



HOUSING AUTHORITY OF THE COUNTY OF CHESTER

30 West Barnard Street, Suite 2

West Chester, PA 19382

Phone 610-436-9200 * Fax 610-436-9203

www.haccnet.org

PUBLIC HOUSING APPLICATION INSTRUCTIONS ONLY

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR PROCESSED

- 1. Fill out the entire application in ink pen.** You must complete the entire application, including social security numbers for all household members who have them, dates of birth, and a mailing address. Incomplete applications or applications filled out improperly or in pencil will not be accepted. If a portion of the application does not apply to your circumstances you must annotate "NA" (Not Applicable).
- 2. Read the descriptions of the preferences and check those that apply to you.** You are required to submit documentary proof to receive the preference.
- 3. Family members 18 years of age or older must sign all forms.**
- 4. Please mail the updated form to the Tenant Selection Coordinator at the above address. You must include all documents to support the following verifications:**
 - a. Copies of original social security cards for all household members** (Non-citizens must sign a statement that they elect not to contend eligible immigration status. These forms are available at our office. Birth certificates can be used for babies who have not been issued a social security card).
 - b. Copies of photo ID's for all family members 18 or older, including applicant**
 - c. Copies of original state-issued birth certificates for all household members**
- 5. All applicants will be contacted by mail and notified of their eligibility.** Applications will be entered onto a computerized site-based waiting list based and in the order in which the applications are received and reviewed for completeness in accordance with local preferences.
- 6. Any changes in family composition, income, or address must be submitted in writing. It is your responsibility to make sure your application is correct and current.**

PLEASE PRINT ALL INFORMATION

NAME (Head of Household): _____
 (First) (Middle Initial) (Last)

PRESENT ADDRESS: _____
 (House Number) (Street Name) (Apt #)

CITY: _____ STATE: _____ ZIP CODE: _____

BIRTH DATE: _____ SEX: _____ SOCIAL SECURITY#: _____

HOME PHONE #: _____ WORK PHONE #: _____ CELL PHONE #: _____

HOUSEHOLD INCOME:	PER MONTH	HOUSEHOLD MEMBERS	RELATIONSHIP
EMPLOYMENT WAGES	\$		
SOCIAL SECURITY INCOME	\$		
SOCIAL SECURITY DISABILITY INCOME	\$		
PUBLIC ASSISTANCE (Welfare/TANF)	\$		
CHILD SUPPORT	\$		
PENSION	\$		
OTHER INCOME (Specify)	\$		

PREFERENCES

ARE YOU A LEGAL RESIDENT OF CHESTER COUNTY?	YES	NO	Documentary Proof Required
ARE YOU A VETERAN?	YES	NO	DD Form 214 Required
DO YOU OR ANY MEMBER OF YOUR FAMILY HAVE A DISABILITY?	YES	NO	Documentary Proof Required
ARE YOU EMPLOYED OR RECEIVING SSI/SSD?	YES	NO	Documentary Proof Required
ARE YOU PARTICIPATING IN AN EDUCATIONAL/TRAINING PROGRAM?	YES	NO	Documentary Proof Required
HAVE YOU GRADUATED FROM A TRANSITIONAL HOUSING PROGRAM?	YES	NO	Documentary Proof Required
ARE YOU CURRENTLY A VICTIM OF DOMESTIC VIOLENCE?	YES	NO	Documentary Proof Required
HAVE YOU RECENTLY BEEN INVOLUNTARILY DISPLACED?	YES	NO	Documentary Proof Required

PLEASE SELECT THE SITE(S) WAITING LIST(S) OF INTEREST:

FAMILY ONLY (2 -5 Bedroom)

LOCUST COURT (West Chester)
FAIRVIEW VILLAGE (Phoenixville)
HANNUM GARDENS (West Chester)
DOWNTOWN REVIVAL (Coatesville)
GARNETT TERRACE (Coatesville)

ELDERLY & DISABLED ONLY (No Children)

0 -1 Bedroom	Select Bedroom Size	
222 N. CHURCH (West Chester)	0 BR	1 BR
KING TERRACE (Phoenixville)	0 BR	1 BR
OXFORD TERRACE (Oxford)	0 BR	1 BR

ADULT ONLY (0 - 1 Bedroom) (No Children) Select Bedroom Size

MAPLE/SPRUCE COURT (West Chester)	0 BR	1 BR
WASHINGTON HOUSE (Coatesville)	0 BR	1 BR
DOWNTOWN REVIVAL (Coatesville)		1 BR
GARNETT TERRACE (Coatesville)		1 BR

ELDERLY ONLY (55 +) (No Children)

1 Bedroom Units Only
ASH PARK (Coatesville)

I _____ hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the U.S. code.

APPLICANT SIGNATURE: _____ DATE: _____

Application for Admission

HOUSING AUTH OF THE COUNTY OF CHESTER
 30 WEST BARNARD ST
 WEST CHESTER PA 19382
 (610) 436-9200

For Office Use Only

I. Applicant Information

Applicant SSN _____
 Applicant Name _____

Street Address _____
 City, State, Zip _____
 Home Telephone _____
 Work Telephone _____
 Message Telephone _____

Household Size _____
 Emancipated Minor Yes No

Accessibility features requested?

Vision _____
 Hearing _____
 Wheelchair _____
 Physical _____

Pet Information

Cats _____ Dogs _____ Other _____
 Comments _____

Mailing address same as current address?

YES NO

Mailing Address _____
 City, State, Zip _____

Current Information

Lived there from _____ to _____
 Number of bedrooms _____ Rent _____

Reason for Moving

About to be or without housing Sub-Standard housing Displaced Due to Government Action Other (Please specify) _____

Current Landlord

Address _____
 City, State, Zip _____ Telephone _____

Current Utility Information

Gas Company _____ Deposit _____
 Electric Company _____ Deposit _____
 Water Company _____ Deposit _____

II. Previous Information

Previous Address

City, State, Zip _____
 Lived there from _____ to _____
 Number of bedrooms _____ Rent _____

Previous Landlord

Address _____
 City, State, Zip _____ Telephone _____

Previously lived in Public Housing?

YES NO

Previous HA Name _____
 Address _____
 City, State, Zip _____ Telephone _____
 Lived there from _____ to _____

For Office Use Only

Waiting List Applied For	Application Number	Application Date / Time	Beds Applied

III. Program Integrity

1. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? YES NO
 If yes: Who? When? For What? _____

2. Does anyone in your household currently use a controlled or illegal drug? YES NO
 If yes, please explain. _____

3. Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? YES NO
 If yes: Who? When? For What? _____

4. Does anyone outside of your household pay for any of your bills or expenses? YES NO
 If yes: Who? When? For What? _____

IV. Family Composition Information

	Name	SSN	Student	Relation to Head	Birthday
Head					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

(mark as needed)

	Birth Place	Gender (M/F)	Race					Ethnicity		Eligibility				Alien Registration		Handicap Disabled	
			1	2	3	4	5	Hispanic?	EC	EN	IN	PV					
Head																	
2.																	
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	
11.																	
12.																	

Eligibility Codes: EC = Eligible Citizen EN = Eligible Noncitizen IN = Ineligible Noncitizen PV = Eligibility Pending	Race Codes: 1 = White 2 = Black/African American 3 = American Indian/Alaska Native 4 = Asian 5 = Native Hawaiian/Other Pacific Islander
--	---

V. Employment/Income Information

Enter each type of income that any household member will have in the next year.

Family Member _____ Income Type _____ Start Date _____ How Long _____ Income Per _____ Hour _____ Week _____ Month _____ Year _____ Weeks per Year _____ Hours per Week Income Amount _____	Source/Company _____ Position _____ Address _____ City, State, Zip _____ Telephone _____
Family Member _____ Income Type _____ Start Date _____ How Long _____ Income Per _____ Hour _____ Week _____ Month _____ Year _____ Weeks per Year _____ Hours per Week Income Amount _____	Source/Company _____ Position _____ Address _____ City, State, Zip _____ Telephone _____
Family Member _____ Income Type _____ Start Date _____ How Long _____ Income Per _____ Hour _____ Week _____ Month _____ Year _____ Weeks per Year _____ Hours per Week Income Amount _____	Source/Company _____ Position _____ Address _____ City, State, Zip _____ Telephone _____
Family Member _____ Income Type _____ Start Date _____ How Long _____ Income Per _____ Hour _____ Week _____ Month _____ Year _____ Weeks per Year _____ Hours per Week Income Amount _____	Source/Company _____ Position _____ Address _____ City, State, Zip _____ Telephone _____
Family Member _____ Income Type _____ Start Date _____ How Long _____ Income Per _____ Hour _____ Week _____ Month _____ Year _____ Weeks per Year _____ Hours per Week Income Amount _____	Source/Company _____ Position _____ Address _____ City, State, Zip _____ Telephone _____
Family Member _____ Income Type _____ Start Date _____ How Long _____ Income Per _____ Hour _____ Week _____ Month _____ Year _____ Weeks per Year _____ Hours per Week Income Amount _____	Source/Company _____ Position _____ Address _____ City, State, Zip _____ Telephone _____
Family Member _____ Income Type _____ Start Date _____ How Long _____ Income Per _____ Hour _____ Week _____ Month _____ Year _____ Weeks per Year _____ Hours per Week Income Amount _____	Source/Company _____ Position _____ Address _____ City, State, Zip _____ Telephone _____
Family Member _____ Income Type _____ Start Date _____ How Long _____ Income Per _____ Hour _____ Week _____ Month _____ Year _____ Weeks per Year _____ Hours per Week Income Amount _____	Source/Company _____ Position _____ Address _____ City, State, Zip _____ Telephone _____

Income Type Codes:

P = Pension	S = SSI	G = General Assistance	I = Indian Trust/per capita
B = Own Business	F = Federal Wages	W = Other Wages	N = Other Non-wage Source
SS = Social Security	T = TANF	C = Child Support	E = Medical Reimbursement
M = Military Pay	HA = PHA Wages	U = Unemployment Benefits	IW = Annual Imputed Welfare Income

VI. Asset Information

Enter the assets that your household currently possesses, or has disposed of within the last two years for less than fair market value. Enter the anticipated or actual income from each asset next to Annual Income.

Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	City, State, Zip _____
	Telephone _____
Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	City, State, Zip _____
	Telephone _____
Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	City, State, Zip _____
	Telephone _____
Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	City, State, Zip _____
	Telephone _____
Family Member Name _____	Source _____
Description of Asset _____	Contact _____
Cash Value _____	Address _____
Annual Income _____	City, State, Zip _____
	Telephone _____

VII. Expenses

Enter any Medical, Child Care or Handicapped Expenses that your household currently has.

Family Member _____	Payee _____
Type of expense _____	Contact _____
Expense per _____ Week _____ Month _____ Year	Address _____
Expense Cost _____	City, State, Zip _____
	Telephone _____
Family Member _____	Payee _____
Type of expense _____	Contact _____
Expense per _____ Week _____ Month _____ Year	Address _____
Expense Cost _____	City, State, Zip _____
	Telephone _____
Family Member _____	Payee _____
Type of expense _____	Contact _____
Expense per _____ Week _____ Month _____ Year	Address _____
Expense Cost _____	City, State, Zip _____
	Telephone _____
Family Member _____	Payee _____
Type of expense _____	Contact _____
Expense per _____ Week _____ Month _____ Year	Address _____
Expense Cost _____	City, State, Zip _____
	Telephone _____
Family Member _____	Payee _____
Type of expense _____	Contact _____
Expense per _____ Week _____ Month _____ Year	Address _____
Expense Cost _____	City, State, Zip _____
	Telephone _____

VIII. References

Enter references that can be contacted to determine housing suitability

Bank References

Bank 1
 Address _____
 City, State, Zip _____
 Telephone _____
 Checking Account # _____
 Savings Account # _____

Bank 2
 Address _____
 City, State, Zip _____
 Telephone _____
 Checking Account # _____
 Savings Account # _____

Credit References

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Account # _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Account # _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____
 Account # _____

Personal References

Emergency Contact
 Address _____
 City, State, Zip _____
 Telephone _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____

Name _____
 Address _____
 City, State, Zip _____
 Telephone _____

IX. Certification of Information

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant _____ Date _____

Co-applicant _____ Date _____

Other member over 18 _____ Date _____

Other member over 18 _____ Date _____

Other member over 18 _____ Date _____

Other member over 18 _____ Date _____

For Office Use Only							
Management Code _____				Caseworker _____			
Offers/Vouchers							
Unit Number/ Voucher	Waiting List	Beds	Fund ID	Date Offered	Response	Response Date/Time	Initials

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.