

JEFFERSON COUNTY HOUSING AUTHORITY HOUSING PRE APPLICATION



FOR OFFICIAL USE: DATE: _____ TIME: _____ BR SIZE: _____ VET PREF: _____ Staff Initials: _____
--

**** Please print. Blue or Black Ink Only****

Do you require oral and/or written information in any language other than English? _____

If yes, which language _____. Please contact the Jefferson County Housing Authority (hereinafter referred to as JCHA) main office at 814 938 7140 x 10 or 23 for assistance. If no, continue:

Date _____ Phone #: _____

Applicant Name _____

Current Address _____ Apt # _____

City/State/Zip _____

Mailing address: _____

Can we communicate with you thru email? _____

Email _____ Do you routinely check email? _____

Please circle the areas in which you are interested in residing: Please select Public Housing Program locations, Section 8 or both.

PUNXSYPH) REYNOLDSVILLE (PH) SYKESVILLE (PH) SECTION 8

Beginning with the Head of Household (H.O.H) list all persons who will be living in the assisted unit. If you are pregnant, please list due date below. **Social Security numbers are required for all members.**

**Ethnicity-- 1) Hispanic 2)Non-Hispanic **Race 1)White 2)Black 3)Amer. Indian 4)Asian*

Full Name	SS #:	Relation to Head	Sex	Birthdate	Age	*Eth	**Race
#1		HEAD					
#2							
#3							
#4							
#5							
#6							

List all other names that you and any adult members have ever used or been known by: (Maiden, Married etc)

1) _____ 2) _____ 3) _____

Have you or any other adult member of your household ever been arrested for, or convicted of, a crime other than a traffic violation? _____. If yes, explain _____

Are you or anyone else who is listed on the application a veteran or a surviving spouse of a veteran of the US Military Service? _____ If yes, what type of discharge was issued? _____

Are you or anyone else who is listed on the application currently serving in any branch of the US Armed Forces? _____

INCOME:

List all gross income earned or received by everyone in the household, regardless of age. Income includes SS, SSI, SSD, wages or earnings, TANF (cash assistance), Child Support, Alimony, Unemployment, regular contributions made by another person, or any other income your household receives.

Income Type	Family Member	Employer Name, Address & Phone	Amount
Wages/Earnings			
TANF (cash assistance)			
SS/SSI			
Child Support/ Alimony			
Unemployment			
Regular Contributions			
Other			

Are any household members disabled/handicapped? *** Applicants are not required to disclose being disabled.*

If you wish to disclose this information, please list name and relation to head of household:

If any family member is handicapped or disabled, please list any special housing needs required as a result of the disability/handicap:

Are any members of your household full time students? _____ Yes _____ No

Name of student(s): _____

Name of School: _____

Are you a pet owner? _____ if yes, please check type of pet. _____ Dog _____ Cat _____ Other

Details relating to the Pet, such as breed, size, weight, etc.

Do you use tobacco products? _____

Asset Information:

Do you have a bank account? _____ If Yes, _____ checking _____ savings _____ other

Name of Bank _____ Account balance _____

Do you have any other assets, including but not limited to IRA, mutual fund, money market?

If yes, please list info relating to the asset.

Do you own a home or real estate? _____ Address: _____

Have you sold or given away real property or other assets in the past two years? _____ If yes, please explain.

Current Residential Information

Current Landlord name	Landlord Address	LL phone #
1) _____	_____	_____

Previous Landlord name	Landlord Address	LL phone #
2) _____	_____	_____
3) _____	_____	_____

Other states you have resided in since the age of 18? _____

Are you a victim of domestic violence? _____

Are you being evicted from your current home? _____, If yes, explain _____

How much do you pay for rent? _____ How much do you pay for utilities monthly? (electricity, gas, water, sewer)? _____ How much do you pay for other household expenses monthly? _____

Are you now living, or have you ever lived, in a government subsidized unit or rental assisted unit (example: Section 8, public housing, etc)? _____

If yes, give the complete name, address of the agency and program:

Approximately when? _____

What was the name that is/was on the lease? _____

Have you ever been evicted from subsidized housing, including public housing or the Section 8 program?
_____ if yes, explain why. _____

How did you hear about JCHA? _____

Alternate Contact Person:

Name	Address	Phone	Relationship

Warning:

Title 18, Section 1001 of the United States Code, states that a person is guilty of a FELONY for knowingly and willingly making false or fraudulent statements to any department or agency of the US or the Department of Housing and Urban Development (HUD).

Applicant Certification (To be signed by all family members age 18 and over)

I, _____, do hereby swear and attest that all the information above is true and correct. I also understand that I am required to report all changes in the income of any member of the household, as well as any changes in household composition or address or phone number, to the JCHA IMMEDIATELY.

Signature of Head of Household

Date

You may attach an additional page if you wish to include other information.

