

Housing Authority of the City of York
 31 South Broad Street, P.O. Box 1963
 York, Pennsylvania 17405
 (717) 845-2601 FAX (717) 845-9251
 (717) 846-9157 (TDD Only)



Office Use Only

Date: _____

www.yorkhousingauthority.com

Public Housing Application

Time: _____

1. Head of Household Full Name (please print): _____

Marital Status: Single Married Separated Divorced Widowed (Optional)

Spouse/Co-Head Full Name (please print): _____

Marital Status: Single Married Separated Divorced Widowed (Optional)

Current Address: Street _____ City _____ County _____

State _____ Zip Code _____ Telephone _____ Check one: Own Rent

Current Landlord: Name _____ Telephone _____

Street _____ City _____ State _____ Zip Code _____

2. Please list all occupants who will be living in the unit (including self)

(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

| | Last Name | First Name | Middle Initial | Relationship to Head | Ethnicity | Race | Sex | Date of Birth | Social Security # |
|----|-----------|------------|----------------|----------------------|-----------|------|-----|---------------|-------------------|
| | | | | | | | | mm/dd/yyyy | |
| 1. | | | | HEAD | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| 4. | | | | | | | | | |
| 5. | | | | | | | | | |
| 6. | | | | | | | | | |

Is the head of household or co-head disabled or handicapped? No Yes

If yes be sure to complete Question #5

Do you expect any future changes in your family composition? No Yes

If you are pregnant, please include the unborn child in your family composition.

Public Housing Income Limits

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| Annual Gross Income | \$37,650 | \$43,000 | \$48,400 | \$53,750 | \$58,050 | \$62,350 | \$66,650 | \$70,950 |

These income limits are established by the U.S. Department of Housing and Urban Development (HUD) Effective 3/19/09

3. 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 \$_____per Month Member #_____ Social Security \$_____per Month Member #_____

SSI (Supplemental Security Income) \$_____per Month Member #_____

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TANF (Welfare Cash Amount) \$_____per Month Member #_____ Case#_____

Food Stamp Amount..... \$_____per Month Member #_____ Case #_____

Child Support..... \$_____per Month Member #_____ Case #_____

Pension..... \$_____per Month Member #_____

Unemployment Compensation \$_____per Month Member #_____

Other Source of Income...\$_____per Month Member #_____ Source_____

4. Assets: Name of Bank or Credit Union _____ Checking \$_____

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

5. 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, and 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. Member #_____
- I require a dwelling with special features for the **HEARING** impaired. Member #_____
- I require a dwelling with special features for a **WHEELCHAIR** user in the household. Member #_____
- I require a dwelling with special features for the **MOBILITY** impaired. Explain _____ Member #_____
- OTHER** (Please explain) _____ Member #_____

6. 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 household member ever:

A) been or are a tenant with the Public Housing Program of the Housing Authority of the City of York? Yes No

B) been or are 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 any assisted/subsidized Housing Program any where? Yes No

If yes, please indicate the name and address of the Agency/Property Owner/or Program Administrator

D) If you answered Yes to any of questions 2A. – 2C., please indicate the dates you were assisted by the program:

From _____ To _____

3. Were you ever evicted from a Subsidized dwelling? Yes No

If Yes, what year? _____ Reason _____

4. If you are living in subsidized housing now, are you or the co-head, as listed on this application, the leaseholder? Yes No

5. 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
6. Is Pennsylvania the only state you have lived in during the last five years? Yes No
 If you have answered no to this question, please list all states that you have lived in and the dates that you lived there during the last five years in addition to Pennsylvania. _____

7. Are you currently receiving cash assistance, food stamps or medical assistance from any state other than Pennsylvania?
 Yes No. If yes, please list the state that is providing the benefit _____
8. Are you a York County resident that is being involuntarily displaced by a local disaster as declared by federal or state government, or by a government action that is part of a government approved redevelopment plan? Yes No
If you have answered yes to this question, the federal or state government notice you received must accompany this application for Public Housing.

I understand my application will not be processed unless all items on 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 proceeding where I have pending charges or prior convictions of a crime in any court or jurisdiction.

Signed _____ Date _____

Signed _____ Date _____

APPLICATIONS WILL NOT BE ACCEPTED BY FAX – THEY MUST BE MAILED OR DELIVERED TO YORK HOUSING AUTHORITY AT 31 S BROAD ST YORK PA 17403

We encourage you to contact us regarding any concerns you have about the administration of this program. If we are unable to address your questions, you may contact HUD's Public Housing Information and Resource Center at 1-800-955-2232

The York Housing Authority has received approval to allow Public Housing Applicants to be on a wait list for ONE specific geographical area in York County in addition to the General Occupancy waiting list. When making your choice, please follow these directions:

- Applicants may choose to be on only the General Occupancy List.
OR
- Applicants may choose to be on only ONE Geographical Area Wait List
OR
- Applicants may choose to be on only ONE Geographical Area Wait List, and ALSO on the General Occupancy List.

If an application is processed, and a housing offer is given from the Geographical Area Wait List, and the housing offer is refused, the application will be removed from that particular wait list. The application will **NOT** be permitted to go to the bottom of that wait list. The applicant may however remain on the General Occupancy List.

Applicants who receive and refuse two housing offers, no matter where the location is, will be removed from any and all Wait Lists to which the applicant has applied, and must reapply if they wish to have an active public housing application on any of the Wait Lists.

Please indicate your wait list choice below.

Please check your choice(s) below.

If you do not make a choice, your application will only be on the General Occupancy List.

ALL APPLICANTS MAY SELECT THIS LIST

- | | |
|---|---|
| <input type="checkbox"/> General Occupancy Families | Family dwellings located in Parkway Homes, Codorus Homes, Wellington Homes (up to 5 bedrooms) and Scattered Sites 2 & 3 bedroom Family dwellings in West Manchester and Manchester Townships |
| <input type="checkbox"/> General Occupancy Elderly/Disabled | Broad Park Manor, efficiency/studio and one bedroom apartments |

Geographical Area Lists

ONLY FAMILY STATUS APPLICANTS MAY CHOOSE ONE (1) OF THE FOLLOWING LISTS

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Hanover | 2 & 3 Bedroom Family Dwellings |
| <input type="checkbox"/> Northern York County Fairview Township, 2 & 3 Bedroom Family Dwellings and Newberry Township, 3 Bedroom Family Dwellings | |
| <input type="checkbox"/> Yoe/Red Lion/Windsor/Glen Rock | 2 & 3 Bedroom Family Dwellings |
| <input type="checkbox"/> Wrightsville | 2 & 3 Bedroom Family Dwellings |

ONLY SENIOR/DISABLED STATUS APPLICANTS MAY CHOOSE ONE (1) OF THE FOLLOWING LISTS

- | | |
|---|--|
| <input type="checkbox"/> Springfield Apartments | 1 Bedroom apartments (Senior/Disabled) in West Manchester Township |
| <input type="checkbox"/> Stony Brook Manor | 1 Bedroom apartments (Senior/Disabled) in Springettsbury Township |

The Fairmont

1 Bedroom apartments (Senior/Disabled) in New Cumberland

I do hereby swear and attest that all of the information submitted is true and correct. I also understand that ALL CHANGES in the income of any member of this household as well as any changes in the household composition and address changes must be reported to the Housing Authority IN WRITING IMMEDIATELY. Returned mail will result in the application being removed from the wait list.

Signed _____ Date _____

Warning! Title 18, section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States or the Department of Housing and Urban Development.

11/2009

Criminal & Sex Offender Background Information

This form MUST be completed by all household members age 18 or older.

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, **all household members age 18 or older MUST answer the questions below, and then sign below to consent to a background check.** The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents. Eligibility/Ineligibility for the Public Housing Program due to criminal and drug related activity will be based on the York Housing Authority Public Housing Criminal Activity Policy.

The York Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

- 1) Have you ever been evicted from a federally assisted site for drug-related criminal activity within the past three years? Yes No
- 2) Do you currently use illegal drugs or abuse alcohol? Yes No
- 3) Are you currently subject to a registration requirement under a state sex offender registration program? Yes No
- 4) Have you ever been convicted of a drug-related crime? Yes No
- 5) Have you ever been convicted of any crime(s) including but not limited to DUI? (only omit minor traffic violations) Yes No
- 6) Are you currently charged with any of the above criminal activities? Yes No
- 7) Have you been released from jail within the past five (5) years? Yes No
If you answered yes, please list the reason for being in jail: _____
- 8) Are you or any 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
- 9) Please list all states in which you have lived or have held licenses to drive (include license #)

- 10) Have you ever used or been known by any other name? Yes No
If yes, please list names used: _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize the York Housing Authority to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the York Housing Authority, or to an agency contracted by the York Housing Authority to conduct criminal background checks.

Applicant's Signature

Date

Applicant's Name (Please Print)

Social Security Number

Date of Birth

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Client Number

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