PLEASE NOTE

THIS APPLICATION WILL NOT BE ACCEPTED BEFORE

8:00 AM,

SEPTEMBER 15, 2025

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 papers**
  - **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 THAT MUST BE ATTACHED TO THIS 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 the name and full SSN of the person from:**
     - Social Security Administration
     - Federal, State, Local government agency

If any member of the household is NOT a United States Citizen: Provide a 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 the family member listing how much is paid on your behalf each month.

ADAMS COUNTY HOUSING AUTHORITY
PRE-APPLICATION FOR HOUSING CHOICE VOUCHER ASSISTANCE

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 a 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: ϒ YES ϒ 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: ϒ YES ϒ 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: ϒ YES ϒ 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. A 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: ϒ YES ϒ NO. If yes, provide proof of homelessness in Adams County in the form of a referral letter from any Adams County Homeless Shelter, Agape House, any Adams County church, Veterans Administration, or similar provider; or a weeks' worth of receipts from an Adams County motel or campground (receipts do not need to be consecutive but should be dated within last 30 days, they should show paid by the applicant or by a group or organization on behalf of the applicant); a copy of an eviction notice that is dated within 30 days of application (eviction notice could be from a mortgage company or landlord); as a last resort, an applicant may provide written self-certification (signature must be witnessed by an Adams County Housing Authority staff member.)

ADAMS COUNTY HOUSING AUTHORITY
PRE-APPLICATION FOR HOUSING CHOICE VOUCHER ASSISTANCE

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: ϒ YES ϒ NO If yes, provide a referral letter from Safe Home or a 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: ϒ YES ϒ 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: ϒ YES ϒ 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: ϒ YES ϒ 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 pay stubs showing proof of employment in Adams County

ADAMS COUNTY HOUSING AUTHORITY
PRE-APPLICATION FOR HOUSING CHOICE VOUCHER ASSISTANCE

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 ☐ Yes ☐ No	Disabled ☐Yes ☐ No	Full-Time Student ☐ Yes ☐ No	Race	Hispanic/Latino ☐ Yes ☐ No	Social Security #	Alien Registration #

2. Household Member						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
U.S. Citizen ☐ Yes ☐ No	Disabled ☐Yes ☐ No	Full-Time Student ☐ Yes ☐ No	Race	Hispanic/Latino ☐ Yes ☐ No	Social Security #	Alien Registration #

3. Household Member						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
U.S. Citizen ☐ Yes ☐ No	Disabled ☐Yes ☐ No	Full-Time Student ☐ Yes ☐ No	Race	Hispanic/Latino ☐ Yes ☐ No	Social Security #	Alien Registration #

ADAMS COUNTY HOUSING AUTHORITY

PRE-APPLICATION FOR HOUSING CHOICE VOUCHER ASSISTANCE

4. Household Member						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
U.S. Citizen ☐ Yes ☐ No	Disabled ☐Yes ☐ No	Full-Time Student ☐ Yes ☐ No	Race	Hispanic/Latino ☐ Yes ☐ No	Social Security #	Alien Registration #

5. Household Member						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
U.S. Citizen ☐ Yes ☐ No	Disabled ☐Yes ☐ No	Full-Time Student ☐ Yes ☐ No	Race	Hispanic/Latino ☐ Yes ☐ No	Social Security #	Alien Registration #

6. Household Member						
Last Name		First Name	MI	Date of Birth	Sex (M/F)	Relation
U.S. Citizen ☐ Yes ☐ No	Disabled ☐Yes ☐ No	Full-Time Student ☐ Yes ☐ No	Race	Hispanic/Latino ☐ Yes ☐ 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 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?		

ADAMS COUNTY HOUSING AUTHORITY
PRE-APPLICATION FOR HOUSING CHOICE VOUCHER ASSISTANCE

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 the name of the 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. Provide additional information on a separate sheet of paper.

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

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. Provide additional information on a separate sheet of paper.

ADAMS COUNTY HOUSING AUTHORITY
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Household Member Name	Type of Asset	Cash Value	Interest Rate	Amount of gross income per year
		$	%	
		$	%	
		$	%	
		$	%	

TO SERVE YOU THE BEST WE CAN, ALL CHANGES TO CONTACT INFORMATION, INCOME, HOUSEHOLD COMPOSITION, & PREFERENCE SHOULD BE REPORTED RIGHT AWAY.

IMPORTANT: Read and sign the following certification statement

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 _____

Completed applications can also be accepted via USPS, email, fax, or drop-off.

Adams County Housing Authority
40 E. High Street
Gettysburg, PA 17325

FAX: 717-338-0648
Email: HCVadmin@adamscha.org
Phone: 717-334-2911

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.

OMB Control # 2502-0581
Exp. (09/30/2012)

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 (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other:_____

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.

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.

COMPLETE FOR DOMESTIC VIOLENCE PREFERENCE ONLY

U.S. Department of Housing and Urban Development
OMB Approval No. 2577-0286
Exp. 1/31/2028

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

Confidentiality Note: Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

Purpose of Form: If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

VAWA protects individuals and families regardless of a victim's age, sex, or marital status.

You are not expected **and cannot be asked or required** to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is **one of your available options** for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

Will my information be kept confidential? Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, **and** (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, **or** (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

What if I require this information in a language other than English? To read this in Spanish or another language, please contact

or go to

. You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Need further help? For additional information on VAWA and to find help in your area, visit https://www.hud.gov/vawa. To speak with a housing advocate, contact

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

1. **Name(s) of victim(s):** _____

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

3. **Name(s) of other member(s) of the household:** _____

   _____

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

5. **What is the safest and most secure way to contact you? (You may choose more than one.)**

   If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

   ☐ Phone Phone Number: _____

   Safe to receive a voicemail: ☐ Yes ☐ No

   ☐ E-mail E-mail Address: _____

   Safe to receive an email: ☐ Yes ☐ No

   ☐ Mail Mailing Address: _____

   Safe to receive mail from your housing provider: ☐ Yes ☐ No

   ☐ Other Please List: _____

6. **Anything else your housing provider should know to safely communicate with you?**

Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Dating violence means violence committed by a person:

(1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; **and**

(2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.

Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

(1) Fear for the person's individual safety or the safety of others **or**

(2) Suffer substantial emotional distress.

Certification of Applicant or Tenant: By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

_____ _____

Signature **Date**

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal 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.