

HOUSING CHOICE VOUCHER PRE-APPLICATION

READ BEFORE COMPLETING

- You must answer all questions on this pre-application and attach relevant (required) documentation.
- At least one member of your household must be a citizen or legal resident of the U.S.
- You do not need to have any income to apply.
- You must select and qualify for one preference on the next page.
- Your application will not be accepted and will be returned to you if:
 - It is incomplete or does not have all the necessary supporting documents
 - It is not signed by all household members age 18 and older
 - If you do not prove the preference you marked on page 1 or 2

DOCUMENTATION REQUIRED must be attached to application

1. Social Security Number (SSN) for every member of the household who is a U.S. citizen or legal resident. Provide proof in the form of one of the following:

- Copy of original SS Card
- Copy of official letter containing name and full SSN of person from:
 - Social Security Administration
 - Federal, State, Local government agency

If any member of the household is NOT a United States Citizen: Provide copy of I-551 Permanent Resident Card or I-688B Employment Authorization Card, if applicable

2. Proof of Identity for every household member (according to age)

- **ADULTS: Choose one: Copy of**
 - Government issued photo driver's license or photo ID card
 - U.S. passport
 - I-551 Permanent Resident Card or I-688B Employment Authorization Card
- **MINORS: Children aged 17 and younger Choose one: Copy of**
 - Birth Certificate or certificate of birth registration
 - U.S. Passport
 - Certificate of Adoption papers
 - Court-issued Custody Agreement
 - School record showing date of birth

3. Proof of ALL Current Income for EVERY household member:

- **Wages:** Copies of current paystubs or payroll records or a signed letter from your employer on company letterhead
- **Social Security:** Copy of your most recent award letter.
- **Child Support/Alimony:** Statement of your Domestic Relations account showing current payments received.
- **Cash Assistance and TANF:** Copy of your most recent benefit statement from the Assistance Office.
- **Support from Others (Friends/Family) including if someone pays bills on your behalf:** Provide a signed statement or letter from family member listing how much is paid on your behalf each month.

ADAMS COUNTY HOUSING AUTHORITY

PRE-APPLICATION FOR HOUSING CHOICE VOUCHER ASSISTANCE (REVISED 09/22/2023)

Last Name - Head of Household

First Name – Head of Household

IF YOU DO NOT QUALIFY FOR ANY OF THE PREFERENCES BELOW, YOU ARE NOT ELIGIBLE TO SUBMIT AN APPLICATION AT THIS TIME AS THE WAIT LIST IS OPEN TO PREFERENCE-ONLY POPULATIONS.

Please check **YES** to ONLY ONE of these preferences and provide proof of that preference

1. DISPLACED: You have been involuntarily displaced from a residence in Adams County, PA within the last 30 days, because of natural disaster or emergency (fire, flood, tornado, hail), condemnation of property or, taking of the residential property by eminent domain by a government authority, which has been declared a disaster.
Please check one: YES NO. If yes, provide proof from a certifying authority, municipal government, or emergency services provider (Red Cross, fire department, etc.)

2. CHAFEE ELIGIBLE: You are an adjudicated dependent and/or youth aging out of Adams County Children and Youth Services who is/were eligible for Chafee Independent Living Services, 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, have been is currently eligible for Chafee Independent Living Services and have not yet reached your 23rd birthday at time of application.
Please check one: YES NO. If yes, provide a certificate from Adams County Children & Youth Services.

3. FAMILY UNIFICATION: Your lack of adequate housing is a primary factor in the separation, or threat of imminent separation, of children from your family, or in the prevention of reunifying children with your family.
Please check one: YES NO. If yes, provide a certificate from Adams County Children & Youth Services.

4. HOMELESS: You are a homeless person in Adams County lacking a fixed, regular, adequate nighttime residence (must provide proof-see below). This includes people living in vehicles, motels, and campgrounds. Or you have a primary nighttime residence that is supervised by a public or private shelter. Homeless family does not include any individual imprisoned or detained pursuant to State Law or an Act of Congress. Homeless persons participating in a transitional housing program qualify for this preference.
Please check one: YES NO. If yes, provide proof of homelessness in Adams County in the form of a referral letter from SCCAP, Gettysburg CARES, Adams Rescue Mission/Agape House; or a month's worth of current and consecutive receipts from an Adams County motel or campground; no other documentation will be accepted.

5. DOMESTIC VIOLENCE PREFERENCE: You are a person in Adams County and you or a household member has been subjected to violence or victimized by a member of the family or household, or at the family's residence, within the past 30 days or you have been displaced as a result of fleeing from stalking or violence at the home or you are currently living in a situation where you are being subjected to stalking or violence at the home.
Please check one: YES NO If yes, provide a referral letter from Safe Home or similar provider and the certification of domestic violence form HUD-5382 (attached).

6. LEASING-IN-PLACE PREFERENCE: You currently live in Adams County and will use your housing voucher at your current residence.

Please check one: YES NO **If yes, please provide a copy of your current lease and a letter from your landlord stating that they will work with housing.**

7. NON-ELDERLY DISABLED: You or someone in your household, is a person under the age of 62 residing in Adams County who has a verifiable disability and meets one or more of the following criteria: (very limited number of vouchers available)

- 1. homeless
- 2. at risk of becoming homeless
- 3. At risk of becoming institutionalized
- 4. Transitioning out of an institutional or other segregated setting

Please check one: YES NO **If yes, provide proof of disability in the form of a Social Security disability award letter or certification from a medical professional, and proof of homelessness or homeless risk from a knowledgeable professional including The Arc of Adams County, Typical Life Corporation, or similar provider.**

8. ADAMS COUNTY RESIDENT OR WORKER: You currently live or work in Adams County.

Please check one: YES NO **You must provide proof in the form of:**

- a. **Lease** - copy of current lease
- b. **Utility bills** - copy of current utility bill listing Adams County address (water, sewer, electric, gas, cable); cellular phone bills are not acceptable
- c. **Benefit Award Letter** - copy of current award letter for (social security, unemployment compensation, welfare assistance, showing your Adams County address.
- d. **Court Ordered Child Support** - copy of Adams County, PA, court ordered child support orders or custody agreement(s)
- e. **Adams County Local Tax Return** - copy of prior year Adams County local tax return; will not accept federal or state tax return
- f. **School Record(s)** - proof of enrollment in a school located in Adams County which also lists the student's address as being located in Adams County
- g. **Employment** - copy of a letter of hire on company letterhead or paystubs showing proof of employment in Adams County

Date	Head of Household	Email Address

Cell Phone	Home Phone	Work Phone	Other Phone
Address (list last known address if you are homeless)	Apt.#	City	State & Zip Code
Mailing Address-if different than above			

HOUSEHOLD: List all people who will live in the home including any unborn children.

Information about disability status and age may be used to determine selection from the waiting list. Enter information about all family members who will live in the home.

Relation: head of household, spouse, co-head, domestic partner, son, daughter, foster child/adult, live-in aide, other adult.

Race: Black/African American, American Indian/Alaskan Native, Asian, Native Hawaiian/Other Pacific Islander, White

1. Head of Household (HH)						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
						SELF
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security #	Alien Registration #

2. Household Member						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security #	Alien Registration #

3. Household Member						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security #	Alien Registration #

4. Household Member						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security #	Alien Registration #

5. Household Member						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security #	Alien Registration #

6. Household Member						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	Full Time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security #	Alien Registration #

Please provide additional household information on a separate sheet of paper

ADDITIONAL HOUSEHOLD INFORMATION

Question	Yes	No
Are you currently homeless or at risk of becoming homeless?		
Are you currently in an institution or segregated setting or at serious risk of becoming institutionalized?		
Has any household member served in the U.S. Armed Forces?		
If YES, Who:		
Does any disabled household member require a specific accommodation to fully utilize our program?		
If YES, Who and What:		
Is any household member subject to a lifetime sex offender registration?		
Has any household member been convicted of ANY crime (besides traffic violations)		
If YES, Who, What State and Year of offense:		
Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing?		
If YES, Who and Where		
Has any household member received assistance from Adams County Housing Authority, or another Section 8/Voucher or Public Housing?		
If YES, Who and name of housing agency		
Has any household member ever been terminated from another Section 8/Voucher or Public Housing Program?		
If YES, Who and name of housing agency:		
Date and Reason for termination:		
Please list all states where all household members have resided:		

FAMILY'S ANNUAL INCOME

List all income sources for the family including, but not limited to: wages, welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security, SSI, etc.

Household Member Name	Type of Income	Amount of gross income per year
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL FAMILY GROSS INCOME		\$

Please provide any additional information on a separate sheet of paper

FAMILY'S ASSETS

Complete the following for all assets owned by a household member including, but not limited to checking accounts, savings accounts, property held as an investment, bonds, IRA's, life insurance policy, money market account, 401K, and trust funds.

Household Member Name	Type of Asset	Cash Value	Interest Rate	Amount of gross income per year
		\$	%	
		\$	%	
		\$	%	

Please provide any additional asset information on a separate sheet of paper

Please read and sign the certification statement on the next page

Certification Statement

I/We certify that all the information provided is accurate and complete to the best of my/our knowledge, I/We have reviewed this form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

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

Warning: Section 1001 of Title 18, of the U.S. Code makes it a criminal to make willful false statements or misrepresentation to any Department of Agency of the U.S. as to any matter within its Jurisdiction.

Signature – Head of Household

Date

Signature – Spouse or Other Adult

Date

Return completed application to:

ADAMS COUNTY HOUSING AUTHORITY

40 E. High St.

Gettysburg, PA 17325

Fax: 717-338-0648

Email: HCVapplications@adamscha.org

Phone: 717-334-2911

While the family is on the wait list, the family must immediately inform ACHA in writing of changes in contact information, including residence, mailing address, phone number, family size, composition (who lives in the household), changes in preference, and changes in income or source of income.

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.



This institution is an equal opportunity employer and provider.

EQUAL HOUSING OPPORTUNITY



**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

<p>In your own words, briefly describe the incident(s):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address for additional contact person or organization (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.