



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

WAITING LIST APPLICATION

I WOULD LIKE TO APPLY FOR:

Please Note: No applicant for housing assistance will be discriminated against because of disability. Applicants are not required to disclose a disability. However, benefits for which persons with disabilities are eligible cannot be provided unless disability status is disclosed.

*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 (Rimersburg)	62 and older or Disabled <i>Verification of disability will be required</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edenburg Court (Knox)	62 and older or Disabled <i>Verification of disability will be required</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hilside Apartments (Clarion)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medardo Estates (Rimersburg)	Multi Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penn Court Apartments (Clarion)	Multi Family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RENTAL ASSISTANCE:

Programs	Qualifications to be housed	
Section 8 Housing Choice Voucher		<input type="checkbox"/>
Northwest 9 Housing Choice Voucher Program	Household must have a non-elderly disabled individual between the age of 18-61 <i>Verification of disability will be required</i> Applicants must also meet one of the following criteria: <ul style="list-style-type: none">• Transitioning out of institutional or segregated setting• At serious risk of institutionalization• At risk of experiencing homelessness• Previously experienced homelessness and currently a client in a permanent supportive housing or rapid rehousing project• Currently experiencing homelessness	<input type="checkbox"/>
Mainstream Housing Choice Voucher Program	Household must have a non-elderly disabled individual between the age of 18-61 <i>Verification of disability will be required</i>	<input type="checkbox"/>
Regency Commons Project Based Voucher Program	Applicant must be 62 or older, must also submit an application with Regency Commons directly.	<input type="checkbox"/>
Micro Homes Project Based Voucher Program	Applicants must be referred by CCR (814) 226-1080.	<input type="checkbox"/>

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).



How did you hear about us?

- | | |
|---|---|
| <input type="checkbox"/> Facebook
<input type="checkbox"/> Housing Authority Website
<input type="checkbox"/> Brochure
<input type="checkbox"/> Explore Clarion
<input type="checkbox"/> Welfare Office | <input type="checkbox"/> Friend: _____
<input type="checkbox"/> Vendor Booth: _____
<input type="checkbox"/> Newspaper: _____
<input type="checkbox"/> Radio: _____
<input type="checkbox"/> Agency: _____
<input type="checkbox"/> Other: _____ |
|---|---|

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 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

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? _____

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.					

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).





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

"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 Name _____ Applicant SSN _____
Street Address _____
City, State, Zip _____
Phone Number _____ Secondary Phone Number _____

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

Landlord Name _____ Landlord Phone _____

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).



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? _____

Previously lived in Public Housing?

☐ Yes ☐ No

Previous HA Name _____

Address _____

City, State, Zip _____

Phone _____ Lived there from _____ to _____

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

☐ Yes ☐ No

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

Emergency Contact Information

Emergency Contact

Name _____

Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone _____

Phone _____

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.*****

5

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).



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

