

Adams County Housing Authority
 40 East High Street
 Gettysburg, PA 17325
 Voice: (717) 334-1518 or (717) 334-2911
 Fax (717) 334-8326
 TDD/TTY Relay Service: 1-800-654-5984
 www.adamscha.org



PRE-APPLICATION FOR RENTAL ASSISTANCE

ANSWER EVERY QUESTION OR THIS APPLICATION WILL BE RETURNED TO YOU.

YOU MUST NOTIFY THE ADAMS COUNTY HOUSING AUTHORITY/PENNSYLVANIA INTERFAITH COMMUNITY PROGRAMS, INC. IN WRITING OF ANY OF THE FOLLOWING CHANGES:

- * Change of mailing address
- *Change in family members living with you
- *Change in family income

This pre-application for rental assistance is for placement only on the waiting list(s) requested. Final determination of eligibility is determined when you are scheduled an appointment once you are at the top of the waiting list.

Please note that any household member's criminal record or past violations from other housing authorities or federal assisted housing programs may affect eligibility.

Name _____

Address _____

City/State/Zip _____ How long have you lived at this address? _____

Mailing Address (if different from above) _____

Home Phone _____ Cell Phone _____

E-mail Address _____

Is any member of your household classified as a person with a disability? ____ Yes ____ No

If Yes, is this person head or spouse? ____ Yes ____ No

Do you wish to request a special accommodation for any of the following reasons?

____ Hearing impairment ____ Vision impairment ____ Mobility impairment

____ Other, please explain: _____

Check number of bedrooms: _____ Efficiency/Studio _____ 1 Bedroom _____ 2 Bedrooms
 _____ 3 Bedrooms

I wish to apply for: (You may check more than one.)

ACHA

____ Fahnestock House, Gettysburg (62+ and/or disabled: 0, 1 bedroom)

____ Harold Court, Gettysburg (62+ and/or disabled: 1 bedroom)

____ McIntosh Court, Aspers (open to general population, farmworker preference: 2, 3 bedroom)

____ Check here if farmworker.

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List the Head of Household and each member who will be in the household with their relationship to the Head. A Social Security Number is required for every member. **IF YOU DO NOT HAVE A SOCIAL SECURITY CARD AND A BIRTH CERTIFICATE AT YOUR FULL APPLICATION INTERVIEW, THIS WILL HOLD UP YOUR APPLICATION. WE ENCOURAGE YOU TO APPLY FOR ONE TODAY.**

NAME	RELATIONSHIP	BIRTHDATE	SOC. SEC. NUMBER
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

Citizenship status: Are you and all of the members of your household United States citizens? ____ Yes ____ No
 If No, will any members of your household elect not to contend their eligible immigration status? ____ Yes ____ No

To the best of your knowledge, has anyone in the household been charged, arrested, and/or convicted of any crime(s) or for illegal use, possession, or distribution of drugs or abuse of alcohol within the last 10 years, or are there charges pending at this time?
 ____ Yes ____ No If Yes, list who and the conviction. _____

Are you or anyone in your household subject to a required State lifetime sex offender registration program? ____ Yes ____ No

Are you or anyone in your household now living in Public Housing, Section 8 housing, any federally subsidized housing unit, or a unit with a housing voucher? ____ Yes ____ No Explain: _____

Have eviction charges ever been filed against you at a District Magistrate's Office for non-payment or late payment of rent to your landlord or for any other reason? Yes No Explain: _____

Name, address, and phone of present landlord: _____

Name, address, and phone of most recent former landlord: _____

TOTAL HOUSEHOLD INCOME: Include all money earned or received by every member (over the age of 18) who will be living in the household. This includes money from wages, self-employment, Unemployment compensation, child support, regular in-kind or cash gifts, Social Security (Include Social Security Disability for everyone in the household, including anyone under the age of 18.), disability payments, Workman's Compensation, retirement benefits, TANF, Veterans' benefits, alimony, rental income, mortgage or loan income, trust funds, interest income from assets, settlements, and all other sources. Exclude earned income by members under 18 or still in high school.

CALCULATE TOTAL HOUSEHOLD INCOME BEFORE TAXES OR DEDUCTIONS:

Name of household member	Source of income	Yearly Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: _____

ASSETS: Check below what you or the members of your household own (or partially own):

- | | | |
|--|--|--|
| <input type="checkbox"/> Bank accounts (checking, savings, CD, IRA, Keogh, etc.) | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Life insurance policies (with a cash value) |
| <input type="checkbox"/> Mobile home | <input type="checkbox"/> Investments | |
| | <input type="checkbox"/> Stocks or bonds | |

ALLOWANCES:

- Do you pay for childcare for a child 12 or younger while a family member works? Yes No
- Do you pay for a care attendant or any equipment for a family member with disabilities to enable that person or another family member to work? Yes No
- Do you have Medicare? Yes No
- Do you pay premiums and/or co-payments for any other kind of medical insurance? Yes No

APPLICANT/HOUSEHOLD MEMBERS' CERTIFICATION (YOU ARE AGREEING TO EACH OF THE FOLLOWING):

HEAD OF HOUSEHOLD MUST INITIAL EACH OF THE FOLLOWING:

I/WE HAVE RECEIVED A COPY OF 'APPLICANT/TENANT SELECTION CRITERIA' WITH THIS PRE-APPLICATION FORM.

I/we certify that all the information provided in this pre-application is accurate and complete to the best of my/our knowledge and belief.

CRIMINAL AND ADMINISTRATIVE ACTION FOR FALSE INFORMATION

I/we understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal and State criminal law. I/we understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denial or termination of housing assistance.

All questions are required reporting information:

- Race of Head of Household: White Black or African-American American Indian/Alaskan Native Asian Pacific Islander/Native Hawaiian
- Ethnicity of Head of Household: Hispanic or Latino Not Hispanic or Latino
- Gender: Male Female

The information solicited on this application is requested by the apartment manager in order to assure the Federal Government and the Federal Laws prohibiting discrimination against tenant applicants 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.

SIGNATURE OF APPLICANT AND EACH HOUSEHOLD MEMBER AGE 18 OR OVER / DATE

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |



This institution is an equal opportunity provider.

