

Harrisburg Housing Authority

Application for Public Housing

For Office Use Only: Applicants DO NOT write in this section.	
Date/Time _____	BR Size _____
Received By _____	Interview Date _____

Complete this entire form IN INK, in your own handwriting, and return it to the Housing Authority's Interviewer. Use the legal name for each person who will reside in the apartment as it appears on his/her social security card. All persons age 18 and over must sign this application certifying that the information pertaining to them is correct. DO NOT LEAVE ANY BLANKS. If a section or question does not apply to you, write N/A in it. Any required information not received by the Housing Authority within 10 calendar days of the date of this Application will result in your being denial assistance.

Name _____ Residential Address _____

Mailing Address _____ Phone # _____ Other Phone # _____

Alternate Contact _____ Relationship _____ Contact Phone # _____

PART I: HOUSEHOLD COMPOSITION

Adults (ages 18 and older)

Last, First, MI	Social Security Number	Relationship to Head	Sex		Birth Date	Age	Birth Place	Race	Citizen		Disabled		Student	
			M	F					Y	N	Y	N	Y	N
		Head												

Minors

Last, First, MI	Social Security Number	Relationship to Head	Sex		Birth Date	Age	Birth Place	Race	Citizen		Disabled		Student	
			M	F					Y	N	Y	N	Y	N

Other Information

If more space is needed, please use the back of the paper.

- Does anyone live with you now not listed above? Yes No Explain _____
- Does anyone plan to live with you in the future not listed above? Yes No Explain _____
- Are you pregnant now? Yes No Due Date _____

Head of Household Name _____

Social Security Number: _____

PART I: HOUSEHOLD COMPOSITION (Continued)

If more space is needed please use the back of the paper.

4. Are you married now (by ceremony or common law) and your spouse is not listed on this application? Yes No
If yes, provide their name and address _____

5. Are any household members in the armed services? Yes No Explain _____

6. Are any household member(s) 18 years old or older a **full-time** student (other than the head or spouse)? Yes No
If yes, list their name and the school they attend _____

7. Are **any** parents of minor household members absent from the home? Yes No
If yes, provide their name(s) and address(es) _____

8. Does anyone outside the household help with bills on a regular basis? Yes No If yes, provide their name(s) _____
Address(es) _____ Relationship _____ Monthly Amount \$ _____

9. Does anyone in your household require special accommodations due to a handicap or disability? Yes No
If yes, specify requirements _____

10. Have you or any other adult household member ever used any name(s) or Social Security number(s) other than the one you are currently using? Yes No
If yes, explain _____

11. Has any household member ever committed fraud in a State or Federal assistance program, or been requested to repay money for knowingly misrepresenting information for such Programs? Yes No
If yes, explain _____

12. Does any household member under the age of 7, have an elevated blood level? Yes No If yes, explain below

Name	Name	Name	Name	Name	Name	Name
Level	Level	Level	Level	Level	Level	Level

Head of Household Name _____

Social Security Number: _____

PART II: INCOME AVAILABLE TO HOUSEHOLD MEMBERS

If more space is needed please use the back of the paper.

Income Source	Receiving		Member Receiving Income	Source Name and Address	Amount
	Yes	No			
Welfare/TANF					
Food Stamps					
Wages/Earnings					
Pension/Retirement					
SSI					
SSA/Social Security					
Child Support					
Alimony/Spousal Support					
Unemployment Benefits					
Worker's Compensation					
Veterans Benefits (VA)					
Income from Rental Property					
Babysitting or Adult Care					
Regular Contributions or Gifts					

PART III: ASSETS

Asset Source	Receiving		Member Name Receiving Income	Source Name and Address	Amount
	Yes	No			
Checking Account					
Savings Account					
Certificates of Deposit (CDs)					
Retirement/Pension Fund					
Real Estate					
Stocks					
Trusts					
Bonds					
Insurance Settlement					

Have any of your assets been given away, disposed of, or sold in the past 2 years? Yes No If yes, explain below

Asset Type	Value of Asset When Given Away	Total Amount Received for Asset	Date Given Away

Asset Type	Value of Asset When Given Away	Total Amount Received for Asset	Date Given Away

Head of Household Name _____

Social Security Number: _____

PART IV: MEDICAL/DISABLED EXPENSES

If more space is needed please use the back of the paper.

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside sources.
DO NOT INCLUDE LIFE OR BURIAL INSURANCE PREMIUMS.

Complete only if the head of household or spouse are disabled or 62 years of age or older.

Complete only if you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work.

Type	Medical Source	Amount
Medical Insurance		
Prescriptions		
Doctor Office Visits		
Hospital Bills		

Type	Disabled Source	Amount
Attendant Care		
Equipment		

PART V: CHILDCARE EXPENSES *(Complete only if the childcare is for children age 12 or younger and is required for you to attend school, work, or look for work)*

1. Do you pay childcare for children in your household age 12 or younger while you work or attend school? Yes No

If yes, complete the table below

Child's Name	Childcare Provider Name	Childcare Provider Address	When is Care Provided?	Un-reimbursed Childcare Expenses			
				Amount	Per		
				\$	wk	mo	yr
				\$	wk	mo	yr
				\$	wk	mo	yr
				\$	wk	mo	yr

PART VI: PERMISSIVE DEDUCTIONS

1. Have you or do you anticipate purchasing books, supplies, tools, equipment, paying fees or tuition in the past or next 12 months that were/will NOT be re-imbursed? Yes No

If yes, explain _____

Head of Household Name _____

Social Security Number: _____

PART VI: PERMISSIVE DEDUCTIONS (Continued)

- 2. Do you pay for childcare for children in your household over 12 years of age because you work at night? Yes No

If yes, complete the table below

Child's Name	Childcare Provider Name	Childcare Provider Address	When is Care Provided?	Un-reimbursed Childcare Expenses			
				Amount	Per		
				\$	wk	mo	yr
				\$	wk	mo	yr
				\$	wk	mo	yr
				\$	wk	mo	yr

- 3. Do you pay court-ordered child support or alimony to any individual(s) not in your custody or household? Yes No

If yes, please provide the individual(s)' name(s), address(es), and amount paid _____

PART VII: RENTAL HISTORY

- 1. Is any family member a previous resident of HHA? Yes No If yes, who _____

When _____ Why did they vacate? _____

- 2. Have you ever lived in subsidized housing? Yes No If yes, when _____

- 3. Are you living in subsidized housing now? Yes No

- 4. Have you ever participated in the Certificate or Voucher Program (Section 8)? Yes No

If yes, when and where _____

- 5. Have you or any household member ever had a residential lease involuntarily terminated? Yes No

If yes, when? _____ Landlord name _____

Why? _____ LL Address _____

If yes, when? _____ Landlord name _____

Why? _____ LL Address _____

Head of Household Name _____

Social Security Number: _____

PART VII: RENTAL HISTORY (Continued)

6. Are your rent and other charges payable to your current landlord paid up to date? Yes No

If no, explain _____

7. Are all utilities (gas, electricity, and water) on in your dwelling today? Yes No

If no, explain _____

8. Your current landlord name and address _____

Relationship to landlord _____ Dates your lived there. From _____ to _____

Monthly rent \$ _____ Have you ever paid your rent late? Yes No Did the landlord ask you to move? Yes No

9. Previous landlord name and address _____

Relationship to landlord _____ Dates your lived there. From _____ to _____

Monthly rent \$ _____ Have you ever paid your rent late? Yes No Did the landlord ask you to move? Yes No

10. Previous landlord name and Address _____

Relationship to landlord _____ Dates your lived there. From _____ to _____

Monthly rent \$ _____ Have you ever paid your rent late? Yes No Did the landlord ask you to move? Yes No

PART VIII: PREFERENCES

1. Are you currently displaced through no fault of yours? Yes No

If yes, explain _____

2. Are you currently living in substandard housing? Yes No Explain _____

3. Are you paying more than 50% of the family's income for rent? Yes No

If yes, explain _____

4. Have you or your spouse (who must also be a household member) been continuously employed for the past 3 months, working at least 20 hours per week? Yes No

If yes, explain _____

Head of Household Name _____

Social Security Number: _____

PART VIII: PREFERENCES *(Continued)*

- 5. Are any adult household member(s) participating in a job-training program? *(The program must prepare them to enter the job market)* Yes No

If yes, complete the table below

Household Member Name	Program	Participation Dates

- 6. Has any family member been a victim of domestic abuse *(and been referred by a local service agency)?* Yes No

If yes, explain _____

- 7. Are you a resident of the City of Harrisburg? Yes No

PART IX: CRIMINAL HISTORY

- 1. Has any household member *(regardless of age)* ever been arrested, charged, or convicted for any criminal activity? Yes No

If yes, explain _____

- 2. Has any household member *(regardless of age)* ever been arrested, charged, or convicted for any alcohol-related activity? Yes No

If yes, explain _____

- 3. Has any household member *(regardless of age)* ever been arrested, charged, or convicted for manufacture of methamphetamines? Yes No

If yes, explain _____

- 4. Has any household member *(regardless of age)* ever been arrested, charged, or convicted for any drugs/controlled substance activity *(including but not limited to) possession, sale, distribution, paraphernalia?* Yes No

If yes, explain _____

- 5. Are any household member(s) *(regardless of age)* subject to life-time registration as a sex-offender? Yes No

If yes, explain _____

