



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

APPLICATION CHECKLIST

ALL FORMS MUST BE COMPLETED, SIGNED AND RETURNED WITH THE APPLICATION. **FORMS MUST BE COMPLETE AND LEGIBLE.** Failure to do so could result in delay or rejection of application.

_____ **Address and Phone Number** PROVIDED in Applicant Information on Page 6

_____ All information provided in Family Composition Section on page 3, this includes:

ALL SOCIAL SECURITY NUMBER AND BIRTHDATES, ELIGIBILITY, & RACE SECTION MUST BE COMPLETED DO NOT ATTACH COPIES OF SOCIAL SECURITY CARDS OR BIRTH CERTIFICATES.

_____ **SIGN** the Certification of Information on page 7

_____ **VETERAN STATUS SECTION COMPLETED**

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

Updated Version- November 2023

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This institution is an equal opportunity housing provider and employer.



EQUAL HOUSING OPPORTUNITY



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WAITING LIST APPLICATION

I WOULD LIKE TO APPLY FOR:

*Please checkmark the box(es) for the program or property you are applying for:

SUBSIDIZED HOUSING:

SMOKING PROHIBITED IN ALL UNITS

Properties	Qualifications to be housed	1-Bdrm	2-Bdrm	3-Bdrm
Cherry Run (<i>Rimersburg</i>)	62 and older or Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edenburg Court (<i>Knox</i>)	62 and older or Disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hilside Apartments (<i>Clarion</i>)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medardo Estates (<i>Rimersburg</i>)	Multi Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penn Court Apartments (<i>Clarion</i>)	Multi Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RENTAL ASSISTANCE:

Section 8 Housing Choice Voucher Program

Mainstream Northwest 9 Program** - County: _____

**Household must have a non-elderly disabled individual between the age of 18-61

REGENCY COMMONS:

Project Based Voucher

*Applicant must be 62 or older, must still apply for a unit with Regency Commons directly

SMALL HOMES:

Micro Home

*Applicant must have referral for this program

Referred by _____

How did you hear about us?

- Friend: _____
- Vendor Booth: _____
- Newspaper: _____
- Radio: _____
- Agency: _____
- Facebook
- Welfare Office
- Housing Authority Website
- Explore Clarion
- Brochure
- Billboard
- Other: _____

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Are you a resident of **Clarion** or **Forest** County in Pennsylvania?

If not, what county so you currently reside in _____

Please answer the following questions:

Are you currently experiencing homelessness?

Yes No

Where did you stay last night? _____

Have you previously experienced homelessness and are 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 victim of a Federally declared disaster?

Yes No

Are you a current resident of CCHRA 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

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 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

Does anyone outside of your household pay for any of your bills or expenses?

Yes No

If so, Who?When?For What? _____

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 state? _____

****Student Rule does not apply to Hillside Apartments and Cherry Run Estates****

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Family Composition Information

LIST ALL FAMILY MEMBERS THAT WILL BE LIVING IN THE HOME

	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		E	E	I	P			
			C	N	N	V	C		N	N	V				
Head															
2.															
3.															
4.															
5.															
6.															
7.															
8.															

Eligibility Codes:

EC = Eligible Citizen IN = Ineligible Non-Citizen
 EN = Eligible 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

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

Yes No

Accessibility Features Requested

Vision _____

Hearing _____

Wheelchair _____

Physical _____

Other _____

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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? _____

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

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 _____ City, State, Zip _____
 _____ Monthly _____ Year _____
 _____ Weeks per Year _____ Hours per Week _____ Phone _____
 Income Amount _____

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

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



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 _____

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 _____

"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.



Applicant Information

Applicant Birth Name _____ Applicant SSN _____

Applicant Chosen Name _____

Street Address _____

City, State, Zip _____

Phone Number _____ Cell Home

Secondary Phone Number _____ Cell Home

Email _____

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 _____

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? _____

Previous Information

Previous Address _____

City, State, Zip _____

Lived there from _____ to _____ Number of Bedrooms _____ Rent _____

Previous Landlord _____

Address _____

City, State, Zip _____ Phone _____

Previous Address _____

City, State, Zip _____

Lived there from _____ to _____ Number of Bedrooms _____ Rent _____

Previous Landlord _____

Address _____

City, State, Zip _____ Phone _____

Previously lived in Public Housing?

Yes No

Previous HA Name _____

Address _____

City, State, Zip _____

Phone _____ Lived there from _____ to _____

Have you or nay of your household members lived in other states?

Yes No

If yes, who and what states did they live in? _____



References

Personal References

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

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

Emergency Contact

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

Pet Information

Cats _____ Dogs _____ Other _____ Comments _____

Veteran Status

The Clarion County Housing Authority will provide preference for any active-duty United States service member or veteran applying for housing assistance. This preference will also be extended to households meeting certain criteria. Please complete the questions below to determine eligibility for the Veteran's Preference.

Are you, or anyone in your household a veteran?

Yes No

Are you a surviving member of deceased service member or veteran who died of service-connected causes?

Yes No

1.If yes, did the death occur during active-duty service or within five years of discharge from service?

Yes No

2.Did the death occur not more than five years from the date of application for housing?

Yes No

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.*****

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SELF-CERTIFICATION FOR RESIDENCY PREFERENCE

Please complete if you currently live or work in Clarion or Forest County.

Name: _____ Phone: _____

Address: _____

Date: _____

I, _____, hereby self-certify that I am living or working in the Clarion or Forest County areas 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 the 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 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

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