

# HOUSING AUTHORITY OF NORTHUMBERLAND COUNTY

Pre-Application for Housing Assistance

DATE STAMP WHEN RECEIVED

  
  
  
  

TIME RECEIVED: \_\_\_\_\_

For office use - initial when done

Entered \_\_\_\_\_

Given to Sec 8 or Public Housing \_\_\_\_\_

Bedroom size \_\_\_\_\_

Faxed to MTC if applicable \_\_\_\_\_

**THIS PRE-APPLICATION EXCLUDES THE CITY OF SUNBURY**  
**If you want housing assistance for this location, you MUST contact that Housing Authority.**

To pre-apply for housing assistance through the Housing Authority of Northumberland County, please fill out and mail this form to:

Housing Authority of Northumberland County  
 50 Mahoning Street  
 Milton, PA 17847

- ALL RETURNED PRE-APPLICATIONS MUST BE ORIGINALS -  
 THIS FORM CANNOT BE PHOTOCOPIED OR FAXED

If you have questions concerning this pre-application,  
 please call (570) 742-8797 or (570) 339-5844; TTY/TDD 711.

**ESTA CARTA CONTIENE INFORMACION IMPORTANTE PARA USTED Y SU FAMILIA. SI NO LA ENTIENDE, POR FAVOR PROCURE ASISTENCIA PARA TRADUCIRLA O PONGASE EN CONTACTO CON NUEWSTRA OFICINA PARA CONSEGUIR AYUDA.** *Translation: This letter contains important information for you and your family. If you do not understand it, please have it translated or contact our office for assistance.*

Date: \_\_\_\_\_

Name (Head of Household): \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: (NO Post Office Box #'s) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Gross Monthly Income: \_\_\_\_\_ Current Rent: \_\_\_\_\_

- I am interested in the following:
- Section 8 Housing Choice Voucher Program  
Rental Assistance
  - Family Self-Sufficiency Program
  - Brushwood Estates (Family Housing in Kulpmont)
  - Mahoning Acres/Hepburn Acres (Family Housing in Milton)
  - Milton Towers (Senior Housing [50+] in Milton)
  - Willow Court (Senior Housing [62+] in Mount Carmel)
  - Roosevelt Court (Senior Housing [50+] in Kulpmont)
  - Mountainside Estates (Senior Housing) [62+] Coal Township

**\*\*ADDRESS FOR MAILING PURPOSE ONLY  
 IF DIFFERENT FROM ABOVE ADDRESS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EFFECTIVE July 1, 2018 all public housing is NON-SMOKING. This is in effect regardless of the date you moved in. Additionally, you will not be permitted to smoke within 25 feet of the property.**

**PREFERENCES FOR ADMISSION-** The Housing Authority will first consider applicants that contribute to meeting the statutory requirement that 75% of new participants are extremely low-income families that are at or below 30 percent of the median family income.

**Preferences do not guarantee admission. Rather, they establish the order of placement of the Waiting List. Please check any of the following which apply to you:**

**(IF NO PREFERENCE IS MARKED & INFORMATION PROVIDED - NO PREFERENCE WILL BE ASSIGNED)**

\_\_\_ 1) I and/or the co-head currently reside in Northumberland County and can provide the proper physical address as to where I am residing (no post office boxes will be accepted) proof living in Northumberland County may be asked for) ..... 20 points  
 (NOTE: Persons residing in shelters or half-way houses are considered temporary residences and therefore do not qualify as a permanent resident of Northumberland County.)

\_\_\_ 2) I and/or the co-head of my family are currently employed at a **minimum** of 30 hrs. per week.....7 points

\_\_\_ 3) I and/or the co-head of my household family meet the following definition of Elderly (62 years of age or older) or Person with Disabilities - In the Housing Authority's dedication to Fair Housing, without regard to age or handicap is receiving social security disability, supplemental security income disability benefits, or any other payments based on the individual's **certifiable** inability to work. ....7 points

\_\_\_ 4) I and/or the co-head of the household family is a graduate of or an active participant in educational job training and/or a vocational training program (**other than high school and/or college**) designed to prepare individuals for the job market (verification of student status **MUST** be submitted along with this application in order to take this preference). ....2 points

\_\_\_ 5) I and/or the co-head of my family claim to be a household family member of a veteran and/or servicemen. A person who served (or is currently serving) in the active service of the Armed Forces of the United States for a period of more than 180 days, has been discharged or released under other than dishonorable conditions or was discharged or released from active duty because of a service connected disability, or as a member of a reserve component under an order to active duty of Title 10, served on active duty during a period of war or in a campaign or released from such duty with other than a dishonorable discharge (as defined in Section 101, Title 38 of the U.S. Code.) **PROOF MUST BE PROVIDED (EXAMPLE DD214)**.....1 point

\_\_\_ 6) I and/or co-head have been displaced. Definition of Displaced Person: a person (family, or individual) that moves from real property, or moves personal property from real property, permanently and involuntarily as a direct result of action by a government agency related to acquisition, rehabilitation, demolition, fire, flood, or other acts of nature or who has been displaced as a result domestic violence perpetuated against them. A victim of domestic violence will be asked to **provide certifiable verification to be submitted along with this application to be referred to our counsel for verification before being accepted**. ....1 point  
*A person does not qualify as a "displaced person" if the person has been evicted for just cause Based upon a serious or repeated violation of material terms of the lease or occupancy agreement, or has completed prescribed or voluntary leaves a transitional housing program, or has been released after being incarcerated.*

\_\_\_ 7) No preference is claimed (none of the above apply to me).

In accordance with section 504 of Rehabilitation Act of 1973, the Housing Authority of Northumberland County is required to make reasonable accommodations to its programs and facilities (housing or non-housing) in order to provide otherwise eligible individuals with handicaps equal access to participation in or the benefits of our programs and facilities.

Does anyone in your household need special physical/mobility accommodations? \_\_\_ Yes \_\_\_ No

Please list each person(family member) who will be living in your rental unit/home (**please list Head of Household first**):

Name	Social Security Number	Date of Birth	Relationship to Head of Household (son, daughter, spouse, sister, brother, etc...)
(Head) _____	____-____-____	____/____/____	_____
_____	____-____-____	____/____/____	_____
_____	____-____-____	____/____/____	_____
_____	____-____-____	____/____/____	_____
_____	____-____-____	____/____/____	_____

Please list **ALL** family members in your household who are currently receiving income:

Name	Name and Address of Employer
_____	_____
_____	_____
_____	_____

**All of the following questions must be answered for pre-application approval:**

*(Failure to answer following information will cause your application to be considered incomplete and may be returned)*

Are any members of your household receiving any of the following?

	Yes,	No	Name of Household Member	Amount \$\$ -(per Month)
Cash Assistance	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Medical through Welfare	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Child Support/Spousal Support	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Disability Payments(Soc. Sec. <i>only</i> )	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other Disability Payments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Workman's Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Unemployment Compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alimony	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Pensions	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Please list any other income: \_\_\_\_\_

**ASSETS**

Do You have a Checking Account? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, where??? (Name of Bank) \_\_\_\_\_ Balance\$ \_\_\_\_\_

Do You have a Savings Account? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, where??? (Name of Bank) \_\_\_\_\_ Balance\$ \_\_\_\_\_

Do You have any other assets? (i.e. stocks/bonds, CD's, etc) \_\_\_\_ Yes \_\_\_\_ No  
 If yes, where????(Name of Source) \_\_\_\_\_ Balance\$ \_\_\_\_\_

Do You Own or Have Owned any real estate (property) within the last 24 months? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, provide address \_\_\_\_\_

Have you disposed of an asset for less than its fair market value of \$2,000 or more during past 24 months preceding this pre-application?

If Yes, please describe what the asset was( real estate, cash monies, etc...) \_\_\_\_\_  
 \_\_\_\_\_

Do You have "Whole" Life Insurance Policy? (*not term insurance*) \_\_\_\_ Yes \_\_\_\_ No

**Current/Past Housing Status**

How many do you plan on living in your rental unit/home you are seeking assistance for? \_\_\_\_ Adults \_\_\_\_ Children

If this is a rental property, do you have a lease? \_\_\_\_ Yes \_\_\_\_ No

Is your name on the lease agreement? \_\_\_\_ Yes \_\_\_\_ No If not please explain \_\_\_\_\_

How many bedrooms in this property? \_\_\_\_\_ How long have you lived at present address? \_\_\_\_\_

Do You have any pets? \_\_\_\_ Yes \_\_\_\_ NO \_\_\_\_\_

Do you wish to move?  Yes,  No If "Yes," why? \_\_\_\_\_

Have you ever been evicted: \_\_\_\_ Yes \_\_\_\_ No – If yes please explain \_\_\_\_\_  
 \_\_\_\_\_

**Federal law requires us to get drug and criminal background and sex offender registration information for all adult household members applying for assisted housing. To enable us to do this, all household members 18 or older must provide consent authorization by signing below to agreeing to a background check**

1. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? \_\_\_\_ Yes \_\_\_\_ No  
 If Yes, please list name(s). \_\_\_\_\_  
 \_\_\_\_\_

2. Have you or any adult member of your household been arrested and/or convicted of any drug-related crime within the past seven (7) years? \_\_\_\_ Yes \_\_\_\_ No  
If Yes, please list name(s). \_\_\_\_\_
3. Have you or any adult member of your household been convicted and/or arrested for any crime (*other than traffic violations*) within the past seven (7) years? \_\_\_\_ Yes \_\_\_\_ No  
If Yes, please list name(s). \_\_\_\_\_
4. Have you ever used or been known by any other name? \_\_\_\_ Yes \_\_\_\_ No  
If Yes, Please provide name(s) \_\_\_\_\_

In accordance with the data collection information requested by the Department of Housing & Urban Development (HUD), please provide the following information in regard to the Head of Household. This information is strictly voluntary.  
Check the appropriate box.

Ethnicity: Hispanic

Gender: Male  Female

Non-Hispanic

Race (select all that apply):

American Indian or Native Alaskan  Black or African American  Native Hawaiian or Other Pacific Islander  Asian  White

I have provided the above information.  I decline to provide the above information.

Head of Household Signature: \_\_\_\_\_

(\*revision) **U. S. CITIZENSHIP**

Are ALL members of the household citizens of the United States? \_\_\_\_ Yes \_\_\_\_ No

If NO, Provide Names of Household Members that are *not* citizens. \_\_\_\_\_

Do You have legal documents to provide each member is a legal resident of the United States? \_\_\_\_ Yes \_\_\_\_ No

I/We understand it is my/our responsibility for informing the Housing Authority of changes in family circumstances (including income and/or change of address) and are responsible for responding to requests from the Housing Authority to update applications. Refusal to provide information may result in the applicant being removed from the waiting list.

I/WE FURTHER UNDERSTAND ALL ADULT (18 YEARS OR OLDER) MEMBERS MUST SIGN THIS PRE-APPLICATION AS AN APPLICANT OF THE HOUSING CHOICE VOUCHER PROGRAM AND MUST BE PRESENT FOR ANY FURTHER PROCESSING OR SELECTION AS REQUESTED BY THE HOUSING AUTHORITY.

**FRAUD AFFIDAVIT**

**Housing Authority of Northumberland County**

**Penalties for Fraud**

**FRAUD- Withholding Information from this Agency OR providing false information to this Agency**

1. Under Federal Law, FRAUD is punishable by fines up to \$10,000 AND imprisonment for up to five years.
2. If an applicant and/or participant submits fraudulent information to this agency OR withholds relevant information from this agency, participant will be charged back rent, face eviction proceedings, and will be turned in for prosecution for violation a federal law.

I/WE understand that making false statements on this form is grounds for rejection or termination of my lease. I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Housing Authority of Northumberland County to conduct criminal background checks. Refusal to provide information may result in the applicant being removed from the waiting list.

“Title 18, Section 1001 of the U.S. Code states that person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a)(6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a)(6),(7) and (8).”

**APPLICANT ACKNOWLEDGMENT(S)**

**By Signing Below, I Confirm:**

1. That I/We have read the penalties for submitting fraudulent information above;
2. That I/We understand what fraud is, and;
3. That I/We understand the penalties for committing fraud.

**Note:** Spouse/ Co-Head/ Other Adult – You Must Indicate as appropriate.  
 If You are over 18 and NOT Spouse you are “other adult” or co-head.  
 It is your choice to sign as applicable. **Note:** Spouse/Co-Head/ Other Adult – You Must Indicate as appropriate  
 If You are over 18 and NOT on the Lease Agreement, then you are “other adult”.

\_\_\_\_\_  
 Signature of Head of Household Date: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Spouse or Co-Head of Household Date: \_\_\_\_\_

\_\_\_\_\_  
 or Other Adult (18 years or older) Date: \_\_\_\_\_



**NOTE: UNSIGNED OR INCOMPLETE INFORMATION WILL CONSIDER THIS PRE-APPLICATION FOR HOUSING ASSIGNED AS INCOMPLETE AND RETURNED FOR COMPLETION. YOUR APPLICATION WILL NOT BE PUT ON ANY WAITING LIST UNTIL RETURNED ENTIRELY COMPLETED AND SIGNED BY ALL ADULT MEMBERS OF THE HOUSEHOLD.**

Where or how did you hear about the Housing Authority of Northumberland County? \_\_\_\_\_

**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.

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**HA STAFF INITIALS & DATE** \_\_\_\_\_