

Pre-Application for Housing Assistance
Wood Street Commons Project Based & Mod Rehab Voucher Programs

Instructions and “Things You Should Know”

Instructions:

- *Please read the following information thoroughly before completing the Pre-Application.
- *You must complete the Pre-Application using an ink pen only, ensuring that you print clearly and legibly. **All questions must be answered completely. Incomplete Pre-Applications will not be accepted.**
- *Pre-Applications may be completed at, or hand delivered directly to, the Housing Authority of the City of Pittsburgh (HACP) Occupancy Department, located at 100 Ross Street - 4th Floor, Pittsburgh, PA 15219.
- *If you are a person with a disability and need assistance, or an alternate means of reviewing and understanding the Pre-Application process, please call the HACP Disability Compliance Office at 412-456-5282; TDD#: 412-201-5384.

Things You Should Know:

1. Only **complete** Pre-Applications will be accepted.
2. All complete Pre-Applications will receive a date and time stamp upon submission to the Occupancy Department. The date and time stamped on the Pre-Application is known as the “Sequence Date”.
3. Your Pre-Application information will be entered into the HACP computer system and your name placed onto the waiting list for the Wood Street Commons Project Based and/or Mod Rehab Voucher Programs.
4. Your Pre-Application will be processed based on unit requirements that you meet and/or have been approved for and Sequence Date/Time (the date and time stamped on your Pre-Application when submitted).
5. When your name reaches the top of the Wood Street Commons waiting list for a unit for which you qualify, you will be scheduled for a processing session with HACP staff members. You will be notified via mail as to the date, time and location of the session.

Things You Should Know: (continued)

6. You will also be advised as to the required documentation that you must bring to your processing session, in order for the HACP to move forward with determining eligibility.
7. Please be advised that you must meet and pass all of the eligibility screening criteria required by HACP to be eligible to receive a Wood Street Commons project based or mod rehab voucher.
8. Failure to provide **all** required documentation on the date of your scheduled processing session will result in your Pre-Application being withdrawn and your name being removed from the Wood Street Commons waiting list you were being screened for.
9. Failure to attend your scheduled processing session will result in your Pre-Application being withdrawn and your name being removed from the Wood Street Commons waiting lists.
10. You will be required to complete “full” housing applications for HACP at your specific scheduled processing session.
11. Screening criteria consists of, but is not limited to, a criminal background check and landlord/rental.
12. Third party verifications will be completed based upon the information submitted by you at your processing session.
13. Upon completion of the application processing, you will be notified via mail of your eligibility or ineligibility.

Please be advised, completing and submitting this Pre-Application is just the 1st step of the overall process – it does not entitle you to rental assistance nor is it an offer for housing and/or housing assistance.

Based on unit availability, unit requirements and date/time of Pre-Application, the waiting time to be scheduled for a processing session can be quite extensive. The Pre-Application simply allows you to get your name on HACP’s Wood Street Commons Project Based and/or Mod Rehab Voucher Program waiting lists. Final determination of your eligibility will be completed at a later date.

Pre-Application for Housing Assistance
Wood Street Commons Project Based & Mod Rehab Voucher Programs

- ☐ **Wood Street Commons Project Based Voucher Program (Disability Referral).**
- ☐ **Wood Street Commons Mod Rehab Program (Homeless Referral).**

(Completing this Pre-Application does not entitle you to rental assistance. Final determination of your eligibility will be completed at a later date.)

Please print clearly using an ink pen only. All sections must be completed or the Pre-Application will not be accepted.

<u>Head of Household Information</u> Social Security Number <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> _____ Date of Birth (mm/dd/yy) (____) _____ Area Code Telephone Number (____) _____ Area Code Telephone Number (other)														<u>Name & Address of Head of Household</u> _____ Last Name First Name MI _____ Mailing Address (street) _____ Apt. # _____ City State Zip	
<u>Sex</u> ☐ Female ☐ Male	<u>Race</u> <table style="width: 100%;"> <tr> <td>☐ Black/African American</td> <td>☐ White</td> </tr> <tr> <td>☐ Asian/Pacific Islander</td> <td>☐ Indian/Alaskan</td> </tr> <tr> <td colspan="2">☐ Other (please specify) _____</td> </tr> </table>		☐ Black/African American	☐ White	☐ Asian/Pacific Islander	☐ Indian/Alaskan	☐ Other (please specify) _____		<u>Ethnicity</u> ☐ Hispanic ☐ Non-Hispanic						
☐ Black/African American	☐ White														
☐ Asian/Pacific Islander	☐ Indian/Alaskan														
☐ Other (please specify) _____															
Are you a person with a disability and has documentation been submitted? ☐ Yes ☐ No Are you a person who meets the Wood Street Commons homeless criterion and has documentation been submitted? ☐ Yes ☐ No															

EMAIL _____

**Household Family Members**

Last Name	First Name	Social Security #	Relationship to Head of Household	Date of Birth	Sex (F/M)	Race
			<i>Head of Household</i>			

Source/s of all family income: Check all that apply and provide the “total” yearly amount/s*:

- | | |
|--|--|
| ☐ Wages: \$ _____ | ☐ Social Security: \$ _____ |
| ☐ SSI/SSD: \$ _____ | ☐ DPA: \$ _____ |
| ☐ Child Support: \$ _____ | ☐ Pension/Annuity: \$ _____ |
| ☐ Unemployment: \$ _____ | ☐ Other: \$ _____ |

**You will be required to submit specific documentation for verification of your total family income at the time your Pre-Application is selected from the waiting list and you are scheduled for a processing session. Third party verifications will be completed based upon the information that you submit at that time.*

Please answer the following questions and provide an explanation where applicable:

- Have you or any other person listed on this Pre-Application ever been charged with, or convicted of, a crime (felony, misdemeanor or summary)? ☐ **Yes** ☐ **No**

If **yes**, please explain _____

- Have you or any other person listed on this Pre-Application ever been evicted from Low Income Public Housing or Section 8 Housing? ☐ **Yes** ☐ **No**

If **yes**, please provide **address** and **reason** for eviction _____

- Are you or any other person listed on this Pre-Application presently residing in Low Income Public Housing or Section 8 Housing? ☐ **Yes** ☐ **No**

If **yes**, please provide **address of location** and **move in date** _____

- Have you or any other person listed on this Pre-Application ever resided in Low Income Public Housing or Section 8 Housing? ☐ **Yes** ☐ **No**

If **yes**, please identify what **Program** and provide **location and dates of residency** _____

- Have you or any other person listed on this Pre-Application ever received any type of Governmental Housing assistance? ☐ **Yes** ☐ **No**

If **yes**, please provide details (location, address, etc.) _____

- Do you or any other person listed on this Pre-Application owe any money to a Public Housing Authority or any other Landlord (including Section 8 Landlords)? ☐ **Yes** ☐ **No**

If **yes**, please provide the name of the specific **Housing Authority and/or Landlord's name and the complete address for which you owe** _____

1) Do you or any other person listed on this Pre-Application require a wheelchair accessible unit?

☐ Yes ☐ No

If you answered "Yes" to the above question, you will also be provided with the "Verification of Disability & Need for Accommodation" form that must be completed by you and a third party professional such as a doctor/nurse, social worker or service agency counselor.

Verification of your request for a reasonable accommodation must be completed and returned to the Disability Compliance Office within fifteen- (15) days, or your pre-application may be withdrawn.

Head of Household _____ Date: _____
(Signature)

I understand that by completing and submitting this Pre-Application, that it is not an offer for housing and/or housing assistance and that I should not make any plans to move or end my present tenancy based on this form. I also understand that it is my responsibility to inform the Housing Authority of the City of Pittsburgh of any change in address, phone number, household income, household composition and/or disability/elderly status and that failure to comply may affect my placement on the waiting list/s or result in my Pre-Application being withdrawn. I do hereby certify that all information that I have provided on this Pre-Application is complete and accurate to the best of my knowledge and belief and understand that the information will be verified and understand that any false statements or misrepresentations on this application will be just cause to disqualify my pre-application for housing assistance. I am also aware that submitting false information is fraud and may result in loss of current/future housing assistance, assessment of fines and/or imprisonment.

Signature of Head of Household _____ Date/Time _____

The Housing Authority of the City of Pittsburgh does not discriminate on the basis of race, color, religion, national origin, ancestry, sexual orientation, age, familial status, physical or mental disability or any other basis prohibited by law in the access to its programs for employment, or in its activities, programs, functions, or services.