

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.				HEAD						
2.				CO-HEAD						
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	\$23,500	\$26,900	\$30,250	\$33,600	\$36,300	\$39,000	\$41,650	\$44,350
SRO	\$23,500							

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