

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



(Office use only)

**PRE-APPLICATION
Housing Choice Voucher Program**



This application will be returned to you if all questions are not answered.

LOCAL PREFERENCES:

PHA Preference #1:

Have you been involuntarily displaced from a residence in Adams County, PA, within the last 30 days, as a result of an emergency which has been declared a disaster? For example, fire, flood, tornado, hail, etc. **Please check one: Yes or No** If yes, you must provide a certificate from a certifying authority (for example: The Red Cross, local fire department, local township, or insurance co. etc...) as verification for preference at time of selection from the waiting list. In order to be considered for this preference, this application must be submitted within 30 calendar days from the date of the disaster.

PHA Preference #2:

Are you an adjudicated dependent and/or youth aging out of Adams County Children and Youth Services who is/were eligible for Chafee Independent Living Services, where you are at least 18 years of age, in substitute care and eligible for Chafee Independent Living Services (or in care with the possibility of leaving care and eligible for Chafee Independent Living Services) with an anticipated discharge date within the next 12 months; or you have been discharged from Adams County Children & Youth Services care within the last two years, having been in substitute care for at least six months, had been or is currently eligible for Chafee Independent Living Services and has not yet reached your 23rd birthday at time of application? **Please check one: Yes or No** If yes, you must provide a certificate from Adams County Children & Youth Services as verification for preference at time of selection from the waiting list.

PHA Preference #3:

Do you currently live in Adams County, Pennsylvania? **Please check one: Yes or No**
If yes, please submit a copy of your PA driver's license or state issued id card as proof of residency.
Are you employed, or have you been hired to work in Adams County, Pennsylvania? **Please check one: Yes or No** If yes, please provide an original pay stub or letter of hire as proof **if you do not live in Adams County.** Preference will be based on current status at time of selection from the waiting list.

IF YOU DO NOT QUALIFY FOR ANY OF THE ABOVE PREFERENCES, YOU ARE INELIGIBLE TO SUBMIT AN APPLICATION AT THIS TIME AS THE WAITING LIST IS OPEN TO PREFERENCE ONLY POPLULATIONS.

REASONABLE ACCOMODATIONS FOR PERSONS WITH DISABILITIES:

Do you wish to request special accommodations in the facilities, policies or communications, i.e. language interpretation, sign language, etc.? Yes or No If yes, please describe below the accommodation requested:

HOUSEHOLD COMPOSITION:

Head of Household Name _____
Current Address where you live _____
City/State/Zip _____
How long have you lived at this address? Years _____ Months _____
Do you wish to be assisted in the dwelling you now live in? Yes or No
Phone and/or 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				
8				

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

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

PHA SCREENING CRITERIA:

Is anyone in the household subject to a required State sex offender registration program? **Yes** or **No**

Who: _____

To the best of your knowledge has anyone in the household been charged, arrested, and/or convicted of **ANY CRIME**, 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** or **No** If yes, list who, what state(s) and year(s) and for what crime(s):

Has anyone in the household ever been convicted of manufacturing or production of methamphetamine? **Yes** **No** Who: _____

Are you, or anyone in your household, now living in Public or Section 8 housing (in a unit with a housing voucher), or any federally subsidized housing unit? **Yes** or **No** Who/Where _____

Has anyone in your household ever received subsidized housing in the past (Section 8, Public Housing, or any other federal, state or locally subsidized housing program)? **Yes** or **No** **If yes, list who/where/when** _____

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		_____

ACKNOWLEDGEMENTS & CERTIFICATION:

I understand that this pre-application for rental assistance is for placement only on the waiting list. I understand that I am responsible to notify the Housing Authority if I have a change of mailing address, household composition, or family income. Final determination of eligibility is determined when my name is selected from the waiting list.

I understand that the Housing Authority notifies applicants of confirmation on the waiting list and appointments by mail, and periodically may send a notice of update. If at any time mail is returned undeliverable, I will be removed from the waiting list, and no further notice will be sent. It is my responsibility to update the Authority of any change in mailing address in writing and that this Authority does not accept any changes that are not in writing.

I understand that any household member’s criminal record or past violations from other housing authorities or federal assisted housing programs may affect eligibility. For all adult members of the household, the Housing Authority pulls criminal background checks and verifies through HUD’s online verification system whether applicants were previously federally assisted.

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 or my lease if I should be housed. 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 and my name will be removed from the waiting list. I understand that all contact by the Housing Authority will be by mail only.

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.