

Harrisburg Housing Authority – Housing Choice Voucher Program

Application Type: New Applicant / Annual Recertification / VASH / Interim / Relocation

Complete this form (in its entirety) in ink, in your own handwriting, and bring it with you to your appointment for re-certification. 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.

Name: _____ Unit Address: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

E/C Address: _____ Other Phone: _____

Part I: Household Composition

Adults (age 18 and older) Last, First MI Start with yourself	Social Security Number	Relation to Head	Sex		Race/ Ethnicity	Birth Date	Age	Disabled		Student	
			M	F				Yes	No	Yes	No

Minors (Under age 18) Last, First MI	Social Security Number	Relation to Head	Sex		Race/ Ethnicity	Birth Date	Age	Disabled		Student	
			M	F				Yes	No	Yes	No

List all persons who moved out during the past 12 months (include deaths, marriages, placement into the court system, custody changes, placement in assisted living facilities, etc.)

Full Name	Social Security Number	Relationship	Move-Out Date	Reason

Part II: Household Income

Fill in the blanks for each person residing in your unit who is working, including self-employment: *****PLEASE PROVIDE LAST FOUR PAY STUBS*****

Worker Name	Employer Name	Employer Address	Dates Worked		Pay Rate		Hours Worked Each Week	Start Date
			From	To	Amt	Per Hr		

If any household member receives income from any of the following sources, check the source(s) and fill in the blanks **AND PROVIDE VERIFICATION:**

Name	Source									Amount	Per	Start Date
	Welfare	Retirement/ Pension	SSI	Unemployment	VA Benefits	Child Support	Social Security	None	Other <i>(Specify)</i>			

If any household member has the following assets, check the source(s) and fill in the blanks: * **Write none if you have no bank accounts** _____

Name	Checking Account	Savings Account	Certificate Of Deposit (CD)	Stocks	Bonds	Insurance Policy	Property (Define)	Acquisition Date	Institution Name & Address	Cash Value

Part III: Family Self-Sufficiency/Earned Income Exclusion

Has any adult household member started a new job since your initial application or last certification? No Yes (If you answered yes, continue. If no, go to Section IV.) If you answered yes to question #1, please fill in the blanks below:

Name of HH member starting job	Employer Name	Employer Address	Employment Dates		Was HH member attending a Training Program when hired?		HH receive TANF 6 months before obtaining employment.		Was HH member previously employed?	
			Start	End	Yes	No	Yes	No	Yes	No

Part IV: Medical Expenses – Verification is required

(Complete only if the head of household or spouse is disabled or 62 years of age or older)

Type of Medical Expense	Amount

Type of Medical Expense	Amount

Part V: Disabled Expenses – Verification is required

(Complete only if a household member is disabled and these expenses are for attendant care or an auxiliary apparatus for the disabled household member in order for them or any other family member to work or look for work)

Type of Disabled Expense	Amount

Type of Disabled Expense	Amount

Part VI: Childcare Expenses – Verification is required

(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)

Child's Name	Childcare Provider Name	Childcare Provide Address	Dates & Time Care is Provided	Amount and Frequency of Unreimbursed Childcare Expenses	
				Amount	Per (wk,mo,yr)

Part VII: Additional Information

Have you been arrested within the last 12 months?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If so, please explain:			
Have your move-out charges and/or /balances been cleared with Harrisburg Housing Authority ?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If not, explain:			
Will you be able to establish utilities (gas, electricity and/or oil) in your name?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If not, explain:			
Did you fail to report any income by household members during the past 12 months?		<input type="checkbox"/> No	<input type="checkbox"/> Yes
If yes, list at this time:	Member:	\$	Source:
Do you have a pet?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, describe:
Marital Status (Circle One):	Married	Divorced	Separated
			Widow / Widower
			Single
Make and model of household vehicle:		Monthly Payment:	
Current Landlord Name:		Address:	
Phone Number			

ALL HOUSEHOLD MEMBERS AGE 18 AND OVER SHOULD REVIEW THE INFORMATION ON THIS APPLICATION AND MUST SIGN BELOW. All information provided on this application is subject to third party verification by the Housing Authority. Signature also authorizes HHA to conduct a criminal background on each family member over age 18.

I/We certify that the information given to the Harrisburg Housing Authority on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I understand that I must report any changes in income, assets, and family composition to the Housing Authority, in writing, within 14 days of such change. I/We understand that giving false statements or information can be grounds for punishment under federal and state laws. I/We also understand that giving false statements or information can be grounds for termination of housing assistance.

_____	_____	_____	_____
Signature of Head of Household	Date	Signature of Spouse of Other Adult	Date
_____	_____	_____	_____
Signature of Other Adult	Date	Signature of Other Adult	Date

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 United States.