

**WASHINGTON COUNTY HOUSING AUTHORITY  
100 CRUMRINE TOWER, FRANKLIN STREET  
WASHINGTON, PA 15301  
TELEPHONE: 724-228-6060 FAX: 724-228-6089**

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**Mail-in PRE-APPLICATION for PUBLIC HOUSING**

**Instructions: Please read carefully. Incomplete applications will not be processed.**

1. To be qualified for admission to public housing an applicant must;
  - a. Be a family as defined in Washington County Housing Authority's Admission and Continued Occupancy policy;
  - b. Meet the HUD requirements on citizenship or immigration status;
  - c. Have an annual income at the time of admission that does not exceed the income limits established by HUD posted in the Washington County Housing Authority offices;
  - d. Provide documentation of Social Security numbers for all family members, age 6 or older, or certify that they do not have Social Security numbers;
  - e. Meet or exceed the applicant selection criteria, including attending and successfully completing the Washington County Housing Authority's approved pre-occupancy orientation session; and
  - f. Meet the screening requirements related to criminal activity and alcohol abuse.
2. Complete applications will be entered on the waiting list in the order received. The waiting list will then be sorted according to unit type and size and applicant admission preferences.
3. Applications will be accepted by mail only, sent to the above address, postmarked within dates when Washington County Housing Authority is accepting applications:

**EXCEPT**

4. Applicants with disabilities may seek assistance with the completion of the application at Washington County Housing Authority's Admissions and Occupancy Department, at the address above.
5. Be sure to include the name, social security number, date of birth and all income for every family member who will live in the household.
6. Be sure to provide your complete address and telephone number so we can reach you to schedule an application interview.

**The Washington County Housing Authority is an Equal Housing Provider**

Washington County Housing Authority use only

Date of Application: \_\_\_\_\_ Time of Application: \_\_\_\_\_

## Pre-Application for Public Housing

1. Name of head of household: \_\_\_\_\_
2. Name of adult co-head of household: \_\_\_\_\_
3. Current address, Street, Apt. #: \_\_\_\_\_  
Current City, State and Zip: \_\_\_\_\_  
Current Area Code and Phone #: \_\_\_\_\_

4. Race of Head:  African American/Black  Asian or Pacific Islander  
 Native American/Alaskan Native  Caucasian/White
5. Ethnicity of Head:  Hispanic/Latino  Non Hispanic/Non Latino

Emergency Contact Person  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No: \_\_\_\_\_

### FAMILY INFORMATION

First Name & Last Name if different From Head's	Date of Birth	Sex	Social Security Number	Relationship to head	Disabled Person?	Birthplace Country	FT or PT Student
H							
2							
3							
4							
5							
6							
7							
8							

6. Is the applicant family displaced by a natural disaster, such as flood, hurricane, earthquake, tornado, etc.? Yes No
7. Is the applicant family displaced by governmental action through no fault of their own? Yes No
8. Is the applicant family displaced by domestic violence? Yes No
9. Is any adult family member employed? Yes No

10. Is any adult family member enrolled in a job-training program, including on required under the welfare program?  
 Yes No

11. Are you a resident of Washington County? Yes No

12. Have you or anyone in who will be living with your:

A. Been arrested or convicted of a crime other than a traffic violation:

\_\_\_\_yes \_\_\_\_\_no

B. Been evicted from Public or Assisted Housing for violent or drug related criminal activity within the last 3-6 years:

\_\_\_\_yes \_\_\_\_\_no

13. Is any adult family member enrolled in an education program full or part time? Yes No

14. **Family Income Information:** Please list the source and amount of all current income received by all family members, including you. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, SSI, SSID, Unemployment, Worker’s Compensation, Child Support, etc.

Family Member Name	Income Source	Amount \$	Frequency – Per		
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year
			<input type="checkbox"/> Week	<input type="checkbox"/> Month	<input type="checkbox"/> Year

15. Current Landlord’s name and phone # : \_\_\_\_\_  
 Date family moved to this location: \_\_\_\_\_

16. Most recent former address, Street, Apt. #: \_\_\_\_\_  
 Most recent former City, State, and Zip: \_\_\_\_\_  
 Most recent former Area code and Phone #: \_\_\_\_\_

17. Most recent prior landlord’s name, phone #: \_\_\_\_\_  
 Date family moved to this location: \_\_\_\_\_

**Authorizations, Representations and Certifications**

I do hereby authorize Washington County Housing Authority to obtain a “consumer report” as defined in the Fair Credit Reporting Act, 15 U.S.C. Sec. 1681a(d), seeking information on the credit worthiness, credit standing, credit capacity, general reputation, or mode if living of applicants.

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

**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.

**NOTICE:** Any attempt to obtain 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 subject to the penalties of Title 18, Crimes and Offenses of the Pennsylvania Consolidated Statutes, Chapter 49, Subchapter A, Perjury and Falsification in official matters, Section 4904: (unsworn falsification to authorities).

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTICE:** You are required to notify the Housing Authority (in writing) of any change of address. If we cannot contact you at the above address, your name may be removed from the waiting list, and you will have to re-apply.

**Washington County Housing Authority will be contacting all former landlords for the period three years from the date of application.**

I/we certify that the statements on this application are true to the best of my/our knowledge and belief and understand that they will be verified. I/we authorize the release of information to the Housing Authority by my/our employer(s), the Department of Public Assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

**WAITING LIST CHOICES**

**FAMILY AREAS**

- Washington
- Fredericktown
- California
- Donora
- Monongahela
- Canonsburg

**ELDERLY AREAS**

- Washington
- Bentleyville
- North Charleroi
- California
- Monongahela Manor

**WASHINGTON COUNTY HOUSING AUTHORITY  
OCCUPANCY DEPARTMENT  
AUTHORIZATION FOR CRIMINAL RECORD**

I, \_\_\_\_\_, do hereby authorize the Washington County Housing Authority to access/obtain, from any person, agency or service, information regarding my background which may assist in determining whether I have a criminal history.

I understand that this information will be used to determine my eligibility for public housing. I understand that signing this authorization in no way guarantees my eligibility for public housing.

**All adults age 18 years and over must complete this form. Feel free to copy the form for additional adults, or obtain additional sheets from the Occupancy Department.**

**FULL NAME:** \_\_\_\_\_

**ANY ALIAS NAMES:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**ANY ALIAS DATES OF BIRTH:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**ANY ALIAS SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**CURRENT ADDRESS:** \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed:** \_\_\_\_\_

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**CURRENT ADDRESS:** \_\_\_\_\_

**PREVIOUS ADDRESS:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed:** \_\_\_\_\_

**WASHINGTON COUNTY HOUSING AUTHORITY**  
**APPLICANT SCREENING VERIFICATION**

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

RE: \_\_\_\_\_

Current or Former Landlord:

Our resident selection policy obliges us to verify certain information about all members of families applying for admission to our development. To comply with this requirement, we ask your cooperation in supplying information on the resident history of the family listed above. This information will be used only in determining whether the family can be accepted for admission.

Your prompt return of this information will be appreciated. A stamped, self-addressed envelope is enclosed. If you have any questions, please call me at 724-228-6060, ext 105.

Sincerely yours,

Dottie Kesneck  
Tenant Selection Supervisor

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I hereby authorized the release of the requested information.

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

Signature: \_\_\_\_\_

**WASHINGTON COUNTY HOUSING AUTHORITY**

**LANDLORD INFORMATION**

**List the name, address, and phone numbers of your landlords for the past three (3) years below. We need complete names and addresses and if you have them, phone numbers. We cannot process your application without this information.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**Have you ever lived in public housing or participated in the Section 8 existing program?  Yes  No**

**If yes, When** \_\_\_\_\_ **Where** \_\_\_\_\_

**Under what name** \_\_\_\_\_

**Who was Head of Household** \_\_\_\_\_