



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 Bedroom

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?

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 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

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?

Vendor Booth _____

Flyer Facebook

Friend _____

Brochure Welfare Office

Newspaper _____

Explore Clarion

Radio _____

Housing Authority Website

Other Agency _____

Other _____



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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 phone 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 applications 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
8 West Main Street
Clarion, PA 16214
(814) 226-8910

For Office Use Only

I. Applicant Information

Applicant Name _____ Applicant SSN _____

Street Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____ Message Phone _____

Household Size _____ Emancipated Minor Yes No

Accessibility Features Requested

Vision _____ Hearing _____

Wheelchair _____ Physical _____

Other _____

Pet Information

Cats _____ Dogs _____ Other _____ Comments _____

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 _____

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 _____ Phone _____



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Previously lived in Public Housing?

Yes No

Previous HA Name _____

Address _____

City, State, Zip _____

Phone _____ Lived there from _____ to _____

For Office Use Only

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

III. Program Integrity

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? _____

Does anyone in your household currently use a controlled or illegal drug?

Yes No

If yes: Please Explain _____

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? _____

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



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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 nay 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 offender's 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 provided 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 (5) years.

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

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

Family Member _____ Source/Company _____
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Start Date _____ Address _____
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Income Amount _____

Family Member _____ Source/Company _____
*Income Type _____ Position _____
Start Date _____ Address _____
Income Per _____ Hour _____ Week _____ Monthly _____ Year _____
_____ Weeks per Year _____ Hours per Week City, State, Zip _____
Phone _____
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 |



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

Employer: _____

Employer Phone: _____ **Employment Start Date:** _____

Employer Address: _____, PA _____
Street City Zip

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 _____ Source _____
 Description of Asset _____ Contact _____
 Cash Value _____ Address _____
 *Annual Income _____ City, State, Zip _____
 Phone _____

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

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

VII. Expenses

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

Family Member _____ Payee _____
 Type of Expense _____ Contact _____
 Expense per _____ Week _____ Month _____ Year _____ Address _____
 Expense Cost _____ Phone _____

Family Member _____ Payee _____
 Type of Expense _____ Contact _____
 Expense per _____ Week _____ Month _____ Year _____ Address _____
 Expense Cost _____ Phone _____

Family Member _____ Payee _____
 Type of Expense _____ Contact _____
 Expense per _____ Week _____ Month _____ Year _____ Address _____
 Expense Cost _____ Phone _____



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Family Member _____
Type of Expense _____
Expense per _____ Week _____ Month _____ Year _____
Expense Cost _____

Payee _____
Contact _____
Address _____
Phone _____

Family Member _____
Type of Expense _____
Expense per _____ Week _____ Month _____ Year _____
Expense Cost _____

Payee _____
Contact _____
Address _____
Phone _____

Family Member _____
Type of Expense _____
Expense per _____ Week _____ Month _____ Year _____
Expense Cost _____

Payee _____
Contact _____
Address _____
Phone _____

VIII. References

Enter references that can be contacted to determine housing suitability.

Bank References

Bank 1 _____
Address _____
City, State, Zip _____
Phone _____
Checking Account # _____
Savings Account # _____

Bank 2 _____
Address _____
City, State, Zip _____
Phone _____
Checking Account # _____
Savings Account # _____

Credit References

Name _____
Address _____
City, State, Zip _____
Phone _____
Account # _____

Name _____
Address _____
City, State, Zip _____
Phone _____
Account # _____

Name _____
Address _____
City, State, Zip _____
Phone _____
Account # _____

Name _____
Address _____
City, State, Zip _____
Phone _____
Account # _____

Personal References

Emergency Contact _____
Address _____
City, State, Zip _____
Phone _____

Name _____
Address _____
City, State, Zip _____
Phone _____

Name _____
Address _____
City, State, Zip _____
Phone _____

Name _____
Address _____
City, State, Zip _____
Phone _____



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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.

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 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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