

Liberty Tower Highrise for the Elderly
520 Liberty Street
California, PA 15419
724-938-3003

Date: _____
Time: _____
App. No: _____

APPLICATION FOR SECTION 8 ASSISTANCE

Applicant Name: _____
Current Address: _____ Apt. Number: _____
City, State, Zip: _____
Home Phone: _____ Work/Cell Phone: _____

List names, addresses and phone numbers of two relatives or friends who generally know how to contact you:

1. Name: _____ 2. Name: _____
Address: _____ Address: _____
Phone: _____ Phone: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the assisted unit. Give the relationship of each family member to the Head.

MEMBER #	FULL NAME	RELATIONSHIP	BIRTHDATE	AGE	SEX	SS#
----------	-----------	--------------	-----------	-----	-----	-----

Race of Head of Household: ___ White ___ Black ___ American Indian ___ Asian
(for statistical data purposes) ___ Do not wish to answer

Ethnicity of Head of Household: ___ Hispanic ___ Non-Hispanic ___ Do not wish to answer

Are you or any member of your family enrolled as a student in an institute of higher education?
___ No ___ Yes

Is any member of the household subject to a lifetime registration requirement under the state sex offender registration program? ___ No ___ Yes

Do you plan to have anyone living with you in the future who is not listed above?

Yes No

If yes, please explain _____

Is there a disability that you as Head of Household or family member wish to claim for Section 8 eligibility purposes?

Are there any special accommodations that the household will require? (e.g., unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, housekeeping, grab bars, wheel-in showers) _____

of

Identify any special housing needs required as a result of the disability.

CURRENT HOUSING STATUS

Provide the name, address, and phone number of all of your landlords for the past three years.

Current Landlord: _____ Phone: _____

Address: _____

Previous Landlord: _____ Phone: _____

Address: _____

PREVIOUS HOUSING STATUS

Provide a complete list all states in which you and all members of the household have resided.

INCOME INFORMATION

Please answer each of the following questions. For each "YES" answer, provide the details in the chart below.

	YES	NO
1. Is any member of your household employed full-time, part-time or seasonally?	_____	_____
2. Does any member of your household expect to work for any period during the next 12 months?	_____	_____
3. Does any member of your household work for someone who pays them in cash?	_____	_____
4. Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave?	_____	_____
5. Does any member of your household now receive or expect to receive unemployment benefits?	_____	_____
6. Does any member of your family now receive or expect to receive child support?	_____	_____
7. Is any member of your household entitled to child support that he/she is not now receiving?	_____	_____
8. Does any member of your household now receive or expect to receive alimony payments?	_____	_____
9. Is any member of your household entitled to alimony payments that he/she is not now receiving?	_____	_____
10. Does any member of your household receive or expect to receive welfare assistance?	_____	_____
11. Does any member of your household receive or expect to receive Social Security Benefits?	_____	_____
12. Does any member of your household receive or expect to receive income from a pension or annuity?	_____	_____

13. Does any member of your household receive regular cash contributions from persons not living in the unit or from agencies? _____

14. Does any member of your household receive income from assets including interest on bank accounts, interest & dividends from CDs, stocks or bonds, or income from the rental of property? _____

For each type of income that your household receives, give the source of the income and the amount of income that can be expected from that source during the next 12 months.

FAMILY MEMBER	SOURCE OF INCOME	ANNUAL INCOME
---------------	------------------	---------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ASSET INFORMATION

List all checking and savings accounts (including IRAs, Keogh accounts, and CDs) of all household members, including amounts disposed of during the past two years.

FAMILY MEMBER	BANK NAME	ACCOUNT NUMBER	BALANCE
---------------	-----------	----------------	---------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List value of all stocks, bonds, trusts, pension contributions, or other assets:

Do you own a home or other real estate? _____ Yes _____ No

Have you sold or given any real property or other assets in the past two years?

_____ Yes _____ No

If yes, what is the current market value of the asset? _____

EXPENSES

Do you pay for child care while you or another family member works or goes to school?

Yes No

If yes, give name and address of child care provided, weekly cost and name of family member enabled to work

ELDERLY FAMILIES ONLY

Do you have Medicare? YES NO

Do you have any other kind of medical insurance? YES NO

Do you have any outstanding medical bills on which you are paying? YES NO

Do you expect to have any medical expenses during the next 12 months? YES NO

If yes, amount of medical expenses \$ _____

MARKETING INFORMATION:

How did you hear about Liberty Tower Highrise for the Elderly?

Friend/Relative Advertisement Other (Explain): _____

APPLICANT CERTIFICATION:

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for Section 8 assistance. I/we authorize the Agency to verify all information provided on this application and to contact previous or current landlords or other sources for credit and verification information which may be released to appropriate federal, state or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law.

Signature of Applicant _____ Date _____

Signature of Co-Applicant _____ Date _____

COMMENT/ADDITIONAL INFORMATION:

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.