

# HOUSING AUTHORITY OF THE CITY OF YORK

31 SOUTH BROAD STREET, P O BOX 1963

YORK, PENNSYLVANIA 17405

(717) 854-7846

(717) 845-9251 FAX

(717) 846-9157 (TDD Only)

OFFICE USE ONLY

CLIENT # \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

## SECTION 8/SRO APPLICATION

Which program are you applying for?: Section 8 \_\_\_\_\_ SRO \_\_\_\_\_ (Single Room Occupancy)

HEAD OF HOUSEHOLD: \_\_\_\_\_ SPOUSE/CO-HEAD: \_\_\_\_\_

MARITAL STATUS: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

CURRENT ADDRESS Street \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_ Check one: Own \_\_\_\_\_ Rent \_\_\_\_\_

**ADDRESS CHANGES MUST BE REPORTED IN WRITING WHEN THE CHANGE OCCURS. RETURNED MAIL WILL RESULT IN YOUR APPLICATION BEING REMOVED FROM THE WAIT LIST WITHOUT NOTICE.**

**PLEASE LIST ALL OCCUPANTS WHO WILL BE LIVING IN THE UNIT (INCLUDING YOURSELF)**

**(Family Composition changes MUST be reported in writing):**

Please select ethnicity code from the following options: 1-Hispanic or Latino 2-Not Hispanic or Latino

Please select race code(s) from the following options: 1-White 2-Black or African American 3-American Indian/Alaskan Native

4-Asian 5-Native Hawaiian or Other Pacific Islander

Household Member #	Last Name	First Name	Middle Initial	Relationship	Ethnicity	Sex	Race	Age	Birth Date	Social Security #
1.				<b>HEAD</b>						
2.				<b>CO-HEAD</b>						
3.										
4.										
5.										
6.										
7.										

IS THE HEAD OF HOUSEHOLD OR CO-HEAD DISABLED OR HANDICAPPED? \_\_\_\_\_ YES \_\_\_\_\_ NO

DO YOU EXPECT A CHANGE IN YOUR HOUSEHOLD SIZE? \_\_\_\_\_ YES \_\_\_\_\_ NO

INCOME FOR ALL PERSONS LISTED ABOVE (Indicate amount before deductions):

### CURRENT EMPLOYMENT INFORMATION

Household Member #	Name of Employer	Address of Employer	Business Phone	Number of years on this job	Hourly Wage	Hours per week

### PREVIOUS EMPLOYMENT INFORMATION (if employed by current employer less than 12 months)

Household Member #	Name of Employer	Address of Employer	Business Phone	Start Date	End Date

Social Security /SSI (Supplemental Security Income ) \$ \_\_\_\_\_ per Month Member # \_\_\_\_\_

TANF (Welfare).....\$ \_\_\_\_\_ per Month Member (s) # \_\_\_\_\_ Case # \_\_\_\_\_

Child Support Received.....\$ \_\_\_\_\_ per Month

Member # \_\_\_\_\_ Case # \_\_\_\_\_

Pension.....\$ \_\_\_\_\_ per Month

Member # \_\_\_\_\_

Other Source of Income... \$ \_\_\_\_\_ per Month

Member # \_\_\_\_\_ Source \_\_\_\_\_

**ASSETS:** NAME OF BANK OR CREDIT UNION \_\_\_\_\_ Checking \$ \_\_\_\_\_

Savings \$ \_\_\_\_\_ Stocks \$ \_\_\_\_\_ Bonds \$ \_\_\_\_\_ Real Estate \$ \_\_\_\_\_ Other Investments \$ \_\_\_\_\_

HOUSEHOLD SIZE	1	2	3	4	5	6	7	8
Annual Gross Income	\$22,800	\$26,050	\$29,300	\$32,550	\$35,150	\$37,750	\$40,350	\$42,950
SRO	\$22,800							

Do you or any other household members have a DISABILITY or HANDICAP that we need to be aware of because you require an apartment with specific special features such as HEARING/VISUAL IMPAIRMENT, MOBILITY, OR WHEELCHAIR ACCOMMODATIONS? If YES please indicate if you require any of the following:

- \_\_\_\_\_ I require a dwelling with special features for the VISUALLY impaired.
- \_\_\_\_\_ I require a dwelling with special features for the HEARING impaired.
- \_\_\_\_\_ I require a dwelling with special features for the VISUALLY AND HEARING impaired.
- \_\_\_\_\_ I require a dwelling with special features for the MOBILITY impaired. Explain \_\_\_\_\_
- \_\_\_\_\_ I require a dwelling with special features for a WHEELCHAIR USER person. Explain \_\_\_\_\_
- \_\_\_\_\_ OTHER (Please explain ) \_\_\_\_\_

If the person who is in need of the handicap features is NOT the applicant, who is the household member? \_\_\_\_\_

**ADDITIONAL INFORMATION:**

1. Is any household member, 18 year of age or older, a full time student? \_\_\_\_\_ YES \_\_\_\_\_ NO .  
If, yes please indicate name and address of the school attending \_\_\_\_\_

2. Have you or any other household member ever:

- A) been a tenant with the Public Housing Program of the Housing Authority of the City of York \_\_\_\_\_ YES \_\_\_\_\_ NO
- B) been a participant in the Section 8 Program of the Housing Authority of the City of York \_\_\_\_\_ YES \_\_\_\_\_ NO
- C) been or are a participant in the Section 8 Program or Public Housing Resident of another Housing Authority \_\_\_\_\_ YES \_\_\_\_\_ NO. If so, please indicate the name and address of the Housing Authority \_\_\_\_\_
- D) been or are a participant in an assisted unit \_\_\_\_\_ YES \_\_\_\_\_ NO.

If so, please indicate the name and address of the dwelling \_\_\_\_\_

If YES, please indicate the dates you were assisted by the Program: FROM \_\_\_\_\_ TO \_\_\_\_\_

3. Were you ever evicted from a Public Housing dwelling or Section 8 dwelling ? \_\_\_\_\_ YES \_\_\_\_\_ NO.  
If YES, what YEAR? \_\_\_\_\_ REASON \_\_\_\_\_

4. Have you or any other household member or person you wish to have reside with you ever been convicted of a crime?  
\_\_\_\_\_ YES \_\_\_\_\_ NO, (only omit minor Traffic Violations, DUI is considered a crime)

5. Have you or any other household member or person you wish to reside with you been released from jail in the past five (5) years?  
\_\_\_\_\_ YES \_\_\_\_\_ NO. Please list the reason for being in jail \_\_\_\_\_

6. Are you or any other household member now charged with an unresolved crime which has not yet resulted in a plea of guilty, a Court trial or the dropping of charges? \_\_\_\_\_ YES \_\_\_\_\_ NO

7. Have you or any other household member been arrested for any activity related to the abuse of alcohol? \_\_\_\_\_ YES \_\_\_\_\_ NO.

8. Are you or any household member subject to a lifetime sex offender registration requirement under a State Sex Offender Registration Program? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, in what state did the offense occur? \_\_\_\_\_

If you have answered YES to questions 4, 5, 6, 7 or 8 please explain the nature of the offense \_\_\_\_\_  
and when it occurred? \_\_\_\_\_

9. If you live outside of York County, are you currently working within York County or have you been hired to work within York County? \_\_\_\_\_ YES \_\_\_\_\_ NO

10. If you are applying for the SRO (Single Room Occupancy) Waiting List, are you "HOMELESS" \_\_\_\_\_ YES \_\_\_\_\_ NO

**I UNDERSTAND MY APPLICATION WILL NOT BE PROCESSED UNLESS ALL ITEMS ON THE FRONT AND BACK OF THE APPLICATION ARE COMPLETED AND SIGNED. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE NO OBJECTION TO INQUIRIES FOR THE PURPOSE OF VERIFYING THE FACTS HEREIN STATED. I AUTHORIZE THE RELEASE TO THE HOUSING AUTHORITY OF THE CITY OF YORK INFORMATION RELATIVE TO MY APPLICATION FORM. THIS AUTHORIZATION WILL CONTINUE IN FORCE AND EFFECT UNTIL TERMINATED IN WRITING BY THE UNDERSIGNED.**

**ADDRESS CHANGES MUST BE REPORTED IN WRITING WHEN THE CHANGE OCCURS, RETURNED MAIL WILL RESULT IN YOUR APPLICATION BEING REMOVED FROM THE WAIT LIST WITHOUT NOTICE. INITIAL HERE THAT THIS IS UNDERSTOOD \_\_\_\_\_.**

**I UNDERSTAND FALSE STATEMENTS ARE A VIOLATION OF FEDERAL LAW. I ALSO UNDERSTAND IT IS A FEDERAL OFFENSE TO GIVE FALSE INFORMATION TO ANY GOVERNMENT AGENCY. I UNDERSTAND GIVING FALSE INFORMATION WILL RESULT IN AN APPLICATION BEING DETERMINED INELIGIBLE.**

**I HEREBY AUTHORIZE THE HOUSING AUTHORITY TO OBTAIN ANY RECORD OF ANY CRIMINAL HISTORY OR PRECEDING WHERE I HAVE PENDING CHARGES OR PRIOR CONVICTIONS OF A CRIME IN ANY COURT OR JURISDICTION.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Rvsd1/08