

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.

___ Harold Court, Gettysburg (1 bedroom)

Head of household must be 62 years of age or older and/or disabled. If you do not meet these criteria your application will be rejected.

HOUSEHOLD COMPOSITION: List the head of your household and all members who will live in your home. All questions must be answered. Social Security Number is required for every member.

| Member No. | Full Name, including middle initial, if applicable | Relation to HOH | Disabled [Y/N] | Gender [M/F] | Date of Birth | Age | Full-Time Student [Y/N] | Social Security No. |
|------------|--|-----------------|----------------|--------------|---------------|-----|-------------------------|---------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |

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

Does any member of your household need a unit with accessibility features **specifically** designed for persons with physical disabilities? ___ Yes ___ No (If yes, you must provide certification from a medical professional regarding the need for the features of the accessible unit prior to lease-up).

Are there any special housing needs or reasonable accommodations that the household will require to meet the needs of a disabled family member? 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

Please list all states where all household members have resided: _____

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. _____

YOU MUST PROVIDE LANDLORD INFORMATION FOR THE PAST FIVE YEARS:

Name, address, phone of present landlord and current length of tenancy (must be provided):

Name, address, phone of most recent former landlord and current length of tenancy (must be provided):

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.
- 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 _____

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, ethnicity and gender of individual applicants on the basis of visual observation or surname.

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

This institution is an equal opportunity employer and 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.

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