

SECTION 8 WAIT LIST APPLICATION

This application is for the Housing Choice Voucher Program.

Mail form to: Housing Authority of the County of Lawrence, 481 Neshannock Avenue P.O. Box 988, New Castle, PA 16103-0988

Notice: Incomplete or unsigned applications will **NOT** be accepted. Complete all areas of the application. **LEAVE NO BLANKS.** Print N/A if an item is not applicable or doesn't apply to you. Use blue or black ink. **Please carefully follow instructions on the back of this form!**

1. Applicant Information

Applicant Name (Head of Household): _____

Home Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

2. Household Information (Start with the Head of Household and list all members who will be living with you.)

Last, First, Middle Initial (include aliases, maiden names)	Social Security #	Birth Date	Gender (Male/Female)	Race	Ethnicity (Hispanic/Non-Hispanic)	Relationship to Head of House
						Head

Use a separate sheet of paper if additional space is needed.

3. Income Information: Income received by those who will be living in the assisted unit, must be counted to determine eligibility for the program.

Estimate Total Gross Annual Income \$ _____ of all income sources & persons living in the unit.

4. Criminal Record: Have you or any of the intended occupants been convicted of a crime? Yes ___ No ___ Date: _____ State: _____

5. Previous Housing Assistance: Has anyone in your household ever received benefits from a federal housing program? Yes ___ No ___

If answer is yes,

A. What federal housing program/agency were you receiving assistance from? _____

B. When did you receive this assistance? _____

6. Local Preferences: Please review and complete the APPLICANT CERTIFICATION page of the application.

7. Certification & Authorization for Release of Information: I/we understand that the information contained in this application will only be used by the Housing Authority of the County of Lawrence (HACL) to determine my/our eligibility for rental assistance. Eligibility activities may include, but are not limited to, verification of household income, assets, criminal records, credit reports, prior rental assistance history, and/or other government agency records. Further, I/we understand that it is a criminal offense to willfully make false statements or misrepresentation to any department or agency of the United States government as to any matter within its jurisdiction, and that any material misrepresentation may result in prosecution and/or fines and my/our application may be denied and/or my/our tenancy may be terminated. I/we hereby swear to the best of my/our knowledge the information contained in this document is true and complete. I/we authorize HACL to make applicable inquiries to verify program eligibility. **All adult members of the household must sign below (use separate sheet of paper if necessary):**

Signature: _____ Date: _____ Signature: _____ Date: _____

Signature: _____ Date: _____ Signature: _____ Date: _____

The Housing Authority of the County of Lawrence (HACL) does not discriminate on the basis of race, ethnicity, color, religion, gender, national origin, age, physical or mental disability, or any other protected class that is determined to be "protected" by federal, state, or local laws. Disabled persons requesting a Reasonable Accommodation should make the request in writing and submit to HACL, 481 Neshannock Ave., P.O. Box 988 New Castle, PA 16103-0988.



See reverse side of page for applicant and program admission requirements. >

Steps to Apply for Section 8 Housing Choice Voucher Program

1. Complete the Section 8 Wait List Application form. (Do not leave any blanks: use black or blue ink.) All household members 18 years of age or older must sign the application. Use a separate sheet of paper to list additional household members, if necessary.
2. Mail the application to: HACL, 481 Neshannock Ave., P.O. Box 988 New Castle, PA 16103-0988. Applications will be accepted through the United States Postal Service (or other postal carrier). Faxed, or emailed applications **WILL NOT** be accepted.
3. **An initial letter of determination will be mailed to the Mailing Address provided on the application.**
4. Immediately report changes in Mailing Address or Preference(s) at HACL's Section 8 office. Communication will be conducted in writing and correspondence will be sent to the current mailing address on file.

(Disclaimer: HACL is not responsible for any failure of the U.S. Postal Service, or other mail carrier service, to fulfill its obligation of postmark and/or deliver items mailed to and/or from HACL)

Program Admission Requirements Before Voucher Issuance

Initial program eligibility **WILL** be made at the time of application. Final eligibility for the Section 8 Program will be determined when the applicant's name reaches the top of the Wait List. Program admission requirements for the Housing Authority of the County of Lawrence's (HACL) Section 8 Housing Choice Voucher Program Wait List include, but are not limited to, the following:

1. Head of Household must be at least 18 years of age or older at the time of application to the program.
2. At least one household member must have U.S. citizenship or legal immigration status.
3. All household members must provide Social Security Cards and birth certificates (or equivalent when requested by the Section 8 staff). Household members 18 years of age and older must provide a valid state or federally issued picture identification when requested by the Section 8 staff.
4. Household members cannot have been evicted or terminated from any federal housing assistance program due to a violation of program rules/regulations/policies, or have a history of negative tenancy (damages) in a federally owned or subsidized public housing or project housing community.
5. Household members who are: (a) required to register as a sex offender, and/or (b) have been convicted of methamphetamine production are permanently banned from receiving federal housing assistance.
6. Household members 18 years of age or older must pass criminal background screening. Individual household members with a history of violent criminal activity and drug-related criminal activity may be denied admission to the program if the conviction and/or date of offense are/is less than three years at the time of eligibility determination. Household members who have been convicted of drug-related criminal activity, violent criminal activity, or other criminal activity (other than persons convicted of methamphetamine production and registered sex offenders) will be evaluated on a case-by-case basis to determine if the conviction and/or date of offense is within the criteria for admission to the program.
7. Household members must repay any outstanding debt owed to a Public Housing Authority or any federal housing assistance program before admission to the program. Household members cannot have engaged in, or threatened abusive or violent behavior toward, Public Housing Authority personnel within the last 3 years.


Optional and Supplemental 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.

Check this box if you choose not to provide the contact information.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.	
	

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.

APPLICANT CERTIFICATION

The Housing Authority of the County of Lawrence has established the following local preferences for Section 8 Housing Choice Voucher waiting list applicants:

1. Involuntary Displacement:

A preference shall be given to residents of **Lawrence County, Pennsylvania** that have experienced a natural disaster (fire, flood, earthquake, etc.) that has caused their home to be uninhabitable, subject to verification as requested by the Section 8 office.

In addition to the circumstances listed above, the displacement preference can be given to residents of **Lawrence County, Pennsylvania** that live in substandard housing, which meets one or more of the following criteria provided that the applicant(s) did not cause the condition.

- Is dilapidated and/or unfit for habitation as defined by the local code enforcement office/other government agency and does not provide safe, adequate shelter, has critical defects requiring considerable repair; endangers the health and safety of the family;
- Does not have operable indoor plumbing;
- Has no usable flush toilet in the unit for the family's exclusive use;
- Has no usable bathtub or shower in the unit for the family's exclusive use;
- Does not have adequate, safe electrical service;
- Does not have an adequate, safe source of heat;

2. Veteran's Preference

A preference shall be given to any active duty United States service member or, upon providing a Form DD-214 with Honorable Discharge, veteran. This preference shall extend to:

- a. The household of which the service member or veteran is a member;
- b. The surviving household members of a deceased service member or veteran who died of service-connected causes, provided that:
 - (i) The death occurred during active duty service or within five (5) years of discharge from service; and
 - (ii) The death occurred not more than five (5) years from the date of application for housing;

3. Rent Burden

A preference shall be given to residents of **Lawrence County, Pennsylvania** that can verify that they are paying **more than 50%** of gross monthly income for rent and eligible utilities for a period of not less than three (3) current and consecutive months.

4. **Local Preference**

A preference shall be given to residents of **Lawrence County, Pennsylvania** that do not qualify for preference categories 1-3.

If you believe that your household qualifies for any of the listed preferences, check the appropriate block(s) and provide **complete information and documentation**.

I, _____ hereby certify that I am entitled to a preference for housing assistance for the following reasons:

1. I was (or am about to become) involuntarily displaced from my home as a result of: _____

2. I and/or my household qualify for the Veteran's Preference in accordance with the conditions as listed in Preference Category 3 listed above _____

3. I and/or my household pay more than 50% of household gross monthly income for rent and other qualifying utilities. Total gross monthly income is: _____
Total monthly rent and qualifying utilities average out to _____.

4. I, and/or my household do not qualify for Preference Categories 1, 2, or 3 but I, and my household, are Lawrence County, Pennsylvania residents _____

By signing this form, I am certifying that the information provided is true, complete, and correct. I understand that submitting false information is punishable by denial of housing benefits, fines, and/or imprisonment.

Applicant signature

Date