

## **HOUSING CHOICE VOUCHER PRE-APPLICATION INSTRUCTIONS**

**You must answer all questions on the pre-application and attach relevant documentation.**

### **IMPORTANT:**

**THESE ARE THE DOCUMENTS REQUIRED WHEN APPLYING FOR HOUSING CHOICE VOUCHER ASSISTANCE:**

**You must provide proof of preference for which you are applying for (local, homeless, family unification, disaster, Children/Youth Services)**

**For all household members 17 years of age and younger:**

***\*Copy Birth Certificate(s)***

***\*Proof of Social Security Number(s)*** in the form of a copy of the original Social Security card, a copy of a SSA-issued document, which contains the name and SSN of the individual, or a copy of an original document issued by a federal, state, or local government agency, which contains the name and SSN of the individual

**For all household members 18 years of age and older:**

***\*Proof of Social Security Number(s)*** in the form of a copy of the original Social Security card, a copy of a SSA-issued document, which contains the name and SSN of the individual, or a copy of an original document issued by a federal, state, or local government agency, which contains the name and SSN of the individual.

***\*Copy of State/government issued photo driver's license(s) or photo identification card(s)***

**If you are NOT a United States Citizen:**

***I-551 Permanent Resident Card or I-688B Employment Authorization Card***

**If you do not provide ALL required documents with you pre-application, it WILL BE REJECTED.**

**PROOF OF CURRENT INCOME:** You must provide a letter, written statement, or copy of check or stubs, from the employer, person or agency providing the income. **YOU DO NOT NEED TO SHOW US ALL OF THESE DOCUMENTS, only the ones that apply to you and those on your application. One proof for each type of income you have is required. Provide the most recent proof of income before taxes and any other deductions. The proof must be dated, include the employee's name and show gross income for the pay period. The proof must be for the last four weeks, whether you get paid weekly, bi-weekly, or monthly. It is important that these be current.**

**Wages and Salary** \*Paycheck stubs OR \*Letter from employer on company letterhead, signed and dated OR

\*Current signed and dated income tax return and all Schedules OR \*Business/payroll records

**Self-Employment** \*Current signed/dated income tax return and all Schedules OR \*Records of earnings and expenses/business records

**Unemployment Benefits** \*Award letter/certificate OR \*Monthly benefit statement from PA Department of Labor & Industry OR \*Printout of recipient's account information from the PA Department of Labor & Industry

**Private Pensions/Annuities** \*Statement from pension/annuity

**Social Security** \*Award letter/certificate OR \*Annual benefit statement

**Workers' Compensation** \*Award letter OR \*Check stub

**Child Support/Alimony** \*Letter from person providing support OR \*Letter from court OR \*Child support/alimony check stub OR \*Copy of Epicard with printout OR \*Copy of child support account information from

**Temporary Aid for Needy Families (TANF)** Current benefits statement from Department of Welfare

**Veterans' Benefits** \*Award letter OR \*Benefit check stub OR \*Correspondence from Veterans Affairs

**Military Pay** \*Award letter or \*Check stub

**Interest/Dividends/Royalties** \*Recent statement from bank, credit union or financial institution OR \*Letter from broker OR \*Letter from agent OR \*1099/tax return (if no other documentation is available)

**Support from Others (Friends/Family) including if someone pays bills on your behalf** \*Signed statement or letter from family member

**PROOF OF CURRENT ASSETS:**

**Checking/Savings Accounts** \*Recent statement from bank, credit union or financial institution

**Life Insurance Policies with Cash Value** \*Recent statement from financial institution

**PROOF OF CHILDCARE/DISABILITY CARE EXPENSE:**

**If you pay to have care for your children or a disabled household member while you work or attend school, provide one of the following:**

\*Written statement from day care center or other child/adult care provider OR \*Canceled checks or receipts that show your payments

**If you do not provide ALL required documents with your pre-application, it WILL BE REJECTED.**



Adams County Housing Authority  
Pennsylvania Interfaith Community Programs  
40 E. High Street, Gettysburg, PA 17325  
Phone (717) 334-1518 Fax (717) 334-8326  
TDD/TTY Relay Service: 1-800-654-5984  
www.adamscha.org

**PRE-APPLICATION FOR HOUSING CHOICE VOUCHER ASSISTANCE**  
**SECTION 1 of 5 – Preferences**

**\*\*YOU MUST PROVIDE PROOF TO DOCUMENT YOUR PREFERENCE\*\***

**IF YOU DO NOT QUALIFY FOR ANY OF THE PREFERENCES BELOW, YOU ARE INELIGIBLE TO SUBMIT AN APPLICATION AT THIS TIME AS THE WAITING LIST IS OPEN TO PREFERENCE ONLY POPULATIONS.**

**A. DISPLACED** Have you been involuntarily displaced from a residence in Adams County, PA, within the last 30 days, as a result of an emergency which has been declared a disaster? For example, fire, flood, tornado, hail, etc. **Please check one: Yes ☐ or No ☐** If yes, proceed to section 2 of the application and **provide proof from a certifying authority** (ie: Red Cross). If no, proceed to question B.

**B. CHAFEE ELIGIBLE** Are you an adjudicated dependent and/or youth aging out of Adams County Children and Youth Services who is/were eligible for Chafee Independent Living Services, where you are at least 18 years of age, in substitute care and eligible for Chafee Independent Living Services (or in care with the possibility of leaving care and eligible for Chafee Independent Living Services) with an anticipated discharge date within the next 12 months; or you have been discharged from Adams County Children & Youth Services care within the last two years, having been in substitute care for at least six months, had been or is currently eligible for Chafee Independent Living Services and has not yet reached your 23<sup>rd</sup> birthday at time of application? **Please check one: Yes ☐ or No ☐** If yes, proceed to section 2 of the application and **provide a certificate from Adams County Children & Youth Services**. If no, proceed to question C.

**C. FAMILY UNIFICATION** Is your lack of adequate housing a primary factor in the separation, or threat of imminent separation, of children from their families or in the prevention of reunifying children with their families? **Please check one: Yes ☐ or No ☐** If yes, proceed to section 2 of the application and **provide a certificate from Adams County Children & Youth Services**. If no, proceed to question D.

**D. HOMELESS** 1) You are a homeless person residing in Adams County, PA meaning you are living “on the streets” or are staying in shelters, this includes people living in vehicles, motels and campgrounds. 2) You are a participant in an Adams County transitional housing program, who has satisfactorily participated in a transitional housing program in Adams County for a period of at least five (5) months; or who will potentially max out their transitional program participation period which, at this time, is twenty-four (24) months. **Please check one: Yes ☐ or No ☐** If yes, proceed to section 2 of the application and **provide proof of homelessness in Adams County** in the form of either a referral letter from an Adams County PA shelter; a month’s worth of current and consecutive receipts from a, Adams County, PA motel or campground; or a letter from an Adams County, PA social service agency certifying that you reside in your vehicle. No other documentation will be accepted.

**E. ADAMS COUNTY RESIDENT OR WORKER** Do you currently live or work in Adams County, Pennsylvania? **Please check one: Yes ☐ or No ☐** If yes, proceed to section 2 of the application and submit a copy of **one of the following**:



This institution is an equal opportunity provider and employer.



- Copy of current lease listing Adams County address
- Copy of 2 different current utility bills listing Adams County address (water, sewer, electric, gas, cable); will not accept cellular phone or pager bills
- Copy of current benefit award letter (social security, unemployment compensation, welfare assistance) showing applicant's Adams County address
- Copy of Adams County, PA, court ordered child support orders or custody agreements
- Copy of prior year Adams County local tax return; will not accept federal or state tax return
- Copy of proof showing that children are enrolled and have been enrolled in an Adams County School during the last school year; we will accept a report card
- Copy of a letter of hire on company letterhead or paystubs showing proof of employment in Adams County.

## SECTION 2 of 5 – Household Composition

### **A. HOUSEHOLD COMPOSITION:**

Head of Household Name \_\_\_\_\_

Current Address where you live \_\_\_\_\_

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

How long have you lived at this address? Years \_\_\_\_\_ Months \_\_\_\_\_

Do you wish to be assisted in the dwelling you now live in? Yes ☐ or No ☐

Phone and/or Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

Name/Contact Information of Current Landlord \_\_\_\_\_

**List the Head of household and ALL members who will be in the household with their relationship to the Head.**

NAME (INCLUDE YOURSELF)	RELATIONSHIP	DATE OF BIRTH	SOC. SECURITY #	DISABLED (Y/N)
1	HEAD OF HOUSEHOLD			
2				
3				
4				
5				
6				
7				

**B.** Is at least one member of your household a United States citizen or eligible non-citizen?

Yes ☐ or No ☐

**C.** If no, will any members of your household elect not to contend their eligible immigration status?

Yes ☐ or No ☐

### **D. REASONABLE ACCOMMODATIONS FOR PERSONS WITH DISABILITIES:**

Do you wish to request special accommodations in the facilities, policies or communications, i.e. language interpretation, sign language, etc.? Yes ☐ or No ☐ If yes, please describe below the accommodation requested: \_\_\_\_\_.

## SECTION 3 of 5 – Screening Criteria

### **PHA SCREENING CRITERIA:**

1. Is anyone in the household subject to a required State sex offender registration program? Yes ☐ or No ☐  
Who: \_\_\_\_\_

2. To the best of your knowledge has anyone in the household been **charged, arrested, and/or convicted** of **ANY CRIME**, or for illegal use, possession, or distribution of drugs or abuse of alcohol within the last 10 years, or are there charges pending at this time? **Yes** ☐ or **No** ☐ If yes, list who, what state(s) and year(s) and for what crime(s): \_\_\_\_\_

3. Has anyone in the household ever been convicted of manufacturing or production of methamphetamine? **Yes** ☐ **No** ☐ Who: \_\_\_\_\_

4. Are you, or anyone in your household, now living in Public or Section 8 housing (in a unit with a housing voucher), or any federally subsidized housing unit? **Yes** ☐ or **No** ☐ Who/Where \_\_\_\_\_

5. Has anyone in your household ever received subsidized housing in the past (Section 8, Public Housing, or any other federal, state or locally subsidized housing program)? **Yes** ☐ or **No** ☐ **If yes, list who/where/when:** \_\_\_\_\_

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#### SECTION 4 of 5 – Household Income

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**TOTAL HOUSEHOLD INCOME:** Include all money earned or received by every member (age 18 and older) who will be living in the household. This includes money from wages, self-employment, Unemployment compensation, child support, regular in-kind or cash gifts, Social Security (include Social Security Disability for everyone in the household, **including anyone under the age of 18**), disability payments, Workmen's Compensation, retirement benefits, TANF, Veterans benefits, alimony, rental income, mortgage or loan income, trust funds, interest income from assets, settlements within the past 2 years, and all other sources. Exclude earned income by members under 18 or still in high school. Note: If no income, indicate zero or your application will be returned to you.

CALCULATE TOTAL ANNUAL HOUSEHOLD INCOME BEFORE TAXES OR DEDUCTIONS

Name of household member	Source of Income	Yearly Amount

**FOR HUD STATISTICAL PURPOSES ONLY:**

Please identify your race and ethnicity by checking one box in each of the two categories below:

**Race of Head of Household:**

- ☐ White  
☐ Black or African American  
☐ American Indian/Alaskan Native  
☐ Asian  
☐ Pacific Islander/Native Hawaiian

**Ethnicity of Head of Household:**

- ☐ Hispanic or Latino  
☐ Non-Hispanic or Latino

**Non-Discrimination Policy:** All persons will be treated fairly and equally without regard to race, color, religion, sex, familial status, disability, national origin or source of income.

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#### SECTION 5 of 5 – Obligations

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**Please initial on the following lines to show that you understand the Housing Choice Voucher requirements.**

\_\_\_\_\_ ***I understand*** that this pre-application for rental assistance is for placement only on the waiting list. I understand that I am responsible to notify the Housing Authority if I have a change of mailing address,

household composition, or family income. Final determination of eligibility is determined when my name is selected from the waiting list.

\_\_\_\_\_ ***I understand*** that the Housing Authority notifies applicants of confirmation on the waiting list and appointments by mail, and periodically may send a notice of update. If at any time mail is returned undeliverable, I will be removed from the waiting list, and no further notice will be sent. It is my responsibility to update the Authority of any change in mailing address in writing and that this Authority does not accept any changes that are not in writing.

\_\_\_\_\_ ***I understand*** that any household member's criminal record or past violations from other housing authorities or federal assisted housing programs may affect eligibility. For all adult members of the household, the Housing Authority pulls criminal background checks and verifies through HUD's online verification system whether applicants were previously federally assisted.

\_\_\_\_\_ ***I hereby certify*** that the above information is correct and complete to the best of my knowledge and may be used for the purpose of verification. I fully understand that this is not a contract and does not bind either party. I understand false information will constitute grounds for cancellation of this application or my assistance if I should be housed.

\_\_\_\_\_ ***I hereby certify*** that if this application is not complete and/or if the forms are not completed in full my application will be rejected.

**DO NOT SIGN until you include all of these items with your application. If these items are not included your application will be rejected:**

- ☐ Did you provide proof of your preference in Section 1?
- ☐ Did you provide a copy of you and **all** your household members' social security cards?
- ☐ Did you provide a copy of a birth certificate for every household member **under the age of 18?**
- ☐ Did you provide a copy of a driver's license and/or state identification card for every household member who is **18 or older?**

\_\_\_\_\_

**Signature of Head of Household**

**Date**

**WARNING:** Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Departments or Agencies of the United States.