



Clarion County Housing and Redevelopment Authority

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ITEMS YOU MUST BRING TO THE INTERVIEW

Bring all items that pertain to you and any member of your household

PROOF OF INCOME

- ☐ **Wages** (four current and consecutive pay stubs)
- ☐ **Federal Income Tax Return** (from previous year)
- ☐ **Public Assistance Benefits** (statement from the Public Assistance Office)
- ☐ **Social Security Statements** (*unaltered* original statement of benefits)
- ☐ **Unemployment** (award letter)
- ☐ **Workmen's Compensation** (name, address, phone number of company)
- ☐ **Veteran's benefits** (award letter)
- ☐ **Pension/Retirement** (statement from Agency)
- ☐ **Child Support/Spousal Support** (court order or print out of payments)
- ☐ **Record of self-employment**
- ☐ **Record of Cash Payments Received** (name, address, phone number of source)

ASSET INFORMATION

- ☐ **Bank Statements** (with 6 months average balance of checking and savings)
- ☐ **All certificates of Deposits** - (CD), stocks, bonds, etc.
- ☐ **Deed** to any real estate or mobile homes
- ☐ **Copies of Life Insurance Policy(s)** or current statement with value amount, name, address and phone

MEMBER(S) INFORMATION

- ☐ **Birth Certificate(s)** for all household members (If you don't have a Birth Certificate you will have to send for it)
- ☐ **Social Security Card(s)** for all household members (If you don't have a Social Security Card you will have to send for it)
- ☐ **Driver's license or photo ID.**
- ☐ **Proof of Full-time Student** status for anyone 18 years or older from school
- ☐ **Court Orders** (custody, divorce, etc.)

EXPENSES

- ☐ **Medical Expenses Statements** – Only if the Head of Household or Co-Head are Elderly, Disabled or Handicapped.
- ☐ **Pharmacy Statements** of what is being paid for the year
- ☐ **Doctors' Statements** of bills that are being paid on with the Name, Address & Phone Number of doctor
- ☐ **Healthcare/Insurance Company** you may bring a copy of bill
- ☐ **Childcare Expenses** due to employment or schooling
- ☐ **Name, address, telephone number of caregiver**
- ☐ **Proof of your payments to caregiver**

UTILITIES

- ☐ **Rent receipt** (including name, address and telephone number of Landlord)
- ☐ **Current Utilities Bills** which you are responsible for

YOU MUST BRING ALL INFORMATION AT TIME OF INTERVIEW OR IT MAY DELAY THE PROCESS FOR ASSISTANCE

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).

