



Leasing Team *"WE LOOK FORWARD TO HELPING YOU"*

Maurice Hemingway- Assistant Property Manager

Tel: 412-765-2532 Ex 209

Email: **MHEMINGWAY@SHMS-ACTIONHOUSING.ORG**

Applications WILL NOT BE SUBMITTED without ALL REQUIRED DOCUMENTS.

Applicants are not on waitlist or processing until a completed application with all necessary documents is submitted.

IMPORTANT INFORMATION:

Housing Authority City of Pittsburgh (HACP) Project Based Voucher

- **Disability Unit** – Portable Voucher after a year lease
 - Application must include doctors' verification of disability form completed (unless applicant has Social Security Disability)
- **Homeless MOD unit**- Non portable voucher
 - Must have Homeless Verification form completed

DOCUMENTATION:

- All income must be within 60 of application.
- All copies of ID submitted must be clear and easily read.
- Must provide current photo ID
- Must provide signed Social Security Card
- If you have ZERO income – Zero Income Questionnaire and Asset must be completed.

Completed application packet can be emailed or dropped off anytime to front desk.



Please indicated which Project Based Section 8 Program you are applying for. (You can select both if applicable.)
 MOD Homeless Preference – voucher is NOT portable, stays with unit. Complete Homeless Certification Form
 PBV Disability Preference – voucher portable after resident completes a 1yr lease. Complete Disability Verification Form.

- If you are applying and have no income fill out Zero Income Household Questionnaire.
- Pre-Application **MUST** be completed and submitted with application.
- Application and Asset Certification are fillable online and attached separate.

ALL DOCUMENTS MUST BE DATED WITHIN 60 DAYS OF THE APPLICATION BEING SUBMITTED.

All documents must be submitted with your completed application.

- Failure to provide documents will result in delayed processing.
- Failure to provide documents within the 60 will result in delayed processing.

Section 8 Document Collection Checklist. Use this check list as a guide for required documents.

Does this apply to me?	Yes, I have this completed	1) Read all items listed below. 2) Required- MUST BE SUBMITTED BY ALL applicants 3) Read others and check off Yes or No if this applies to you. 4) ANYTHING you check YES - those Documents MUST be submitted. 5) MUST Gather all the months required.
REQUIRED		Original Social Security Card or Proof of Social Security Number
REQUIRED		Photo ID
YES / NO		Proof of Immigration Status (non -citizen)
		Proof of Income
YES / NO		Paystubs - 6 MONTHS
YES / NO		Social Security - Current print out within 60 days of applying - Replacement card questions call (866) 770-2965
YES / NO		SSI Supplemental - Current print out within 60 days of applying
YES / NO		Food Stamps- SNAP COMPASS/ Benefits (Cash Assistance, SNAP, MA, etc.) Compass Report - Please call the HELPLINE at 1-800-692-7462 between 8:30 a.m. and 4:45 p.m., Monday through Friday.
YES / NO		Veterans Pensions and or Company Pension
YES / NO		Military Allotment
YES / NO		Unemployment Compensation past 3 MONTHS CONSECUTIVE
YES / NO		Child Support dated with case summary and payment disbursement for - 8 CONSECUTIVE MONTHS
		DEDUCTIONS
YES / NO		Health Insurance- current verification of health insurances and/ or prescription payments for past year BY ANYONE 62 OR OLDER OR DISABLED.

Must be Completed if you are
Homeless

The Residences at Wood Street / Wood Street Commons
301 Third Avenue
Pittsburgh PA 15222

HOMELESS CERTIFICATION

HCVP Applicant Name: _____ Date: _____

Release of Information: I hereby authorize release of information regarding my current housing situation.

Applicant Signature: _____ Date: _____

I certify that (check only one):

☐ I am certifying that the above applicant is living in a car, park, abandoned building, or other place not designed for, or ordinarily used as, a regular sleeping accommodation; OR, is fleeing a domestic violence situation.

☐ I am certifying that the above applicant is staying in an emergency shelter, transitional housing program, OR a hotel/motel that is temporarily being paid for by a charity or government program.

☐ I am certifying that the above applicant is being evicted from their current housing and must leave within the next fourteen (14) days.

Agency/ Program Name: _____

Address: _____

Phone: _____

I certify that the information that I have provided above is accurate and complete.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Must Complete if you have 0 income

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HACP

Housing Authority City of Pittsburgh

ZERO INCOME AFFIDAVIT

12/1/2024 Revision

I, _____, hereby certify that I am of 18 years old

(Family Member with Zero Income)

and do not receive income from any of the following sources:

- Employment (including tips, bonuses, self-employment, etc.)
- Business income (including sales from Avon, Mary Kay, Rodan and Fields, Doordash, Uber, Lyft etc.)
- Rental income from real or personal property
- Interest or dividends (if assets exceed \$50,000)
- Social Security or SSI payments
- Retirement benefits, annuities, pensions, or death benefits
- Veteran's benefits (pension or disability)
- Armed forces pay or allowance (whether living in the dwelling)
- Unemployment, disability, worker's compensation, or severance pay
- Public assistance (TANF or welfare)
- Alimony or child support (does not have to be through the court system)
- Trust funds
- Financial support from non-household members, including family and/or friends
- Any other income source not listed above

I understand that I must report **ANY** income change(s) to the Housing Authority City of Pittsburgh **IN WRITING WITHIN 30 CALENDAR DAYS**.

Under penalty of perjury, I certify that the information provided in this form is true and correct. I understand that providing false information is considered fraud.

WARNING: Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to five years, fines, and civil and administrative penalties (18 U.S.C. 287, 101, 1010, 1012; 31 U.S.C. 3279, 3802 and Title 18, Section 4904 of the Pennsylvania Statutes).

Family member with Zero Income Signature

Date

Head of Household Signature

Date

Housing Authority
City of Pittsburgh

412 Boulevard of the Allies, Pittsburgh, Pennsylvania 15219
Telephone: 412-456-5000
www.HACP.org

ZERO INCOME HOUSEHOLD QUESTIONNAIRE

12/1/2024 Revision

Name: _____ Address: _____ SSN (last 4 digits): _____

Instructions

- This form must be completed by the Head of Household (HOH) before admission and as needed thereafter.
- Any dollar amount listed may be counted as household income and used to determine your rent portion.
- Complete the form by explaining how you will pay your monthly expenses once your wages, disbursement check, benefits, and/or any additional income sources stop.
- Regular contributions and/or gifts received from organizations or people not living in your household are included in income calculations, as per HUD Regulation 24 CFR 5.609.

WARNING:

Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to five years, fines, and civil and administrative penalties (18 U.S.C. 287, 101, 1010, 1012; 31 U.S.C. 3279, 3802).

Title 18, Section 4904 of the Pennsylvania Statutes states that a person commits a misdemeanor of the second degree if they intend to mislead a public servant, by: [1] Making any written false statement they do not believe to be true; [2] Submitting or inviting reliance on any writing they know to be forged, altered or otherwise lacking in authenticity; or [3] Submitting or invites reliance on any sample, specimen, map, boundary mark, or other object which they know to be false.

NOTICE:

Any attempt to fraudulently obtain assisted housing, rent subsidy, or rent reduction will result in fines up to \$10,000 or imprisonment for up to five years, or both.

Last Employer

If employed during the past 12 months, complete the following.

[Attach additional page(s) if necessary.]

Name of your last employer: _____

Salary _____

How long were you employed? _____

Reason for leaving: _____

Benefit Application(s)

Have you applied for any of the following benefits?

☐ TANF	What is the status? _____	If denied, reason _____
☐ Unemployment	What is the status? _____	If denied, reason _____
☐ Social Security/SSI	What is the status? _____	If denied, reason _____

Expenses

Answer the following questions to identify your monthly expenses and their sources of payment. If **yes** is selected for any question, complete all associated questions for that number. If **no** is selected, move to the next number.

- 1) Do you own a car? ☐ Yes ☐ No
 Monthly Car Payment \$ _____ Source of payment? _____
 Monthly Gas \$ _____ Source of payment? _____
 Monthly Insurance \$ _____ Source of payment? _____
- 2) Do you ride the bus? ☐ Yes ☐ No
 Monthly Payment \$ _____ Source of payment? _____
- 3) Do you have any loans? ☐ Yes ☐ No
 Monthly Payment \$ _____ Source of payment? _____
- 4) Do you have any credit cards? ☐ Yes ☐ No
 Monthly Payment \$ _____ Source of payment? _____
- 5) Do you pay for any utilities? ☐ Yes ☐ No
 Monthly Gas Payment \$ _____ Source of payment? _____
 Monthly Electric Payment \$ _____ Source of payment? _____
 Monthly Water Payment \$ _____ Source of payment? _____
 Monthly Sewer Payment \$ _____ Source of payment? _____
- 6) Do you have a cell phone? ☐ Yes ☐ No
 Monthly Payment \$ _____ Source of payment? _____
- 7) Do you have cable/streaming services? ☐ Yes ☐ No
 Monthly Payment \$ _____ Source of payment? _____
- 8) Do you have internet service? ☐ Yes ☐ No
 Monthly Payment \$ _____ Source of payment? _____
- 9) Do you order out for food? ☐ Yes ☐ No
 Monthly Payment \$ _____ Source of payment? _____

- 10) Do you smoke? ☐ Yes ☐ No
Monthly Payment \$ _____ Source of payment? _____
- 11) Do you have any pets? ☐ Yes ☐ No
Monthly Payment \$ _____ Source of payment? _____
- 12) Do you have any cleaning, paper, and/or personal care products? ☐ Yes ☐ No
Monthly Payment \$ _____ Source of payment? _____
- 13) Do you have any other expenses? ☐ Yes ☐ No If yes, please list: _____
Monthly Payment \$ _____ Source of payment? _____
- 14) How do you buy food?
Monthly Payment \$ _____ Source of payment? _____
- 15) How do you pay for entertainment (i.e., sports, recreation, theater, nightlife, etc.)?
Monthly Payment \$ _____ Source of payment? _____

Tenant Authorization

I/We, the undersigned, certify under penalty of perjury that the information provided here is true and correct, to the best of my knowledge and recollection. **WARNING:** Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and/or civil penalties, including confinement for up to five years, fines, and civil and administrative penalties (18 U.S.C. 287, 101, 1010, 1012; 31 U.S.C. 3279, 3802).

I certify that I have fully disclosed my living expenses and understand that any misrepresentation of information or failure to disclose information requested on this questionnaire may result in fraud charges, denial of application, termination of assistance, or eviction. I understand that I am responsible for reporting all income sources to HACP to determine my subsidy, and per 24 CFR 5.609, any dollar amount listed may be counted as household income (and may be used to calculate my rent portion).

HEAD OF HOUSEHOLD PRINTED NAME

HEAD OF HOUSEHOLD SIGNATURE

DATE

Most Complete if you have disability
Unless you have SSI or SSD



Housing Authority
of the **City of Pittsburgh**

Occupancy Department
412 Blvd. of the Allies, 5th Floor
Pittsburgh, PA 15219
412-456-5030, Fax: 412-456-5182
TDD: 412-201-5384
www.hacp.org

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DISABILITY VERIFICATION FORM
(OCCUPANCY)

Instructions:

The Housing Authority of the City of Pittsburgh (HACP) is required to verify the disability of individuals claiming to be disabled to determine eligibility for **elderly/disabled housing, housing preference, and to calculate rent deductions.**

1. The family must complete the release of information below.
2. A medical provider must complete and sign this form.
3. The medical provider must return this form directly to HACP's office by fax or mail (see HACP's contact information above). Copies mailed or hand delivered to HACP by families will not be accepted.

APPLICANT/RESIDENT/PARTICIPANT TO COMPLETE: (Please complete the following)

Medical Provider information to whom you want HACP representative to forward this form to:

Name of Medical Provider: _____

Organization Name: _____

Address of Medical Provider: _____

Phone # for Medical Provider: _____

Fax # for Medical Provider: _____

Authorization of Release of Information

I, _____ (please print), authorize the provider above to release information regarding my (or my minor child _____)'s disability status and or special needs due to a disability.

Signature: _____ Date: _____

Address: (street name and number) _____

(City/State/Zip) _____

Telephone # _____ Alternate Telephone # _____

Date of Birth: _____



DISABILITY VERIFICATION FORM FOR

name of applicant/resident/participant

MEDICAL PROVIDER ONLY:

The Department of Housing and Urban Development defines a person as disabled in 3 ways for purposes of housing eligibility and rent computation (24 CFR 5.403) (Note: this is **not** the same definition that is used in the ADA Section 504):

- (1) A person with an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last continuously for at least 12 months; or for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period. (42 U.S.C. 423).

OR

- (2) A person with a developmental disability - a severe chronic disability that (42 U.S.C. 6001):
 - (a) is attributable to a mental and/or physical impairment;
 - (b) as manifested before age 22;
 - (c) is likely to continue indefinitely;
 - (d) results in substantial functional limitations in three or more of the following areas: capacity for independent living, self-care, receptive and expressive language, learning, mobility, self-direction, and economic self-sufficiency AND
 - (e) requires special interdisciplinary or generic care treatment, or other services which are of extended or lifelong duration and are individually planned or coordinated.

OR

- (3) A person who has a physical, emotional, or mental impairment that:
 - (a) is expected to be of long-continued or indefinite duration;
 - (b) substantially impedes the person's ability to live independently;
 - (c) is such that the person's ability to live independently could be improved by more suitable housing conditions.

Please confirm one of the following statements: (Please print the following information requested)

- 1) In my professional opinion, I certify that _____ has a qualifying disability as defined by category ____ above.

*Excluding the disability/diagnosis, please explain how he/she is impacted: _____

- 2) In my professional opinion, I certify that _____ does not have a qualifying disability as defined by any of the categories listed on page 2.

[Continue on to Next Page]



DISABILITY VERIFICATION FORM FOR _____

name of applicant resident participant

- 3) In my professional opinion, I certify that I have no knowledge that _____
has a qualifying disability as defined by any of the categories listed on page 2.

MEDICAL PROVIDER'S SIGNATURE:

By signing this document, I declare under penalty of perjury that all of the information I have provided as part of and/or in support of this request is true and accurate. I also certify that I have reviewed all definitions and documents pertaining to this request.

Print Name of Professional Organization_____
Specialty of Knowledgeable Professional_____
Address_____
Phone_____
Fax_____
Signature_____
Date

The certifying professional should return this form to:

OCCUPANCY DEPARTMENT

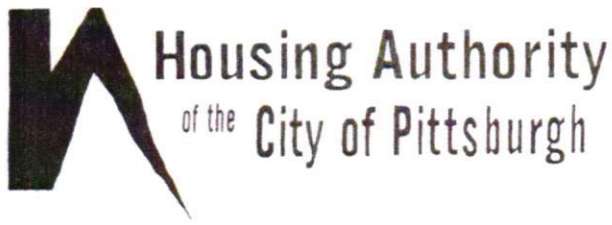
Fax Number: 412.456.5182

Or,

mail: 412 Blvd. of the Allies, 5th Floor, Pittsburgh, Pa 15219

IMPORTANT NOTE: All 3 pages must be completed and returned to the office indicated above.





Date and Time Received

(HACP Office use only)

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%"><tr><td style="width:10%; height:20px;"></td><td style="width:10%; height:20px;"></td><td style="width:10%; height:20px;"></td><td style="width:10%; height:20px;"></td><td style="width:10%; height:20px;"></td><td style="width:10%; height:20px;"></td><td style="width:10%; height:20px;"></td><td style="width:10%; height:20px;"></td><td style="width:10%; height:20px;"></td><td style="width:10%; 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> <table border="1" style="width:100%"><tr><td style="width:40%; height:20px;"></td><td style="width:20%; height:20px;"></td><td style="width:40%; height:20px;"></td></tr></table> Last Name First Name MI Mailing Address (street) Apt. # <table border="1" style="width:100%"><tr><td style="width:40%; height:20px;"></td><td style="width:20%; height:20px;"></td><td style="width:40%; height:20px;"></td></tr></table> City State Zip							
<u>Sex</u> ☐ Female ☐ Male	<u>Race</u> <table border="1" style="width:100%"><tr><td style="width:50%; height:20px;">☐ Black/African American</td><td style="width:50%; height:20px;">☐ White</td></tr><tr><td style="height:20px;">☐ Asian/Pacific Islander</td><td style="height:20px;">☐ Indian/Alaskan</td></tr><tr><td colspan="2" style="height:20px;">☐ 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
			Head of Household			

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.

Date and Time Received

HOUSING AUTHORITY OF THE CITY OF PITTSBURGH
412 Blvd. of the Allies, 5th Floor
Pittsburgh, PA 15219

APPLICATION FOR:

☐ HOUSING CHOICE VOUCHER (SECTION 8) ☐ LOW INCOME PUBLIC HOUSING ☐ PROJECT BASED VOUCHER

NOTICE: In compliance with Section 504 of the Rehabilitation Act of 1973 as amended, the Housing Authority does not discriminate on the basis of handicap, physical or mental, in the admission to or access to public housing or the Section 8 Voucher Program or in the treatment of employees or applicants for employment; any discrimination on this basis is illegal. If you need assistance in completing this application due to a disability, please contact the Section 504/ADA Coordinator at 412-456-5282 or TDD: 412-201-5384

Head of Household (Use Legal Names Only)

Last Name	First Name	MI	Sex (M/F)	Race*
*White, Black, American Indian/Alaskan or Asian/Pacific Islander				
Social Security No.	Date of Birth	Ethnicity**	Monthly Income	Source of Income
			1.	1.
		City of Birth	2.	2.

**H=Hispanic or N=Non-Hispanic

Present Street Address	How Long?	Previous Address	How Long?
City, State & Zip Code		City, State & Zip Code	
Telephone Number (Yours)		Email Address (Yours)	
Emergency Contact Name	Day Phone	Evening Phone	Relationship

Other Adults (please indicate if other adults will be the co-head of household) **Co-head is defined as adult member of the family who is treated the same as a head of the household for purposes of determining income, eligibility, and rent

Last Name	First Name	MI	Sex (M/F)	Race*	**Relation
1.					
Social Security Number	Date of Birth	Monthly Income	Source of Income		
		1.	1.		
		2.	2.		
Last Name	First Name	MI	Sex (M/F)	Race*	Relation
2.					
Social Security Number	Date of Birth	Monthly Income	Source of Income		
		1.	1.		
		2.	2.		

Minors

Last Name		First Name		MI	Sex (M/F)	Race*	Relation
1.							
Social Security Number		Date of Birth		School		City of Birth	
Last Name		First Name		MI	Sex (M/F)	Race*	Relation
2.							
Social Security Number		Date of Birth		School		City of Birth	
Last Name		First Name		MI	Sex (M/F)	Race*	Relation
3.							
Social Security Number		Date of Birth		School		City of Birth	
Last Name		First Name		MI	Sex (M/F)	Race*	Relation
4.							
Social Security Number		Date of Birth		School		City of Birth	
Last Name		First Name		MI	Sex (M/F)	Race*	Relation
5.							
Social Security Number		Date of Birth		School		Birth Place	
Last Name		First Name		MI	Sex (M/F)	Race*	Relation
6.							
Social Security Number		Date of Birth		School		Birth Place	
Last Name		First Name		MI	Sex (M/F)	Race*	Relation
7.							
Social Security Number		Date of Birth		School		Birth Place	

NOTICE: You are required to report, in writing, to the Housing Authority of the City of Pittsburgh of any change in address. If we cannot contact you at the above address, your name may be removed from the waiting list and you will have to re-apply.

REQUEST FOR REASONABLE ACCOMMODATION

HACP will consider any individual who has a physical or mental impairment that substantially limits one or more major life activities, and has a record of such impairment, or is regarded as having such impairment as a qualified individual with a disability.

On the lines below write a brief statement for which a reasonable accommodation for housing is requested.

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 (15 days), or your application for low- income housing may be withdrawn.

A person with disabilities may be entitled to certain income and expense deductions (LIPH & Section 8) and/or to reside in housing designated for the elderly and/or persons with disabilities (LIPH ONLY). Do you consider yourself to be a person with a disability and want the Housing Authority of the City of Pittsburgh to determine if you may qualify for deductions or designated housing?

☒ YES ☐ NO

Have you or any person listed on this application ever been arrested or convicted of a crime (**felony, misdemeanor or summary**)?

☒ YES If yes, please explain

☐ NO

Are you or any person listed on this application **presently** residing in any Low Income Public Housing or Section 8 Housing?

☐ YES If yes, address of location

☐ NO Move in date

If yes, (Landlord's name and address)

Have you or any person listed on this application **ever** lived in any Low Income Public Housing or Section 8 Housing?

☐ YES

☐ NO If yes, what location _____

Have you or any person listed on this application ever been evicted from Low Income Public Housing or Section 8 Housing?

☐ YES

☐ NO

If yes, please give reason for eviction _____

If yes, address of property _____

Do you or any person listed on this application owe any money to Public Housing Authority or any other landlord (including Section 8 Housing)?

☐ YES If yes, please explain _____

☐ NO _____

Do you share custody with anyone for the minors listed on the application?

☐ YES If yes, please list name(s) here _____

☐ NO

Are there members listed on the application age 18-24 enrolled in an institution of higher learning? (SECTION 8 ONLY)

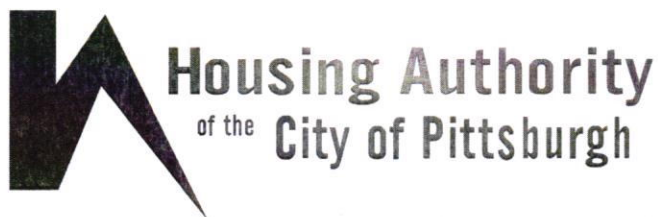
☐ YES If yes, please list name(s) here _____

☐ NO

I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE, I AM AWARE THAT SUBMITTING FALSE INFORMATION IS FRAUD AND MAY RESULT IN LOSS OF HOUSING ASSISTANCE, ASSESSMENT OF FINES AND/OR IMPRISONMENT.

Signature _____ Date _____ Time _____ (am/pm)

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.



Occupancy Department
412 Blvd. of the Allies, 5th Floor
Pittsburgh, PA 15219
412-456-5030, Fax: 412-456-5182
TDD: 412-201-5384
www.hacp.org

[Verification of Citizenship/Immigration Status]

Notice to applicants and tenants: In order to be eligible to receive the housing assistance sought, each applicant for, or recipient of, housing assistance must be lawfully within the U.S. Please read the Declaration statement carefully and sign and return to the Housing Authority's Occupancy Office. Please feel free to consult with an immigration lawyer or other immigration experts of your choosing.

I, _____ certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

- ☐ I am a citizen by birth, a naturalized citizen or a national of the United States; or
- ☐ I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or
- ☐ I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and signed verification consent form.
- ☐ Immigrant status under §§101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or
- ☐ Permanent residence under §249 of INA 4/; or
- ☐ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of the INA 5/; or
- ☐ Parole status under §§212(d)(5) of the INA 6/; or
- ☐ Threat to life or freedom under §243(h) of the INA 7/; or
- ☐ Amnesty under §245A of the INA 8/.

(SIGNATURE OF FAMILY MEMBER)

(DATE)

- ☐ Check box on left if signature is of adult residing in the unit who is responsible for child named on statement above.

HA: Enter INS/SAVE Primary Verification #: _____ **Date:** _____

[See reverse side for footnotes and instructions.]

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form remains effective until the earliest of (i) the rendering of a final adverse decision for an assistance applicant; (ii) the cessation of a participant's eligibility for assistance from HUD and the PHA; or (iii) The express revocation by the assistance applicant or recipient (or applicable family member) of the authorization, in a written notification to HUD or the PHA.

Signatures:

_____		_____	
Head of Household	Date		
_____		_____	
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____		_____	
Spouse	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____		_____	
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Advisory. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). Purpose: This form authorizes HUD and the above-named HA to request income information to verify your household's income in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent: HUD and the HA (or any employee of HUD or the HA) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the HA for the unauthorized disclosure or improper use.

OMB Burden Statement. The public reporting burden for this information collection is estimated to be 0.16 hours for new admissions and .08 hours for household members turning 19, including the time for reviewing, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Collection of information income and assets is required for program eligibility determination purposes. The submission of the consent form is necessary (form HUD 9886) so that PHAs can carry out the requirements of Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993 (42 U.S.C. 3544) and Section 104 of HOTMA to ensure that HUD and PHAs can verify eligibility and income information for applicants and participants. This information collection is protected from disclosure by the Privacy Act. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Office of Public and Indian Housing, U.S. Department of Housing and Urban Development, Washington, DC 20410. When providing comments, please refer to OMB Approval No. 2577-0295. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.



ASSET CERTIFICATION

Complete only one form per household; include assets of children.

Head of Household Name: _____

Last 4 of SSN: _____

Please complete **one** of the following sections (A-C), whichever is most applicable to your entire household. Then proceed to Section D to complete the remainder of the form.

☐ **Section A: NO ASSETS:** I/we do not have any assets at this time based on the net family asset definition in 24 CFR 5.603.

☐ **Section B: ASSET SELF-CERTIFICATION (IF TOTAL HOUSEHOLD ASSETS ARE LESS THAN \$52,787)**

(Please proceed to Section D of this form to sign and date.)

☐ **Section C: ASSET VERIFICATION (IF TOTAL HOUSEHOLD ASSETS ARE GREATER THAN \$52,787)**

I/we certify that I/we have assets with a combined value greater than \$52,787. I/we understand that I/we are required to provide HACP with verification of all assets as well as complete this table below:

Household Member Name	LIST ASSET TYPE(S): Checking, Savings, Mutual Funds, Money Market, Equity in Rental Property, Retirement & Pensions, 401(K), Stocks, Bonds, Treasury Bills, Certificate of Deposit, Annuities, Revocable Trust, Mortgages or Deed of Trust, Whole Life Insurance policy, Lump sum inheritance, Lottery Winnings, Insurance Settlements, Personal property held as an investment (e.g., antiques, gems, etc.)	Bank/ Financial Institution / Provider Name	Cash Value / Balance of Asset	Interest / Dividends Earned on the Assets
			\$	\$
			\$	\$
			\$	\$
			\$	\$
	LIST PREPAID DEBIT CARD TYPE(S): Direct Express, Net Spend, CashApp, Meta Bank, ACE, EBT, EppiCard, Relicard, Payroll Deposit Card, etc.	Bank/ Financial Institution / Provider Name	Cash Value / Balance of Asset	Interest / Dividends Earned on the Assets
			\$	\$
			\$	\$
	DISPOSED ASSETS: Assets given away for less than the fair market value in the last 24 months with value greater than \$1,000, (e.g. sale of a home)	Bank/ Financial Institution / Provider Name	Cash Value of Disposed Asset	Income from Disposed Asset
			\$	\$

Section D: SIGNATURE(S). *This part of the form is required for all household members aged eighteen (18) or older.*

A family that knowingly submits false information is subject to a civil penalty, plus damages under the False Claims Act (31 U.S.C. 3729). By signing below, I/we do hereby swear under penalty of perjury that I/we have reported all the assets available to me and/or any member of my household. I/we understand that failure to report these items and/or to provide any applicable documentation of assets could be subject to termination from the Housing Choice Voucher Program or result in termination of the Public Housing rental lease agreement (whichever is applicable).

Signature of Head of Household

Date

Signature of Other Adult

Date

Signature of Other Adult

Date

Signature of Other Adult

Date



Occupancy Department

412 Blvd. of the Allies, 5th Floor
Pittsburgh, PA 15219
412-456-5030, Fax: 412-456-5182
TDD: 412-201-5384
www.hacp.org

Do you pay medical expenses?

Yes

☐

No

☐

A medical deduction covers the sum of unreimbursed medical expenses for any elderly or disabled family in excess of three percent of annual income and the unreimbursed reasonable attendant care and auxiliary apparatus expenses to the extent necessary to enable any member of the family to be employed, but not exceed earned income received because of the attendant care or apparatus.

Do you pay childcare?

Yes

☐

No

☐

A childcare deduction is for out of pocket expenses if a family was receiving childcare payments from another publicly assisted program, such as a Department of Labor childcare grant. A family is eligible for a deduction for reasonable childcare expenses (for children under 13 years of age) necessary to enable a member of the family to actively seek employment, be employed or further his or her education (including before and after school childcare and summer camp), to the extent these expenses are not reimbursed.

Acceptable proof of childcare is the Housing Authority third party verification form or a notarized statement of payment by childcare provider including provider's name, address and telephone number. Letters from private providers must be notarized. Letters from approved state childcare providers must be on the provider's letterhead.

If you answered yes to either question above, please provide third party written documentation of expense(s).

Signature _____

Date _____

Notice: Accommodation for Persons with Disabilities / American Disability Act (ADA)

I, _____, understand that at any time during the application process or during my tenancy with the Housing Authority of the City of Pittsburgh, I can make a request for reasonable accommodations to make my unit accessible and usable for myself and/or any household member who is a person with a disability.

Signature _____

Date _____

* You may obtain a Reasonable Accommodation Request Form by calling the Occupancy Department at (412) 456-5030 or the 504/ADA Coordinator at 412-456-5282, TDD 412-201-5384.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record. Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

The Housing Authority of the City of Pittsburgh
412 Blvd. of the Allies, 5th Floor
Pittsburgh, PA 15219
Attn: Compliance Department

**I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:**

Signature

Date

Printed Name

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____
2. Name of victim: _____
3. Your name (if different from victim's): _____
4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____
6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____
8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



Occupancy Department

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www.hacp.org

I hereby acknowledge that the Housing Authority of the City of Pittsburgh has provided to me the following two- (2) forms pertaining to the Violence Against Women Act:

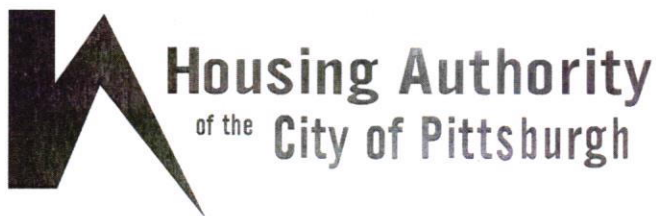
*Form HUD-5380 (Notice of Occupancy Rights under the Violence Against Women Act).

*Form HUD-5382 (Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation).

Signature: _____

Name (printed): _____

Date: _____



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**AUTHORIZATION FOR RELEASE OF CRIMINAL RECORD
AND LANDLORD REFERENCE INFORMATION**

I, _____, do hereby authorize the Housing Authority of the City of Pittsburgh to access/obtain, from any person, agency or service, regarding my background which may assist in determining whether I have 1) a criminal history, and/or 2) an outstanding balance to any other landlord.

I understand that this information will be used to determine my eligibility for Low Income Public Housing/HCV-Housing Choice Voucher Program (Section 8) and Project Based Voucher.

I understand that signing this authorization in no way guarantees my eligibility for Low Income Public Housing/HCV-Housing Choice Voucher Program (Section 8)/Project Based Voucher

My full name is: _____

Any alias names used: _____

Date of birth: _____

Social Security number: _____

Address, city, state, and zip code: _____

Criminal Record: Please list ALL felony, misdemeanor convictions and/or pending charges along with the city/county/state in which the offense/s occurred also include the date/s of occurrence/s (If additional space is needed, please request an additional form(s) from the Occupancy Department).

<u>Offense</u>	<u>Date</u>	<u>Plead</u>	<u>Disposition</u>	<u>State/County</u>
(All offenses at arrest)	(Of arrest)	(Guilty/not guilty)	(Judge/sentence)	(Of offense)
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

ARE YOU REQUIRED TO REGISTER UNDER MEGAN'S LAW IN ANY STATE? YES ☐ NO ☐

IF YES, ARE YOU A LIFETIME REGISTRANT IN ANY STATE? YES ☐ NO ☐

The information provided is true and correct to the best of my knowledge; information and belief. I understand that any false statement made, therein, are subject to the penalties of 18 PA. C.S.S. 4904 relating to unsworn falsification to authorities. I understand that I may be required to provide verification of any information requested regarding a criminal history.

Signed: _____
Printed: _____
Date: _____

PLEASE SUBMIT EVIDENCE OF REHABILITATION. ALL ADULTS 18 YEARS OF AGE AND OLDER MUST SUBMIT A COMPLETE AUTHORIZATION FORM.

Supplemental and Optional 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.

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) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____ </td> </tr> </table>		☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____
☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____		
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.			

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

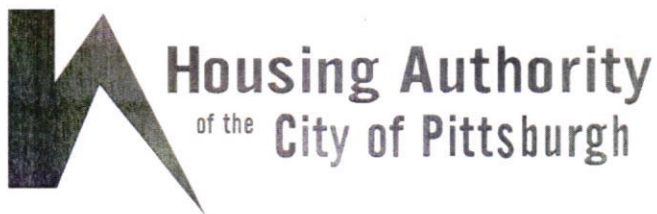
--	--

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.



Occupancy Department
412 Blvd. of the Allies, 5th Floor
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412-456-5030, Fax: 412-456-5182
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www.hacp.org

RESIDENT ORIENTATION REQUIREMENT

I,/we the Head of Household, and ALL ADULT HOUSEHOLD MEMBERS (18 years of age and older) understand that we are required to attend a MANDATORY RESIDENT LIPH ORIENTATION at the Site BEFORE THE SIGNING LEASE.

I/we understand that we CAN NOT SIGN OUR LEASE UNTIL I/we have received a CERTIFICATE OF COMPLETION.

I/we understand that if I am a person with a disability and require additional assistance, I may request a reasonable accommodation to meet the resident orientation requirement.

Head of Household _____ Date: _____
(Signature)

Adult Household Member: _____ Date: _____
(Signature)

Adult Household Member: _____ Date: _____
(Signature)

Adult Household Member: _____ Date: _____
(Signature)

Adult Household Member: _____ Date: _____
(Signature)



Housing Authority of the City of Pittsburgh

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TENANT SELECTION CRITERIA/ADDITIONAL APPLICANT INFORMATION

The following criteria will be used in selecting families for occupancy in the Housing Authority of the City of Pittsburgh beyond the basic conditions governing eligibility:

1. **Rental History** – The applicant's past performance in meeting past rental obligations.
2. **Criminal Background** – A check for the existence of a record of disturbance of neighbors, destruction of property, or living/housekeeping habits which may adversely affect the health, safety or welfare of other residents; or

A history of criminal activity involving crimes of physical violence to persons or property, narcotics violations, and other criminal acts which would adversely affect the health, safety or welfare of other residents.

In the event of the receipt of unfavorable information with respect to an applicant, consideration shall be given to the time, nature, and extent of the applicant's conduct and to factors that might indicate a reasonable probability of favorable future conduct or financial prospects. **For example:**

1. Evidence of rehabilitation.
2. Evidence of the applicant-family's participation or willingness to participate in social service or other appropriate counseling service programs and the availability of such programs.
3. Evidence of the applicant-family's willingness to attempt to increase family income and the availability of training or employment programs in the locality.
4. Evidence that the past rent was unaffordable and why timely payment of HACP rent is likely.

Additional information which you believe the Occupancy Department should consider may be provided in the following space.

Signature _____ Date _____



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Statement of Understanding

- 1) Applicants who move after applying for public housing must notify the Occupancy Department of their new address. Failure to do so may delay processing of your application and/or lead to withdrawal of your application.
- 2) Applicants must pay outstanding balances due under the law to a public housing authority or other landlords before the Housing Authority of the City of Pittsburgh will process the application. An owing balance includes unpaid rent, maintenance charges, and legal costs. Failure to pay outstanding balances due under the law will result in withdrawal of your application. Applicants may provide evidence of mitigating circumstances relating to the outstanding balance (for example, loss of income) which will be reviewed at a requested hearing before a decision of eligibility is made.
- 3) An applicant's request for Public Housing will be placed on the Site Based Waiting List, once the completed application is returned. To complete the application process, the applicant will be screened for criminal background, income and previous landlord references.
- 4) I have read, understood, or completed the following forms:
 - Applicant/Tenant Certification (Fraud)
 - Asset Checklist
 - Authorization for Criminal Record and Landlord Reference Check
 - Authorization for the Release of Information/Privacy Act Notice
 - Certification of Receipt of Lead-Based Paint Information
 - Do You Pay Medical Expenses/Childcare/Accommodation for Person with Disabilities
 - Notice of Accommodation of Persons with disabilities
 - Application for Section 8/ Low Income Public Housing
 - Statement of Understanding (*this form*)
 - Tenant Selection Criteria
 - Verification of Citizenship/Immigration Status
 - Debts Owed to Public Housing Agencies and Termination
 - Notice of Occupancy Rights Under the Violence Against Women Act
 - Enterprise Income Verification (EIV)
- 5) Head of Household, and ALL ADULT HOUSEHOLD MEMBERS (18 years of age and older) understand that they are required to attend a MANDATORY RESIDENT LIPH ORIENTATION at the Site BEFORE THE SIGNING LEASE. (LIPH APPLICANTS ONLY)
- 6) If you and/or any member in your household have a disability and need a reasonable accommodation, please complete the appropriate section on the back of the Application.

My signature indicates that I have read or the statement has been read to me.

Applicant's Signature

Date

Note: If your application is rejected or withdrawn for any reason, or your request for a "reasonable accommodation" for a disability or handicap is denied, you will be given notice of an opportunity to dispute this decision at an administrative hearing.



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**Applicant/Tenant Certification
(Fraud)**

To the best of my knowledge and belief I have submitted to the Housing Authority of the City of Pittsburgh accurate and complete information on household composition, income, net family assets, allowances, deductions, previous rental history and any criminal activity. I also know that false statements or information are punishable under Federal law and State law. And I know that false statements or information are grounds for termination of housing assistance or termination of tenancy.

If you believe that you have been discriminated against, you may call the Fair Housing and Equal Opportunity (FHEO) National Toll-free Hotline telephone number: 1-800-669-9777.

Applicant's Signature

Date

Applicant's Signature (Spouse/Co-Head)

Date

****For HACP Staff Only****

**Housing Authority of the City of Pittsburgh
Certification**

I certify that proof of income, proof of birth, social security numbers, an acceptable Landlord/Tenant check and an acceptable criminal background check has been verified. This family is hereby considered eligible at the date and time of the completion of the PHA certification. The family has certified that all of the information provided to the Housing Authority of the City of Pittsburgh is accurate and complete.

Housing Authority City of Pittsburgh
Representative

Date

****The HACP representative should not sign the PHA certification until the Applicant/Resident certification has been signed and the information that the family provided verified. ****

Remember, you must notify your PHA if a household member dies or moves out. You must also obtain the PHA's approval to allow additional family members or friends to move in your home prior to them moving in.

What are the penalties for providing false information?

Knowingly providing false, inaccurate, or incomplete information is **FRAUD** and a **CRIME**.

If you commit fraud, you and your family may be subject to any of the following penalties:

1. Eviction
2. Termination of assistance
3. Repayment of rent that you should have paid had you reported your income correctly
4. Prohibited from receiving future rental assistance for a period of up to 10 years
5. Prosecution by the local, state, or Federal prosecutor, which may result in you being fined up to \$10,000 and/or serving time in jail.

Protect yourself by following HUD reporting requirements. When completing applications and reexaminations, you must include all sources of income you or any member of your household receives.

If you have any questions on whether money received should be counted as income or how your rent is determined, ask your PHA. When changes occur in your household income, contact your PHA immediately to determine if this will affect your rental assistance.

What do I do if the EIV information is incorrect?

Sometimes the source of EIV information may make an error when submitting or reporting information about you. If you do not agree with the EIV information, let your PHA know.

If necessary, your PHA will contact the source of the information directly to verify disputed income information. Below are the procedures you and the PHA should follow regarding incorrect EIV information.

Debts owed to PHAs and termination information reported in EIV originates from the PHA who provided you assistance in the past. If you dispute this information, contact your former PHA directly in writing to dispute this information and provide any documentation that supports your dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record from EIV.

Employment and wage information reported in EIV originates from the employer. If you dispute this information, contact the employer in writing to dispute and request correction of the disputed employment and/or wage information. Provide your PHA with a copy of the letter that you sent to the employer. If you are unable to get the employer to correct the information, you should contact the SWA for assistance.

Unemployment benefit information reported in EIV originates from the SWA. If you dispute this information, contact the SWA in writing to dispute and request correction of the disputed unemployment benefit information. Provide your PHA with a copy of the letter that you sent to the SWA.

Death, SS and SSI benefit information reported in EIV originates from the SSA. If you dispute this information, contact the SSA at (800) 772-1213, or visit their website at: www.socialsecurity.gov. You may need to visit your local SSA office to have disputed death information corrected.

Additional Verification. The PHA, with your consent, may submit a third party verification form to the provider (or reporter) of your income for completion and submission to the PHA.

You may also provide the PHA with third party documents (i.e. pay stubs, benefit award letters, bank statements, etc.) which you may have in your possession.

Identity Theft. Unknown EIV information to you can be a sign of identity theft. Sometimes someone else may use your SSN, either on purpose or by accident. So, if you suspect someone is using your SSN, you should check your Social Security records to ensure your income is calculated correctly (call SSA at (800) 772-1213); file an identity theft complaint with your local police department or the Federal Trade Commission (call FTC at (877) 438-4338, or you may visit their website at: <http://www.ftc.gov>). Provide your PHA with a copy of your identity theft complaint.

Where can I obtain more information on EIV and the income verification process?

Your PHA can provide you with additional information on EIV and the income verification process. You may also read more about EIV and the income verification process on HUD's Public and Indian Housing EIV web pages at: <http://www.hud.gov/offices/pih/programs/pihiv/dm>.

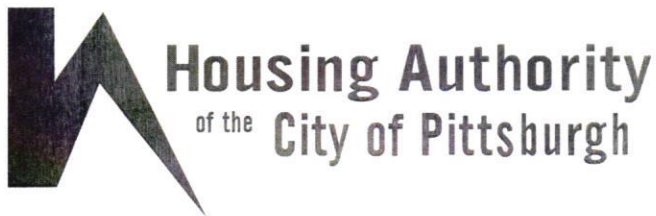
The information in this Guide pertains to applicants and participants (tenants) of the following HUD-PIH rental assistance programs:

1. Public Housing (24 CFR 960); and
2. Section 8 Housing Choice Voucher (HCV), (24 CFR 982); and
3. Section 8 Moderate Rehabilitation (24 CFR 882); and
4. Project-Based Voucher (24 CFR 983)

My signature below is confirmation that I have received this Guide.

Signature

Date



Occupancy Department
412 Blvd. of the Allies, 5th Floor
Pittsburgh, PA 15219
412-456-5030, Fax: 412-456-5182
TDD: 412-201-5384
www.hacp.org

CERTIFICATION

I have received a copy of the EPA pamphlet entitled
“Protecting Your Family From Lead in Your House”
from the Housing Authority of the City of Pittsburgh, 412
Blvd. of the Allies, 5th Floor, Pittsburgh, PA 15219.

Signature

Print Full Name

Date _____

FORM MUST BE RETAINED IN FOLDER FOR THREE (3) YEARS.