

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



**ADAMS COUNTY HOUSING AUTHORITY APPLICATION FOR RENTAL ASSISTANCE**

**ANSWER EVERY QUESTION IN ITS ENTIRETY OR THIS APPLICATION WILL BE RETURNED TO YOU.**

This 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 federally assisted housing programs may affect eligibility.

**HEAD OF HOUSEHOLD:** \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Cellular Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

**ADAMS COUNTY HOUSING AUTHORITY PROPERTIES:** Please check the property name(s) for the waitlist(s) you would like your household added to.

- \_\_\_\_\_ 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.
- Number of Bedrooms Requested: \_\_\_\_\_ 0 (efficiency/studio) \_\_\_\_\_ 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** List all persons, including head of household (HOH), who will reside in the household, the relationship of that person to the HOH, student status, birth dates and social security numbers. **A Social Security Number is required for every member. IF YOU DO NOT HAVE A SOCIAL SECURITY CARD AND/OR A BIRTH CERTIFICATE AT YOUR FULL APPLICATION INTERVIEW, THIS WILL HOLD UP YOUR APPLICATION. Therefore, we encourage you to apply for one as soon as possible.**

	NAME	RELATIONSHIP	STUDENT (yes or no)	BIRTHDATE	SOC. SEC. NUMBER
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____
4	_____	_____	_____	_____	_____
5	_____	_____	_____	_____	_____
6	_____	_____	_____	_____	_____

**DISABILITY STATUS:** Is any member of your household classified as a person with a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, is this person head of household 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: \_\_\_\_\_

**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

**CRIMINAL HISTORY:** To the best of your knowledge, has anyone in the household been charged, arrested, and/or convicted of ANY crime(s) OR been charged, arrested, and/or convicted 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, please provide the details. \_\_\_\_\_

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

**HOUSING HISTORY:** 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

If yes, 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

If yes, explain. \_\_\_\_\_

Name, address and length of tenancy at your present residence:

Name, address, and length of tenancy of previous residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL HOUSEHOLD INCOME:**

Include all income earned or received by every member who will be living in the household. This includes wages from employment/self-employment, Unemployment/Workman's Compensation, all Social Security Benefits (federal and state), Military/Veteran's Administration Compensation, TANF, child/alimony support, regular in-kind cash contributions from a non-household member, education scholarships/grants/training programs, periodic payments from trust/annuity/inheritance, insurance policy/disability or death benefits, retirement/pension funds, rental income. Only exclude earned income (i.e. employment) from members under 18 years of age.

NAME	SOURCE OF INCOME	YEARLY AMOUNT
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____

TOTAL YEARLY AMOUNT \_\_\_\_\_

**TOTAL HOUSEHOLD ASSETS:**

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

_____	Checking/Savings Accounts and/or Certificates of Deposit	_____	Stocks or Bonds
_____	IRA, Keogh or SEP Accounts	_____	Personal Property held for Investments
_____	Treasury Bills or Series EE Government Savings Bond	_____	Life Insurance Policies (with a cash value)
_____	Real Estate, Land Contracts, or Mobile Homes		

**TOTAL HOUSEHOLD ALLOWANCES:**

Do you pay for childcare for a child(ren) 12 or younger while a household member works? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you pay for a care attendant or any equipment for a household member with disabilities to enable that person or another household member to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have Medicare or pay premiums and/or co-payments for any other kind of medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you pay any out-of-pocket expenses for medically necessary supplies and/or equipment that are not covered by your Medicare or medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

**HEAD OF HOUSEHOLD CERTIFICATION:**

Please initial each of the following:

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

Please check all that apply:

**Race:** \_\_\_\_\_ White \_\_\_\_\_ Black or African-American \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Pacific Islander/Native Hawaiian

**Ethnicity:** \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Non-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 HEAD OF HOUSEHOLD AND EACH HOUSEHOLD MEMBER AGE 18 OR OVER:**

NAME	DATE SIGNED
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____



This institution is an equal opportunity provider



WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agencies of the United States Government.