

Thank you for considering Wood Street Commons for your housing.  
Enclosed is the Housing Authority City of Pittsburgh Application Packet  
Please call with any questions 412-765-2532  
You must complete:

### **Pre-Application**

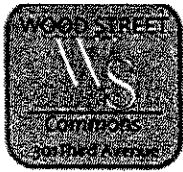
- Check off waitlist you are applying for. You can check off 1 or both if you qualify for both.
- MOD Rehab is for homeless preference-Must complete the Homeless Certification enclosed
- PBV is for disability preference -Must have the Disability Verification Form completed by a medical professional.

**Application** – Complete and sign all required areas

### **Forms Enclosed**

- Zero income certification form is enclosed if you are applying with no income. There still is a minimum rent required.
- Disability Verification to be completed by medical professional
- Homeless Certification to be filled out by applicant and completed by a verifying agency.
- Section 8 Document Collection Checklist
  - Provide ALL Required Documents along with any other supporting documents
  - All documentation must be current within 60 days.
  - Not submitting required documentation will result in delays of processing.

Upon completing your packet, please return in person to Wood Street Commons or scan and email over to [jcarter@ndcassetmanagment.com](mailto:jcarter@ndcassetmanagment.com)



## Section 8 Document Collection Checklist

Use this check list as a guide for required documents. This may seem like a lot but following the list, getting these documents will help in applying for a Section unit. Any questions along the way, please ask staff.

### **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.

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		Original Birth Certificate or Proof of age
REQUIRED		Photo ID
YES / NO		Proof of Immigration Status (non -citizen)
<b>Proof of Income</b>		
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 - SNAPCOMPASS/Benefits Helpline (Cash Assistance, SNAP, MA, etc.) 1-800-692-7462
YES / NO		Copy of Compass Report, copy of front and back of EBT Card, copy of receipt showing current balance
YES / NO		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
<b>PROOF OF ASSETS</b>		
YES / NO		Current bank Statements- 3 MONTHS
YES / NO		Pre-Paid Debit Card statement - 3 CONSECUTIVE MONTHS
		EBT Access, TANF, Direct Express, SS/SSI, Prepaid Payroll Cards such as Greendot, NetSpend, Chime
YES / NO		Property - Fair Market value on any property owned
YES / NO		Other Assets - Proof of stocks, bonds, money market accounts
<b>DEDUCTIONS</b>		
YES / NO		Health Insurance- current verification of health insurances and/ or prescription payments for past year BY ANYONE 62 OR OLDER OR DISABLED.

- **Original Social Security Card or Proof of Social Security Number** (documentation from the social security administration with social security number)
- **Original Birth certificates or proof of age** for each person on the application. A valid state driver's license, state ID or a federally issued ID is also accepted as proof of age.
- **Photo ID**
- **Proof of Immigration Status (non-citizen)** – Naturalization papers, alien registration card or passport.
- **Proof of all income received by all persons listed on your application:**
  - \***Employment** – All pay stubs from the past (Ex. six- (6) months) or a letter signed by a supervisor on company letterhead indicating start date, hourly rate and number of hours worked per week. Company phone number and name of contact person must be included. (paystubs from Ex. February 2020 through July 2020).
  - \***Social Security** – currently dated printout of monthly benefit for each member of your household receiving the benefit. (date of printout must be no more than 60 days old when you come in for processing).
  - \***Supplemental Security Income (SSI)** – currently dated printout of monthly benefit for each member of your household receiving the benefit and current verification of SSP benefit (\$22.10) from the Department of Public Assistance. (date of printouts must be no more than 60 days old when you come in for processing).
  - \***DPA** – currently dated printout of cash including the Section 8 disability and Homeless or Housing choice voucher programs benefits and/or food stamps (SNAP) from the Department of Public Assistance (Compass Report). (date of printout must be no more than 60 days old when you come in for processing).
  - \***Veteran Pension and/or Company Pension** – currently dated verification on official letterhead indicating the gross monthly benefit of the Veteran Pension and/or the Company Pension.
  - \***Military Allotment** – Proof of military benefits for the past three- (3) consecutive months for any recipient listed on the application.
  - \***Unemployment Compensation** – financial determination letter and current printout from the unemployment office or website showing benefit payments for the past three- (3) consecutive months. \***Child Support** – currently dated printout of case summary with payment disbursement for the past eight- (8) consecutive months from the family division.
- **Proof of assets:**
  - \***Current bank statements** – showing type of account, account balance and rate of interest for the past three- (3) consecutive months (Ex. May 2020 – July 2020).
  - \***Prepaid Debit Cards Statements and Copy of card** (Such as ReliaCard = PA Unemployment, EPPICard =PA Child Support, EBT ACCESS card = TANF, Direct Express = SS / SSI, Prepaid Payroll Cards, General Purpose Reloadable Prepaid Cards (GreenDot, NetSpend, Chime, ACE, etc) for Consecutive Months.
  - \***Property** – Fair market value of any properties owned by you or any person that is listed on the application.
  - \***Other assets** – Proof of value of all stocks, bonds, money market accounts and certificates of deposit
- **Deductions:**
  - \***Health Insurance** – current verification of payments for health insurance and/or prescription payments for the past year made by anyone on your application sixty-two (62) years of age or older or disabled.



Pre  
Occupancy Department  
100 Ross Street, 4<sup>th</sup> Floor  
Pittsburgh, PA 15219  
412-456-5030, Fax: 412-456-5182  
TDD: 412-201-5384  
www.hacp.org

## **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 - 4<sup>th</sup> 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 1<sup>st</sup> 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.**



# Housing Authority of the City of Pittsburgh

Date and Time Received

Pre

(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.*

### Head of Household Information

#### Social Security Number

				-				-				
--	--	--	--	---	--	--	--	---	--	--	--	--

\_\_\_\_\_  
Date of Birth (mm/dd/yy)

(\_\_\_\_\_) \_\_\_\_\_

Area Code Telephone Number

(\_\_\_\_\_) \_\_\_\_\_

Area Code Telephone Number (other)

### Name & Address of Head of Household

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Mailing Address (street)

\_\_\_\_\_  
Apt. #

\_\_\_\_\_  
City State Zip

#### Sex

- ☐ Female  
☐ Male

#### Race

- ☐ Black/African American ☐ White  
☐ Asian/Pacific Islander ☐ Indian/Alaskan  
☐ Other (please specify) \_\_\_\_\_

#### Ethnicity

- ☐ Hispanic  
☐ Non-Hispanic

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 \_\_\_\_\_



Pre

<u>Household Family Members</u>						
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\*:

- |  |  |
|--|--|
| <input type="checkbox"/> Wages: \$ _____         | <input type="checkbox"/> Social Security: \$ _____ |
| <input type="checkbox"/> SSI/SSD: \$ _____       | <input type="checkbox"/> DPA: \$ _____             |
| <input type="checkbox"/> Child Support: \$ _____ | <input type="checkbox"/> Pension/Annuity: \$ _____ |
| <input type="checkbox"/> Unemployment: \$ _____  | <input type="checkbox"/> 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:

Pre

- 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 \_\_\_\_\_  
\_\_\_\_\_



Pre

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

App

**HOUSING AUTHORITY OF THE CITY OF PITTSBURGH**  
**100 Ross Street, Suite 420**  
**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.
**H=Hispanic or N=Non-Hispanic		City of Birth	2.	2.

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 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.		

App

# 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.

App

### 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.

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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 \_\_\_\_\_

App

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.



App

**Occupancy Department**  
100 Ross Street, Suite 420  
Pittsburgh, PA 15219  
412-456-5030, Fax: 412-456-5182  
TDD: 412-201-5384  
[www.hacp.org](http://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.

**HIA: Enter INS/SAVE Primary Verification #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

[See reverse side for footnotes and instructions.]

**1/ Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both. App

The following footnotes pertain to non-citizens who declare eligible immigration status in one of the following categories:

**2/ Eligible immigration status and 62 years of age or older.** For non-citizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

**3/ Immigrant status under §§101(a)(15) or 101(a)(20) of INA.** A non-citizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a non-citizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161). [*special agricultural worker status*], who has been granted lawful temporary resident status.

**4/ Permanent residence under §249 of INA.** A non-citizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].

**5/ Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A non-citizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*] pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158) [*asylum status*]; or as a result of being granted conditional entry under § 203(a)(7) of the INA (U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

**6/ Parole status under §212(d)(5) of INA.** A non-citizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)) [*parole status*].

**7/ Threat to life or freedom under §243(h) of INA.** A non-citizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h)) [*threat to life or freedom*].

**8/ Amnesty under §245A of the INA.** A non-citizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1253a) [*amnesty granted under INA 245A*].

**Instructions to Housing Authority:** Following verification of status claimed by persons declaring eligible immigration status (other than for non-citizens age 62 or older and receiving assistance on June 19, 1995). HIA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

**Instructions To Family Member For Completing Form:** On previous page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for the Child.

# 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

App

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)

Caster D. Binion, Executive Director  
Housing Authority City of Pittsburgh  
200 Ross St.  
Pittsburgh, PA 15219

**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:

PIHA-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(i)(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.



App

**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.

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, the HA or the owner responsible for the unauthorized disclosure or improper use.



# ASSET QUESTIONNAIRE

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

Head of Household Name: \_\_\_\_\_  
Last 4 of SSN: \_\_\_\_\_

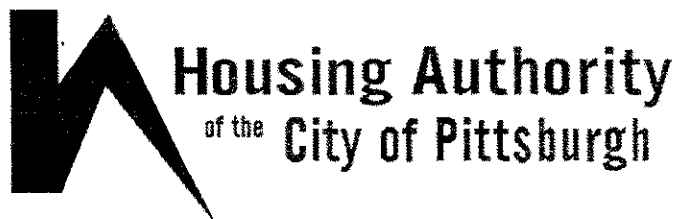
Does anyone in your household have money in:	Yes	No	Name(s) on Account	Value
Checking accounts? Use the lines below for multiple accounts, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>		
Savings accounts? Use the lines below for multiple accounts, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>		
Direct Debit Accounts or other debit accounts?	<input type="checkbox"/>	<input type="checkbox"/>		
Money market funds and/or Certificates of Deposits (CDs)?	<input type="checkbox"/>	<input type="checkbox"/>		
Stocks?	<input type="checkbox"/>	<input type="checkbox"/>		
Bonds?	<input type="checkbox"/>	<input type="checkbox"/>		
Annuities?	<input type="checkbox"/>	<input type="checkbox"/>		
Trusts?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, are the trust(s) irrevocable?	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Retirement accounts (401K, IRA, Keogh, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you own a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, are you in the process of selling it?	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Do you receive rental income from a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>		
Any other assets not listed above?	<input type="checkbox"/>	<input type="checkbox"/>		
Have you disposed of any assets for less than Fair Market Value in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, list the asset(s) you disposed of, the date of disposition, the fair market value and amount received: _____ _____				

My/our family member has closed the following asset accounts (attach additional sheets, if necessary):

ACCOUNT TYPE	BANK OR ENTITY NAME	ACCOUNT NUMBER (LAST 4)	NAME(S) ON ACCOUNT

I/we certify that the information presented in this certification is true and accurate. The undersigned further understand(s) that willingly and knowingly providing false representations and/or statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development herein constitutes an act of fraud and that false, misleading or incomplete information may result in the termination of housing assistance and felony charges under penalties of Title 18, Section 1001 of the U.S. Code. This statement is also made subject to the penalties of Title 18, Section 4904 of the Pennsylvania Statutes for unsworn falsifications to authorities.

Signature of Head of Household	Date	Signature of Other Adult	Date
Signature of Other Adult	Date	Signature of Other Adult	Date



App  
**Occupancy Department**

100 Ross Street, 4<sup>th</sup> 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.



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

App

**DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS**

**Paperwork Reduction Notice:** Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 04/30/2023.

**NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:**

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

**What information about you and your tenancy does HUD collect from the PHA?**

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

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**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  
200 Ross Street  
Pittsburgh, PA 15219  
Attn: Compliance Department  
6th Floor

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

Signature

Date

Printed Name



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

**Occupancy Department**

100 Ross Street, 4<sup>th</sup> Floor  
Pittsburgh, PA 15219  
412-456-5030, Fax: 412-456-5182  
TDD: 412-201-5384  
[www.hacp.org](http://www.hacp.org)

App

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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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App

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

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

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act ("VAWA") protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, "professional") from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of "domestic violence," "dating violence," "sexual assault," or "stalking" in HUD's regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**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.





App

**Occupancy Department**  
100 Ross Street, Suite 420  
Pittsburgh, PA 15219  
412-456-5030, Fax: 412-456-5182  
TDD: 412-201-5384  
www.hacp.org

**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

App

**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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other:
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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. 3501-3526). 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.



App  
Occupancy Department  
100 Ross Street, Suite 420  
Pittsburgh, PA 15219  
412-456-5030, Fax: 412-456-5182  
TDD: 412-201-5384  
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 LPH 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**

**Occupancy Department**

100 Ross Street, Suite 420

Pittsburgh, PA 15219

412-456-5030, Fax: 412-456-5182

TDD: 412-201-5384

www.hacp.org

**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.

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Signature \_\_\_\_\_ Date \_\_\_\_\_



App

**Occupancy Department**  
100 Ross Street, Suite 420  
Pittsburgh, PA 15219  
412-456-5030, Fax: 412-456-5182  
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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 LIPIH ORIENTATION at the Site BEFORE THE SIGNING LEASE. (LIPIH 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. \*\***



U.S. Department of Housing and Urban Development

Office of Public and Indian Housing (PIH)



## ***What You Should Know About EIV***

### **A Guide for Applicants & Tenants of Public Housing & Section 8 Programs**

#### **What is EIV?**

The Enterprise Income Verification (EIV) system is a web-based computer system that contains employment and income information of individuals who participate in HUD rental assistance programs. All Public Housing Agencies (PHAs) are required to use HUD's EIV system.

#### **What information is in EIV and where does it come from?**

HUD obtains information about you from your local PHA, the Social Security Administration (SSA), and U.S. Department of Health and Human Services (HHS).

HHS provides HUD with wage and employment information as reported by employers; and unemployment compensation information as reported by the State Workforce Agency (SWA).

SSA provides HUD with death, Social Security (SS) and Supplemental Security Income (SSI) information.

#### **What is the EIV information used for?**

Primarily, the information is used by PHAs (and management agents hired by PHAs) for the following purposes to:

1. Confirm your name, date of birth (DOB), and Social Security Number (SSN) with SSA.
2. Verify your reported income sources and amounts.
3. Confirm your participation in only one HUD rental assistance program.
4. Confirm if you owe an outstanding debt to any PHA.
5. Confirm any negative status if you moved out of a subsidized unit (in the past) under the Public Housing or Section 8 program.
6. Follow up with you, other adult household members, or your listed emergency contact regarding deceased household members.

EIV will alert your PHA if you or anyone in your household has used a false SSN, failed to report complete and accurate income information, or is receiving rental assistance at another address. **Remember, you may receive rental assistance at only one home!**

EIV will also alert PHAs if you owe an outstanding debt to any PHA (in any state or U.S. territory) and any negative status when you voluntarily or involuntarily moved out of a subsidized unit under the Public Housing or Section 8 program. This information is used to determine your eligibility for rental assistance at the time of application.

The information in EIV is also used by HUD, HUD's Office of Inspector General (OIG), and auditors to ensure that your family and PHAs comply with HUD rules.

Overall, the purpose of EIV is to identify and prevent fraud within HUD rental assistance programs, so that limited taxpayer's dollars can assist as many eligible families as possible. EIV will help to improve the integrity of HUD rental assistance programs.

#### **Is my consent required in order for information to be obtained about me?**

Yes, your consent is required in order for HUD or the PHA to obtain information about you. By law, you are required to sign one or more consent forms. When you sign a form HUD-9886 (*Federal Privacy Act Notice and Authorization for Release of Information*) or a PHA consent form (which meets HUD standards), you are giving HUD and the PHA your consent for them to obtain information about you for the purpose of determining your eligibility and amount of rental assistance. The information collected about you will be used only to determine your eligibility for the program, unless you consent in writing to authorize additional uses of the information by the PHA.

**Note:** *If you or any of your adult household members refuse to sign a consent form, your request for initial or continued rental assistance may be denied. You may also be terminated from the HUD rental assistance program.*

#### **What are my responsibilities?**

As a tenant (participant) of a HUD rental assistance program, you and each adult household member must disclose complete and accurate information to the PHA, including full name, SSN, and DOB; income information; and certify that your reported household composition (household members), income, and expense information is true to the best of your knowledge.

February 2010

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](http://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/eiv/eivivd.htm>.

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

FPP





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

App

**Occupancy Department**  
100 Ross Street, Suite 420  
Pittsburgh, PA 15219  
412-456-5030, Fax: 412-456-5182  
TDD: 412-201-5384  
[www.hacp.org](http://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, 100 Ross  
Street, Suite 420, Pittsburgh, PA 15219.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Full Name**

**Date** \_\_\_\_\_

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

## ZERO INCOME HOUSEHOLD QUESTIONNAIRE

2/13/2020 Revision

Name: \_\_\_\_\_ Address: \_\_\_\_\_ SSN (last 4 digits): \_\_\_\_\_

### Instructions

- This form will be completed by the Head of Household (HOH) prior to admission, and approximately every 90 days thereafter until no longer applicable.
- Any field marked may be counted as household income (and used to determine your rent).
- Complete the form by determining how you will pay for your monthly expenses once your wages, disbursement check, benefits, and/or any additional income has stopped.
- Regular contributions and/or gifts received from organizations or from persons not residing in the dwelling [household] are included in income calculations, according to HUD Regulation 24 CFR 5.609(7).
- In order to continue to receive Housing Assistance, you must answer all questions (no blanks).

### WARNING:

Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

Title 18, Section 4904 of the Pennsylvania Statutes states that a person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing his or her official function, (s)he: [1] makes any written false statement which he does not believe to be true; [2] submits or invites reliance on any writing which he knows to be forged, altered or otherwise lacking in authenticity; or [3] submits or invites reliance on any sample, specimen, map, boundary mark, or other object which he knows to be false.

### NOTICE:

Any attempt to obtain assisted housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime and shall be fined not more than \$10,000 or imprisoned for not more than 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: \_\_\_\_\_

### Federal Benefits

If you received any federal benefits during the last 12 months, complete the following:

Amount: \$ \_\_\_\_\_ Received from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Reason you no longer receive benefits? \_\_\_\_\_

Did you file federal/state income tax returns for the previous year? ☐ Yes ☐ No

Have you applied for any of the following benefits?

- |  |                           |                                |
|--|---------------------------|--------------------------------|
| <input type="checkbox"/> TANF            | What is the status? _____ | If denied, state reason: _____ |
| <input type="checkbox"/> Unemployment    | What is the status? _____ | If denied, state reason: _____ |
| <input type="checkbox"/> Social Security | What is the status? _____ | If denied, state reason: _____ |

### Expenses

*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 \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_  
 Monthly Gas \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_  
 Monthly Insurance \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_  
 Monthly Repairs \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_  
 Monthly Repairs \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_  
 Registration/Inspection \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
  
- 2) Do you ride the bus? ☐ Yes ☐ No  
 Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
  
- 3) Do you have any loans? ☐ Yes ☐ No  
 Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
  
- 4) Do you have any credit cards? ☐ Yes ☐ No  
 Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
  
- 5) Do you pay for any utilities? ☐ Yes ☐ No  
 Monthly Gas Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_  
 Monthly Electric Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_  
 Monthly Water Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_  
 Monthly Sewer Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
  
- 6) Do you have a cell phone? ☐ Yes ☐ No  
 Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
  
- 7) Do you have a landline phone? ☐ Yes ☐ No  
 Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
  
- 8) Do you have cable? ☐ Yes ☐ No  
 Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
  
- 9) Do you have internet service? ☐ Yes ☐ No  
 Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
  
- 10) Do you order out? ☐ Yes ☐ No  
 Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
  
- 11) Do you have grooming expenses? ☐ Yes ☐ No  
 Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_



Zer  
200 Ross Street  
Pittsburgh, PA 15219  
Phone: 412-456-5000  
www.hacp.org

- 12) Do you smoke? ☐ Yes ☐ No  
Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
- 13) Do you have any pets? ☐ Yes ☐ No  
Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
- 14) Do you have any cleaning and/or paper products? ☐ Yes ☐ No  
Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
- 15) Do you have any other expenses? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_  
Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
- 16) How do you buy food?  
Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
- 17) How do you obtain medical care?  
Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
- 18) How do you obtain clothing?  
Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_
- 19) How do you pay for entertainment?  
Monthly Payment \$ \_\_\_\_\_ Where does money for payment come from? \_\_\_\_\_

### **Tenant Authorization**

I hereby certify that I have answered the questions truthfully and provided full disclosure of my living expenses. I understand that any misrepresentation of information or failure to disclose information requested on this questionnaire may disqualify me from consideration for participation, may result in felony fraud charges or an account back charge, and/or may be grounds for termination of assistance and/or eviction. I further understand that I am responsible for reporting all income sources to HACP in order to determine my subsidy.

I further understand that any marked field may be counted as household income (and may be used to determine my portion of the rent).

\_\_\_\_\_  
HEAD OF HOUSEHOLD PRINTED NAME

\_\_\_\_\_  
HEAD OF HOUSEHOLD SIGNATURE

\_\_\_\_\_  
DATE



# Housing Authority of the City of Pittsburgh

Dis  
Occupancy Department  
100 Ross Street, 4<sup>th</sup> Floor  
Pittsburgh, PA 15219  
412-456-5030, Fax: 412-456-5182  
TDD: 412-201-5384  
www.hacp.org

## DISABILITY VERIFICATION FORM

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

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- 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

**PENALTIES FOR MISUSING FORM:**

Any third party provider may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this form. Use of the information collected on this verification form is restricted to the purposes cited above. Any person who knowingly, or willingly, under false pretenses discloses any disability related information about an applicant or participant may be subjected to a misdemeanor and fined not more than \$5,000, and may be sent to prison, subject to subsequent revocation of their license to practice, or may face other penalties. HACP may bring civil action for damages and seek other relief, as may be appropriate, against the third party professional organization, the individual third party professional, or any of its agents of which are responsible for misrepresenting, unauthorized disclosure, or improper use of any applicant or participant's information as it relates to a disability or other relevant matters.

**The certifying professional should return this form to:**

**OCCUPANCY DEPARTMENT**

**Fax Number: 412.456.5182**

**Or,**

**mail: 100 Ross Street, 4<sup>th</sup> fl, Pittsburgh, Pa 15219**

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



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: \_\_\_\_\_