Codes: 1 = White
 2 = Black/African American
 3 = American Indian/ Alaska Native
 4 = Asian
 5 = Native Hawaiian/Other Pacific Islander

Do you anticipate any changes in your family size within the next year; such as marriage, birth of a child, adoption, etc? Yes No
 If yes, what is the change and the approximate date this change will take place? _____

Have you or any of your household members lived in other states? Yes No
 If yes, who and what states did they live in? _____

Are you or any of your household members subject to the lifetime sex offenders registration in any state? Yes No
 If yes, who and what states? _____

V. Employment/Income Information

Enter each type of income that any household member will have in the next twelve months (year). The Clarion County Housing Authority is using the Upfront Income Verification (UIV) System to determine the eligibility of tenants and participants receiving rental assistance from the HUD Programs. The UIV System provides the Housing Authority with information from the following Agencies: State Wage Information Collection Agencies (SWICA); U.S. Social Security Administration (SSA); U.S. Internal Revenue Service (IRS). The data received from the above agencies can go back five (5) years.

Family Member _____ Source/Company _____
 *Income Type _____ Position _____
 Start Date _____ How Long _____ Address _____
 Income Per _____ Hour _____ Week _____ Month _____ Year City, State, Zip _____
 _____ Weeks per Year _____ Hours per Week Telephone _____
 Income Amount _____

Family Member _____ Source/Company _____
 *Income Type _____ Position _____
 Start Date _____ How Long _____ Address _____
 Income Per _____ Hour _____ Week _____ Month _____ Year City, State, Zip _____
 _____ Weeks per Year _____ Hours per Week Telephone _____
 Income Amount _____

Family Member _____ Source/Company _____
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 Start Date _____ How Long _____ Address _____
 Income Per _____ Hour _____ Week _____ Month _____ Year City, State, Zip _____
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 Income Amount _____

Family Member _____ Source/Company _____
 *Income Type _____ Position _____
 Start Date _____ How Long _____ Address _____
 Income Per _____ Hour _____ Week _____ Month _____ Year City, State, Zip _____
 _____ Weeks per Year _____ Hours per Week Telephone _____
 Income Amount _____

***Income Type Codes**

| | | | |
|----------------------|-------------------|---------------------------|------------------------------------|
| P = Pension | S = SSI | G = General Assistance | I = Indian Trust/per capita |
| B = Own Business | F = Federal Wages | W = Other Wages | N = Other Non-Wage Source |
| SS = Social Security | T = TANF | C = Child Support | E = Medical Re-imbursement |
| M = Military Pay | HA = PHA Wages | U = Unemployment Benefits | IW = Annual Imputed Welfare Income |

If you are re-locating because you have found employment in Clarion or Forest County, Pennsylvania, complete the following information:

Employer: _____

Employer Address: _____, PA _____
 (City) (Zip)

Employer's Telephone Number: _____ **Employment Start Date:** _____



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VI. Asset Information

Enter the assets that your household currently possesses, or has disposed of within the last two years for less than fair market value. Enter the anticipated or actual income from each asset next to *Annual Income.

Family Member Name _____ Source _____
Description of Asset _____ Contact _____
Cash Value _____ Address _____
*Annual Income _____ City, State, Zip _____
Telephone _____

Family Member Name _____ Source _____
Description of Asset _____ Contact _____
Cash Value _____ Address _____
*Annual Income _____ City, State, Zip _____
Telephone _____

Family Member Name _____ Source _____
Description of Asset _____ Contact _____
Cash Value _____ Address _____
*Annual Income _____ City, State, Zip _____
Telephone _____

Family Member Name _____ Source _____
Description of Asset _____ Contact _____
Cash Value _____ Address _____
*Annual Income _____ City, State, Zip _____
Telephone _____

VII. Expenses

Enter any Medical, Child Care or Handicapped Expenses that your household currently has.

Family Member _____ Payee _____
Type of Expense _____ Contact _____
Expense per _____ Week _____ Month _____ Year _____ Address _____
Expense Cost _____ City, State, Zip _____
Telephone _____

Family Member _____ Payee _____
Type of Expense _____ Contact _____
Expense per _____ Week _____ Month _____ Year _____ Address _____
Expense Cost _____ City, State, Zip _____
Telephone _____

Family Member _____ Payee _____
Type of Expense _____ Contact _____
Expense per _____ Week _____ Month _____ Year _____ Address _____
Expense Cost _____ City, State, Zip _____
Telephone _____

Family Member _____ Payee _____
Type of Expense _____ Contact _____
Expense per _____ Week _____ Month _____ Year _____ Address _____
Expense Cost _____ City, State, Zip _____



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| | |
|---|------------------------|
| Family Member _____ | Payee _____ |
| Type of Expense _____ | Contact _____ |
| Expense per _____ Week _____ Month _____ Year _____ | Address _____ |
| Expense Cost _____ | City, State, Zip _____ |
| | Telephone _____ |

| | |
|---|------------------------|
| Family Member _____ | Payee _____ |
| Type of Expense _____ | Contact _____ |
| Expense per _____ Week _____ Month _____ Year _____ | Address _____ |
| Expense Cost _____ | City, State, Zip _____ |
| | Telephone _____ |

VIII. References

Enter references that can be contacted to determine housing suitability.

Bank References

| | |
|--------------------------|--------------------------|
| Bank 1 _____ | Bank 2 _____ |
| Address _____ | Address _____ |
| City, State, Zip _____ | City, State, Zip _____ |
| Telephone _____ | Telephone _____ |
| Checking Account # _____ | Checking Account # _____ |
| Savings Account # _____ | Savings Account # _____ |

Credit References

| | |
|------------------------|------------------------|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| City, State, Zip _____ | City, State, Zip _____ |
| Telephone _____ | Telephone _____ |
| Account # _____ | Account # _____ |
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| City, State, Zip _____ | City, State, Zip _____ |
| Telephone _____ | Telephone _____ |
| Account # _____ | Account # _____ |

Personal References

| | |
|-------------------------|------------------------|
| Emergency Contact _____ | Name _____ |
| Address _____ | Address _____ |
| City, State, Zip _____ | City, State, Zip _____ |
| Telephone _____ | Telephone _____ |
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| City, State, Zip _____ | City, State, Zip _____ |
| Telephone _____ | Telephone _____ |

IX. Certification of Information

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



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I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance. I/We certify that if selected to move into a complex, the unit I/we occupy will be my/our only residence. I/we understand that the information within is being collected to determine my/our eligibility for rental assistance. I/We authorize the agent to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information that may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law. I/We do hereby certify that the above information is true, accurate, and complete to the best of my/our knowledge.

Applicant _____ Date _____
 Co-Applicant _____ Date _____
 Other member over 18 _____ Date _____
 Other member over 18 _____ Date _____

******IT IS THE APPLICANT'S RESPONSIBILITY TO NOTIFY THE HOUSING AUTHORITY OF ANY CHANGES IN HOUSEHOLD COMPOSITION, INCOME, ADDRESS, OR PHONE NUMBER. NOT INFORMING THE HOUSING AUTHORITY MAY RESULT IN YOUR NAME BEING REMOVED FROM THE WAITING LIST.*****

| For Office Use Only | | | | | | | |
|-------------------------|--------------|------|---------|------------------|----------|-----------------------|----------|
| Management Code _____ | | | | Caseworker _____ | | | |
| Offers/Vouchers | | | | | | | |
| Unit Number/ Voucher | Waiting List | Beds | Fund ID | Date Offered | Response | Response Date/Time | Initials |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |



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