

## McKeesport Downtown Housing Application

Application Received
Date: _____
Time: _____
By: _____

This questionnaire needs to be completed BEFORE your interview. Please have it ready at the time of your appointment. Please state, Yes or No for each item listed.

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

In Case of Emergency please notify: (Name/Address)

**FAMILY COMPOSITION: LIST ONLY HOUSEHOLD MEMBERS THAT WILL RESIDE WITH YOU.**

Name	Social Security Number	Age

Are any or the above household members students or will be enrolled at an institution of higher education in the next 12 months?  Yes  No

If yes, please write the members name, and the Name and Address of the Institution for higher education which this member is or will be enrolled as a student in the space below.

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*\*Institutions of higher education include post-secondary vocational institutions; "proprietary institutions of higher education" which prepare students for "gainful employment in a recognized occupation" and accredited post-secondary colleges and universities. If you are not sure, please make "yes" and we will verify it.*

Are any of the above household members subject to a lifetime registration requirement under a State sex offender registration program?  Yes  No

If yes, please write the members name, and state or states where the registration exists in the spaces provided below.

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Equal Housing Opportunity



**SHMS**  
**Supportive Housing Management Services**  
 A Division of ACTION-Housing, Inc.  
 803 East Pittsburgh Plaza, East Pittsburgh, PA 15112  
 (412) 829-3910 or 1-800-238-7555 Fax (412) 829-3914  
**STUDENT STATUS VERIFICATION**

Head of Household Name: \_\_\_\_\_

Check A, B, or C, as applicable (note that students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

A. \_\_\_\_\_ Household contains at least one occupant who is not a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed.

B. \_\_\_\_\_ Household contains all students, but is qualified because the following occupant(s) \_\_\_\_\_ is/are a part-time student(s). Documentation of part-time student status is required for at least one member of the household.

C. \_\_\_\_\_ Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5, below must be completed:

1.	Is at least one student receiving TANF assistance under Title IV of the Social Security Act?	YES		NO	
2.	Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation)	YES		NO	
3.	Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation)	YES		NO	
4.	Is at least one student a single parent with child(ren) and this parent is not dependent of another individual and the child(ren) is/are not dependent(s) of someone other than the parent?	YES		NO	
5.	Are the students married and entitled to file a joint tax return?	YES		NO	

Households composed entirely of full-time student that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

Verification completed by: \_\_\_\_\_

Date completed: \_\_\_\_\_



**A. INCOME:**

Income from:	Yes	No	Amount	Name and address where this can be verified
1. Social Security			\$	
2. S.S.I.			\$	
3. Pension			\$	
4. Employment*			\$	
5. Rental Property			\$	
6. Welfare*			\$	
7. Alimony			\$	
8. Child Support			\$	
9. Earned Inc. Tax Credit			\$	
10. Unemployment Comp			\$	
11. Workmen's Comp.			\$	
12. Insurance Payments			\$	
13. IRA Monthly Payments			\$	
14. Other			\$	

**B. ASSET INFORMATION:**

Asset	Yes	No	Amount	Name/Address where this can be verified
1. Checking			\$	
2. Savings			\$	
3. Certificate of Deposit			\$	
4. Money Market Acct			\$	
5. Bonds			\$	
6. Trust			\$	
7. Stocks			\$	
8. IRA, Keogh			\$	
9. Real Estate			\$	
10. Retirement Fund			\$	
11. Inheritance			\$	
12. Lottery Winnings			\$	
13. Insurance Settlement			\$	
14. Pension Fund			\$	
15. Personal Property (antiques, boats, etc.)			\$	
16. Other			\$	

I/We certify that the information given on household composition, income, net family assets, and allowance and deductions, as well as all other information provided is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable by federal law with fines up to \$10,000 or imprisonment for up to 5 years. I/We also understand that false statements or information are grounds for termination of housing termination of tenancy, and/or retroactive rent increases. I/We authorize a criminal background check.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Tenant

\_\_\_\_\_  
Date



**Authorization of Release of Information Form**

Re: \_\_\_\_\_

SS#: \_\_\_\_\_

I, \_\_\_\_\_, authorize Supportive Housing Management Services (SHMS) to obtain the attached requested information in order to calculate my rent in accordance with Federal Government regulations. This authorization release will be used only for the purpose of determining my household rent.

(✓)

\_\_\_\_\_  
Signature