McKeesport Downtown Housing

Address: 523 Sinclair St, McKeesport, PA 15132

Phone: (412) 281-2102

Contact: Erika Fry

Tel: 412-765-2532 ext 202

EFRYE@actionhousing.org

Project Based Homeless (non-portable voucher) – Male and Female units

APPLICATION WILL NOT BE SUBMITTED TO MCKEESPORT DOWNTOWN HOUSING AUTHORITY UNTIL ALL REQUIRED DOCUMENTATION IS PROVIDED.

Homeless Section 8 Units Available

Proof of any income

- Current Social Security award letter dated within 60 days of application
- Current Paystubs
- Current COMPASS EBT Report
- If you have ZERO INCOME – MCKEESPORT HOUSING AUTHORITY VERIFICTION OF ZERO INCOME FORM MUST BE COMPLETED AND **NOTARIZED**.

Must provide

- Valid Photo ID
- Social Security Card

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.

_____

_____

**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.

_____

_____

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

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 _____

version 2018

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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 junio 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, nc 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 fo 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 yea (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 ar considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household i considered an ineligible student household.

Verification completed by: _____

Date completed: _____

Equal Housing Opportunity

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

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x

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

McKeesport Downtown Housing — Name of Property

Project No.

523 Sinclair Street, McKeesport, PA 15132 — Address of Property

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
	Select All That Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

*Definitions of these categories may be found on the reverse side.

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be incompliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provide and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does no require any special protection.

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

Dear Applicant:

The McKeesport Housing Authority's Policy for Admission and Occupancy to The Low-Income Public Housing and Section 8 Housing Choice Voucher Programs defines our right and responsibility to determine the suitability of all applicants prior to admission. Factors taken into consideration under the term "suitability" include the right to check the background of every applicant to determine if he/she has been arrested and/or convicted of any crime.

Please note whether you have ever been convicted of any crime listed below.

		Yes	No
1.	THE SALE; POSSESSION, USE OR MANUFACTURING OF ILLEGAL DRUGS OR DRUG PARAPHERNALIA	____	____
2.	RAPE	____	____
3.	CORRUPTING THE MORALS OF A MINOR	____	____
4.	MOLESTING A CHILD	____	____
5.	VIOLENT CRIMINAL ACTIVITY	____	____
6.	ANY OTHER CRIME	____	____

THIS INFORMATION SHALL BE TREATED AS A CONFIDENTIAL MATTER AND USED SOLELY FOR THE PURPOSE OF DETERMINING SUITABILITY FOR ADMISSION INTO THE LOW-INCOME PUBLIC HOUSING OR SECTION 8 HOUSING CHOICE VOUCHER PROGRAMS.

FAILURE TO RESPOND ACCURATELY WILL RESULT IN YOUR APPLICATION BEING REJECTED FOR FRAUD OR TERMINATION OF YOUR LEASE! EACH ADULT MUST COMPLETE THIS FORM & SIGN.

Sign: _____ **Date:** _____

Sign: _____ **Date:** _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD) and the Housing Agency/Authority (HA)

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014
exp. 07/31/2021

PHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)	IHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)
McKeesport Housing Authority 2901 Brownlee Avenue McKeesport, PA 15132 412-673-6942	

Authority: 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. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this 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. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies.. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

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 expires 15 months after signed.

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 Act Notice. 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). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. 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, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Any 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 any officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.