

Please complete and return to
Housing Authority of the County of Warren
 108 Oak Street, Warren, PA 16365
 814-723-2312
 814-726-9882 (f)



Date Stamp
 (HACW office use only)

PLEASE NOTE: ALL OF THE HOUSING AUTHORITIES PROPERTIES ARE SMOKE FREE. THERE IS NO SMOKING PERMITTED WITHIN 25 FEET OF ANY BUILDING. THERE IS NO SMOKING PERMITTED ON THE PREMISES OF CANTERBURY COURT. ALSO, COMMUNITY SERVICE IS A FEDERALLY MANDATED REQUIREMENT FOR EVERYONE 18+ WHO IS UNEMPLOYED, NON-ELDERLY, NON-DISABLED, AND NON-EXEMPT.

IF YOU ARE A CURRENT USER OF MEDICAL MARIJUANA, YOU ARE NOT ELIGIBLE FOR FEDERALLY ASSISTED HOUSING.

Per HUD’s Equal Access Rule, the Housing Authority of the County of Warren does not discriminate on the basis of race, religion, sex, color, national origin, age, disability, familial status, gender identity, marital status, or sexual orientation. We provide equal access to all persons regardless of their differences or abilities.

The Housing Authority provides rental assistance through three federally subsidized housing programs: Low Income Public Housing, Housing Choice Vouchers, and Multi-Family. All housing is initially based on a percentage of income to the median income of Warren County. For Public Housing your income cannot exceed 80% of the median income. Housing Choice Vouchers and Multi-Family, cannot exceed 50% of the median income.

HOUSING OPTIONS			
PUBLIC HOUSING:		Other Options	
<input type="checkbox"/> General Population	<input type="checkbox"/> Family Developments	<input type="checkbox"/> Canterbury Court (Restricted to 62+ ONLY)	
<input type="checkbox"/> Conewango Towers	<input type="checkbox"/> Riverview Terrace		
<input type="checkbox"/> Rouse Manor	<input type="checkbox"/> Brokenstraw Center	<input type="checkbox"/> Housing Choice Voucher: (formerly Section 8)	

Are you a current or prior HACW resident? Yes No **How did you hear about us:** _____

Instructions: Complete this form in ink or typed. Please use legal names for each person who will reside in the rental unit exactly as it appears on her/his Social Security card. All persons 18 and over must sign this application certifying the information pertaining to them is correct. **Do not leave ANY section of the application blank.** Any required information not received by the Housing Authority within 10 business days of the date of this application will result in the denial of the application.

APPLICANT/HEAD OF HOUSEHOLD				
Last Name		First Name		Middle Initial
Address			City	State Zip
Phone Number	Email Address		# of Bedrooms required:	

Have you ever lived in any other Housing Authority or federally subsidized housing in the United States?
Yes No If yes, where?

Are you or any member of your household a current service member of the United States Military? Yes No

Are you or any member of your household a veteran or a surviving household member of a current service member or veteran who died of a service-connected cause? Yes No If so, please provide a copy of your or the service member’s **DD214** for consideration of a Veteran’s Preference on the waiting list.



HOUSEHOLD COMPOSITION

Please list all persons who will live in the household. You are not permitted to allow anyone to move into your unit without written approval from the Housing Authority.

Household Members	SS#	RELATION to HoH	Gender			DOB	Age	F/T Student
			M	F	Decline to Disclose			
1 Last Name		HEAD						
First Name	MI							
2 Last Name		SPOUSE or CO-HEAD						
First Name	MI							
3 Last Name								
First Name	MI							
4 Last Name								
First Name	MI							
5 Last Name								
First Name	MI							
6 Last Name								
First Name	MI							

ANIMALS*

Do you have any animals? Yes No If yes, how many? Please describe each animal:

***Notice: Additional rules apply, and an additional deposit is required for pets.**

INCOME

Please answer each of the following questions. For each "yes", please provide details. Does your household:

- | | | | |
|----------------------------|----------------------------|-----|--|
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 1. | Work full-time, part-time, or seasonally? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 2. | Expect to work for any period during the next year? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 3. | Work for someone who pays cash? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 4. | Expect a leave of absence from work due to lay-off, medical, maternity, or military leave? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 5. | Receive or expect to receive unemployment benefits? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 6. | Receive or expect to receive child support? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 7. | Entitled to receive child support but is not receiving it? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 8. | Receive or expect to receive alimony? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 9. | Entitled to receive alimony but is not receiving it? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 10. | Receive or expect to receive public assistance (TANF) or (SNAP) – food stamps? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 11. | Receive or expect to receive Social Security or disability benefits? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 12. | Receive or expect to receive income from a pension or annuity? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 13. | Receive or expect to receive regular contributions from organizations or individuals not living in the unit? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 14. | Receive income from assets including interest on checking or savings accounts, interest, and dividends from certificates of deposit, stocks, or bonds, or income from rental property? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 15. | Own real estate or any assets for which you receive no income (checking account, cash)? |
| <input type="checkbox"/> Y | <input type="checkbox"/> N | 16. | Have real estate or other assets (including cash) that has been sold or given away with in the past two years? |



SOURCE OF INCOME

Name	Type of Income	Monthly Income	Annual Income

EMPLOYMENT HISTORY

Name and address of Head of Household's present or most recent employer: _____

How long have you been or were you employed there? _____

Name and address of Co-Head's present or most recent employer: _____

How long have you been or were you employed there? _____

ASSETS

Check yes or no for each type of asset owned by any family member and list its value and the income received

Type of Asset		Value	Account #	Balance	Family Member # who owns Asset
Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		\$	
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		\$	
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		\$	
Retirement/Pension Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		\$	
Insurance & Type	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		\$	
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		\$	
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		\$	
Certificates of Deposits	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		\$	
Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		\$	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		\$	

Please list the names of all banks where you have an account and list the type of account:

Bank _____
Type of Account: _____

Bank _____
Type of Account: _____

Bank _____
Type of Account: _____

- Do you receive Social Security benefits under a different Social Security number? Example: dependent or survivor benefits? If yes, please include the amount and the Social Security number: _____
- Do you own your own home? Yes No If so, what is the assessed value of your home: \$ _____
- Have you given away or sold any assets for less than its fair market value in the past 2 years? Yes No If so, please provide details: _____



CRIMINAL HISTORY

1. Has any household member (*regardless of age*) ever been convicted for any criminal activity? If yes, explain _____ Y N
2. Has any household member (*regardless of age*) ever been convicted for any alcohol-related activity? If yes, explain _____ Y N
3. Has any household member (*regardless of age*) ever been convicted for manufacture of methamphetamines? If yes, explain _____ Y N
4. Has any household member (*regardless of age*) ever been convicted for any drugs/controlled substance activity (*including but not limited to*) possession, sale, distribution, paraphernalia? If yes, explain _____ Y N
5. Are any household member(s) (*regardless of age*) subject to life-time registration as a sex-offender in any state? If yes, explain _____ Y N
6. List all states where you or any member of your household have lived: _____

APPLICANT CERTIFICATION AND FRAUD AFFIDAVIT

Warning: 18 U.S.C.1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

All information provided on this application, the required supplements to the application, and at the interview is subject to verification. All family members age 18 and over must review the information on this for, the Federal Privacy Act, and all required releases which MUST be signed in order to be considered for housing.

I do here by swear and attest that **ALL** information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 10 days of such change for my application to remain valid.

By my/our signature(s) below, I/we grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for federally subsidized housing including the verification of my/our income, assets, family composition, employment, criminal and/or drug history, and landlord references.

<u>X</u> _____	_____
Applicant Signature	Date
<u>X</u> _____	_____
Co-Applicant Signature	Date
<u>X</u> _____	_____
Other Adult Signature	Date
<u>X</u> _____	_____
Other Adult Signature	Date