



# Clarion County Housing and Redevelopment Authority

8 West Main Street, Clarion, PA 16214

Voice/TTY: (814) 226-8910

Fax: (814) 226-6039

Email: [ccha@clarionhousing.com](mailto:ccha@clarionhousing.com)

Website: [clarionhousing.com](http://clarionhousing.com)

## WAITING LIST APPLICATION

I would like to apply for:

### ELDERLY DEVELOPMENT:

☐ Cherry Run, Rimersburg, PA  
Elderly/Disabled

☐ Edenburg Court, Knox, PA\*  
Elderly  
*\*Applicants must be 62 or older*

### 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: \_\_\_\_\_

☐ Mainstream Northwest 9 Program\*\* – Number of Bedrooms: \_\_\_\_\_ County: \_\_\_\_\_  
*\*\*Household must have a non-elderly disabled individual between the age of 18-61*

### REGENCY COMMONS

☐ Project Based Voucher\*  
*\*Applicants must be 62 or older*

APPLIES TO **PROSPECTIVE HILLSIDE APARTMENT TENANTS ONLY**: If immediate subsidy is not available, would you be willing to pay \$600.00 per month?

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Please answer the following questions:

Are you or a member of your household a person with a Physical, Developmental, Mental, or Emotional disability?

☐ Yes ☐ No

Are you currently experiencing homelessness?

☐ Yes ☐ No

Are you at risk of experiencing homelessness?

☐ Yes ☐ No

Have you previously experienced homelessness and currently a client in a permanent supportive housing or rapid rehousing project?

☐ Yes ☐ No

Are you transitioning out of institutional or other segregated settings?

☐ Yes ☐ No

Are you at serious risk of institutionalization?

☐ 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

Have you been evicted or terminated from any of our properties or programs?

☐ Yes ☐ No

How did you hear about us?

☐ Vendor Booth \_\_\_\_\_

☐ Friend \_\_\_\_\_

☐ Newspaper \_\_\_\_\_

☐ Radio \_\_\_\_\_

☐ Other Agency \_\_\_\_\_

☐ Flyer ☐ Facebook

☐ Brochure ☐ Welfare Office

☐ Explore Clarion

☐ Housing Authority Website

☐ 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 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 \_\_\_\_\_ Phone \_\_\_\_\_

#### 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<br>(Town, State) | Gender<br>(M/F) | Race<br>(Mark as Needed) |   |   |   |   | Ethnicity<br>Hispanic? | Eligibility |    |    |    | Alien<br>Registration | Handicap<br>(Y/N) | Disabled<br>(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 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 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 _____ | City, State, Zip _____ |
| _____ Weeks per Year _____ Hours per Week                       | Phone _____            |
| Income Amount _____   |                        |

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

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

|   |                        |
|---|------------------------|
| Family Member _____   | Source/Company _____   |
| *Income Type _____  | Position _____         |
| Start Date _____  | Address _____          |
| Income Per _____ Hour _____ Week _____ Monthly _____ Year _____ | City, State, Zip _____ |
| _____ Weeks per Year _____ Hours per Week                       | 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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**Instructions: Complete this form for each adult member of the household**

## Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

|  |                       |
|--|-----------------------|
| <b>Applicant Name:</b>   |                       |
| <b>Mailing Address:</b>  |                       |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b> |
| <b>Name of Additional Contact Person or Organization:</b>  |                       |
| <b>Address:</b>  |                       |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b> |
| <b>E-Mail Address (if applicable):</b>   |                       |
| <b>Relationship to Applicant:</b>  |                       |
| <b>Reason for Contact: (Check all that apply)</b><br><input type="checkbox"/> Emergency<br><input type="checkbox"/> Unable to contact you<br><input type="checkbox"/> Termination of rental assistance<br><input type="checkbox"/> Eviction from unit<br><input type="checkbox"/> Late payment of rent<br><input type="checkbox"/> Assist with Recertification Process<br><input type="checkbox"/> Change in lease terms<br><input type="checkbox"/> Change in house rules<br><input type="checkbox"/> Other: _____  |                       |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |                       |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |                       |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |                       |

☐ Check this box if you choose not to provide the contact information.

|  |  |
|--|--|
|  |  |
|--|--|

**Signature of Applicant****Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

# Citizen/Non-citizen Declaration

Instructions: **Complete this form for each member of the household**

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SSN: \_\_\_\_\_ ALIEN REGISTRATION NUMBER: \_\_\_\_\_

I-94 ADMISSION NUMBER: \_\_\_\_\_

(if applicable-this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. \_\_\_\_\_  
(to be entered by owner if and when received)

**INSTRUCTIONS:** Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

## PENALTIES FOR MISUSING THIS FORM

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

I, \_\_\_\_\_ hereby declare, under penalty of perjury, that I am:  
(Print Full Name of Household Member)

☐ **1. A citizen or national of the United States.**

Sign and date below and return to the name and address specified in the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

- a. If you claim that you are a citizen or national of the United States, you must submit proof of such status.
- (1) The following documents will be accepted as proof of citizenship
    - (a) United States (U.S.) Passport
  - (2) The following documents will be accepted as proof of citizenship when proof of identity is also provided
    - (a) U.S. Birth Certificate
    - (b) Certification or Report of Birth Abroad issued by USCIS or the State Department
    - (c) U.S. Citizen ID card issued by USCIS
    - (d) U.S. Naturalization Certificate issued by U.S. Citizenship & Immigration Services (USCIS)
    - (e) Certificate of Citizenship issued by USCIS
    - (f) American Indian card issued by USCIS for the Kickapoo tribe
    - (g) Final Adoption Decree
    - (h) Evidence of Civil Service employment by U.S. Government before 6/1/1976
    - (i) Official Military Record of Service showing U.S. place of birth (i.e. a DD-214)
    - (j) Northern Mariana ID card issued by USCIS to a naturalized citizen born before 11/4/1986
    - (k) Extract of U.S. hospital birth record established at the time of birth
  - (3) Proof of Identity includes
    - (a) Driver's License
    - (b) Certain government issued ID cards with photo (if no photo, must include identifying information)
    - (c) Tribal government issued ID and documents, including Certificate of Indian Blood
    - (d) Day care or nursery record (minors only)
    - (e) School record or report card (under 16 only)
    - (f) School ID with picture
    - (g) U.S. Military ID, U.S. Military Dependent ID or U.S. Military Draft Record (over 16 years only)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Check here if adult signed for a child.



# Citizen/Non-citizen Declaration

☐ **2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:**

*If you checked this block, you must submit the following documents:*

From non-citizens claiming eligible status who is 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Proof of age

From non-citizens claiming eligible status who is not 62 or older:

- a. This signed declaration of eligible immigration status and
- b. Verification Consent Form
- c. One of the documents from the list below

1. Form I-551, Permanent Resident Card.
2. Form I-94, Arrival-Departure Record annotated with one of the following:
  - a. "Admitted as a Refugee Pursuant to Section 207";
  - b. "Section 208" or "Asylum";
  - c. "Section 243(h)" or "Deportation stayed by Attorney General"; or
  - d. "Paroled Pursuant to Section 212(d)(5) of the INA."
3. Form I-94, Arrival-Departure Record (with no annotation) accompanied by one of the following:
  - a. A final court decision granting asylum (but only if no appeal is taken);
  - b. A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (application filed was before October 1, 1990);
  - c. A court decision granting withholding of deportation; or
  - d. A letter from an asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
5. Other acceptable evidence. If other documents are determined by the DHS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the Federal Register.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph c above are not currently available, complete the Request for Extension block below.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Check here if adult signed for a child.

## EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Check here if adult signed for a child.

☐ **3. I am not contending eligible immigration status and I understand that I am not eligible for housing assistance.**

If you checked this block, the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Check here if adult signed for a child.







# Clarion County Housing and Redevelopment Authority

8 West Main Street, Clarion, PA 16214

Voice/TTY: (814) 226-8910

Fax: (814) 226-6039

Email: ccha@clarionhousing.com

Website: clarionhousing.com

## Self-Certification for Residency Preference

Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby self-certify that I am living or working in the Clarion or Forest County areas and therefore qualify for the residency preference\* I understand I may be required to provide documentation to establish proof of the preference indication.

\*Residency preferences. Documentation of the residential address within Clarion and/or Forest County may be obtained from copies of utility bills, lease agreements, or other documents that include a residential address and the name of the head of household, co-head, or spouse.

\*Working families. Persons who are planning to live in the Clarion or Forest County as a result of current or planned employment may provide documentation of a letter from a current or future employer or a current work identification badge with the office address or paycheck stubs.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

Clarion County Housing & Redevelopment  
Authority Staff

\_\_\_\_\_  
Date

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.

This institution is an equal opportunity housing provider and employer. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TTD).

