

WASHINGTON COUNTY HOUSING AUTHORITY  
100 S. FRANKLIN ST., CRUMRINE TOWER  
WASHINGTON, PA 15301  
TELEPHONE: 724-228-6060 FAX: 724-228-6089

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**PRE-APPLICATION FOR PUBLIC HOUSING  
ADDENDUM**

*For Co-Applicants and Family Members 18 years or older.*

**Head of Household Name:** \_\_\_\_\_

**Co-Applicant Name:** \_\_\_\_\_

**Relationship to Head of Household:** \_\_\_\_\_

1. To be qualified for admission to public housing, an applicant must:
  - Be a family as defined in the Washington County Housing Authority's Admission and Continued Occupancy Policy;
  - Meet the HUD requirements on citizenship or immigration status;
  - Have an annual income at that time of admission that does not exceed the income limits established by HUD that are posted in the Housing Authority's offices;
  - Provide documentation of Social Security numbers for all family members; and
  - Meet the screening requirements related to criminal activity and alcohol abuse.
2. Completed 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 application admission preferences.
3. Applications will be accepted online or by mail if sent to the above address, postmarked within the dates when the Washington County Housing authority is accepting applications.
4. All applicants including family members 18 and older requesting public housing must complete a separate criminal background page or online addendum at the time of application.
5. Applicants with disabilities may seek assistance with the completion of the application at the Washington County Housing Authority's Admissions and Occupancy Department.
6. Be sure to include the name, social security number, date of birth, and income for all family members who will live in the household.
7. Be sure to provide your complete address and telephone number so we can reach you. If your contact information changes, be sure to notify our office.

**THE WASHINGTON COUNTY HOUSING AUTHORITY IS AN EQUAL HOUSING PROVIDER**

**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 of 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note: Co-Applicants and family members age 18 and older must complete the online addendum at the time of original application submission.**

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.

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.**

FIRST NAME \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

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

DATE OF BIRTH: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

ANY ALIAS DATES OF BIRTH: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

CURRENT STREET ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

PREVIOUS STREET ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

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

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

Printed Name: \_\_\_\_\_