

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



Homeless Prevention and Rapid Re-Housing Program Intake Application

HOUSEHOLD COMPOSITION:

Head of Household Name _____

Current Address where you live _____

City/State/Zip _____

How long have you lived at this address? Years _____ Months _____ Previous Zip Code _____

Do you wish to be assisted in the dwelling you now live in? Yes or No

Home Phone _____

Cell Phone _____ Email _____

Mailing Address (if different than above) _____

List the Head of household and **ALL** members who will be in the household with their relationship to the Head.

NAME (INCLUDE YOURSELF)	RELATIONSHIP	DATE OF BIRTH	SOC. SECURITY #	DISABLED (Y/N)
1	HEAD OF HOUSEHOLD			
2				
3				
4				
5				
6				
7				



This institution is an equal opportunity provider.



Is at least one member of your household a United States citizen or eligible non-citizen?

Yes or No

If **no**, will any members of your household elect not to contend their eligible immigration status?

Yes or No

TOTAL HOUSEHOLD INCOME: Include all money earned or received by every member (age 18 and older) 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 within the past 2 years, and all other sources. Exclude earned income by members under 18 or still in high school. Note: If no income, indicate zero or your application will be returned to you.

CALCULATE TOTAL ANNUAL HOUSEHOLD INCOME BEFORE TAXES OR DEDUCTIONS

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

TOTAL YEARLY HOUSEHOLD INCOME _____

Have you received any non-cash benefits over the past 30 days? _____

- Food Stamps _____
- MEDICAID _____
- SCHIP _____
- TANF _____
- MEDICARE _____
- VA Medical Services _____
- Section 8 _____
- WIC _____
- Other Source _____

Veteran Status

Are you or any member of the household a US Veteran? Yes or No

If yes, which branch of the armed forces? _____

Financial Assistance Requested:

- At Risk for Homelessness
- Homeless Prevention

FOR HUD STATISTICAL PURPOSES ONLY:

Please identify your race and ethnicity by checking one box in each of the two categories below:

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
- Non-Hispanic or Latino

ACKNOWLEDGEMENTS & CERTIFICATION:

I understand that Social Security numbers and proof of identification, including citizenship or eligible immigration status, will be required at time of final determination. **It is strongly urged that I obtain social security cards and birth certificates for all members of the household immediately.** Eligibility will be delayed if all documents cannot be presented at time of final determination.

I hereby certify that the above information is correct and complete to the best of my knowledge and may be used for the purpose of verification. I fully understand that this is not a contract and does not bind either party. I understand false information will constitute grounds for cancellation of this application. I further understand that I must notify the Adams County Housing Authority in writing of any change of address. If I do not report this change and the Housing Authority is unable to contact me, my application will be deemed inactive.

Signature of Head of Household

Date

Non-Discrimination Policy: All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin or source of income.

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 Departments or Agencies of the United States.