



Please indicated which Project Based Section 8 Program you are applying for. (You can select both if applicable.)
MOD Homeless Preference – voucher is NOT portable, stays with unit. Complete Homeless Certification Form

PBV Disability Preference – voucher portable after resident completes a 1yr lease. Complete Disability Verification Form.

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

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

All documents must be submitted with your completed application.

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

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

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



Occupancy Department
100 Ross Street, 4th 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 - 4th Floor, Pittsburgh, PA 15219.
- *If you are a person with a disability and need assistance, or an alternate means of reviewing and understanding the Pre-Application process, please call the HACP Disability Compliance Office at 412-456-5282; TDD#: 412-201-5384.

Things You Should Know:

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

Things You Should Know: (continued)

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

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

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



Date and Time Received

(HACP Office use only)

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

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

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

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

<p style="text-align: center;"><u>Head of Household Information</u></p> <p style="text-align: center;">Social Security Number</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date of Birth (mm/dd/yy)</p> <p>() _____</p> <p style="text-align: center;">Area Code Telephone Number</p> <p>() _____</p> <p style="text-align: center;">Area Code Telephone Number (other)</p>	<p style="text-align: center;"><u>Name & Address of Head of Household</u></p> <p>_____</p> <p style="text-align: center;">Last Name First Name MI</p> <p>_____</p> <p style="text-align: center;">Mailing Address (street)</p> <p>_____</p> <p style="text-align: center;">Apt. #</p> <p>_____</p> <p style="text-align: center;">City State Zip</p>
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<p><u>Sex</u></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>	<p><u>Race</u></p> <p><input type="checkbox"/> Black/African American <input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Indian/Alaskan</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p><u>Ethnicity</u></p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Non-Hispanic</p>
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Are you a person with a disability and has documentation been submitted? Yes No

Are you a person who meets the Wood Street Commons homeless criterion and has documentation been submitted?
 Yes No

EMAIL _____



Household Family Members

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

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

- | | |
|--|--|
| <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:

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

If yes, please explain _____

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

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

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

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

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

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

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

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

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

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

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

Yes No

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

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

Head of Household _____ Date: _____
(Signature)

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

Signature of Head of Household _____ Date/Time _____

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



Housing Authority of the City of Pittsburgh

Occupancy Department
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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: _____

- 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. HACF 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, 4th 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: _____

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? _____



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