

**McKeesport Housing Authority Application
SECTION 8 and CONVENTIONAL LOW INCOME PUBLIC HOUSING**

Please choose preferred communities:

Family Communities: Near Elderly – 45 years or older Elderly Only – 62 or older Housing Choice Voucher

_____ Crawford Village _____ Steelview Manor _____ McKeesport Towers _____ Section 8

_____ Harrison Village _____ Isbir Manor

_____ Locust Street

Head of Household (Use Legal Names Only)

Last Name		First Name		MI	Sex	**Race
Social Security Number		Date of Birth	Place of Birth (State-City)	*Ethnicity	Total Monthly Income	Source of Income

Circle One ** White, Black, American Indian/Alaskan or Asian/Pacific Islander

Circle One * H = Hispanic or N = Non-Hispanic

Complete Mailing Address

Complete Street Address	City	State	Zip Code	County
Current Day Phone (Area Code) and Number	Night Phone (Area Code) and Number	How Long At this Address?		
Landlord's Name	Landlord's Phone	Landlords Address		
Monthly Rent/Utilities	Emergency Contact Person	Phone Number	Relationship	

Other Adults & Minors – Spouse, Co-Head, Children

Last Name	First Name	MI	Sex	Race	Relationship
1.					
Social Security Number	Date of Birth	Place of Birth	Monthly Income	Source of Income	
Last Name	First Name	MI	Sex	Race	Relationship
2.					
Social Security Number	Date of Birth	Place of Birth	Monthly Income	Source of Income	
Last Name	First Name	MI	Sex	Race	Relationship
3.					
Social Security Number	Date of Birth	Place of Birth	Monthly Income	Source of Income	
Last Name	First Name	MI	Sex	Race	Relationship
4.					
Social Security Number	Date of Birth	Place of Birth	Monthly Income	Source of Income	
Last Name	First Name	MI	Sex	Race	Relationship
5.					
Social Security Number	Date of Birth	Place of Birth	Monthly Income	Source of Income	

List 3 Previous landlords: This is REQUIRED, if you do not have a rental history, you must list THREE NON-FAMILY REFERENCES that we can contact:

Name: _____ Phone: _____ Address Rented or Relationship: _____

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Name: _____ Phone: _____ Address Rented or Relationship: _____



Do you request a special unit for any of the following impairments? (Please circle if applicable) Mobility Hearing Sight

Do you or any member of your family require reasonable accommodations? (Examples are: accessible unit, need for a live-in aid, auxiliary aid, service animal, fire alarm for hearing impaired). Yes No. If yes, please explain: _____

Do you require a home briefing? (If you are a person with disabilities and unable to travel to MHA). Yes No

Are you presently living in Public Housing, Multifamily or Section 8? Yes No. If yes, please list name of development and address or name of housing authority where you have Section 8: _____

Have you ever lived in Public Housing, Multifamily or received Section 8? Yes No. If yes, please list name of development and address or name of housing authority where you had Section 8: _____

Do you owe any money to a Public Housing Authority? Yes No. If yes, what location? _____

Have you ever lost your Section 8 Voucher or been evicted from Section 8 housing Yes No. If yes, from what Housing Authority? _____

Do you pay medical expenses? Yes No. A medical deduction covers the sum of unreimbursed medical expenses for any elderly or disabled family in excess of 3 percent of annual income and the unreimbursed reasonable attendant care and auxiliary apparatus expenses to the extent necessary to enable any member of the family to be employed, but not exceed earned income received because of the attendant care or apparatus.

Do you pay child care? Yes No. A family is eligible for a deduction for reasonable childcare expenses (for children under 13 years of age) necessary to enable a member of the family to be employed or further his or her education to the extent these expenses are not reimbursed. Acceptable proof of childcare is either the cancelled checks of the applicant/tenant or the W2 Form of the provider.

Do you have cash in any of the following: Checking Savings Safety Deposit Box At Home Anywhere else. Please list dollar amount \$_____.

Do you have trust funds available to your household? Yes No. Please list dollar amount \$_____.

Do you have any equity in rental property or other capital investments? Yes No. Please list dollar amount \$_____.

Do you have any stocks, bonds, treasury bills, certificates of deposit or money market funds? Yes No. Please list dollar amount \$_____.

Do you have any retirement or pension funds? Yes No. Please list dollar amount \$_____.

Will you receive any lump sum receipts? Yes No. Please list dollar amount \$_____.

Are you holding any personal items as investments (antique cars, coin or stamp collections, etc.)? Yes No. Please list dollar amount \$_____.

Do you have a "Whole Life" Life Insurance Policy? Yes No. Please list dollar amount \$_____.

NOTICE OF ACCOMMODATION OF PERSONS WITH DISABILITIES: I UNDERSTAND THAT AT ANY TIME DURING THE APPLICATION PROCESS OR DURING MY TENANCY WITH THE MCKEESPORT HOUSING AUTHORITY, I CAN MAKE A WRITTEN REQUEST FOR REASONABLE ACCOMMODATIONS TO MAKE MY UNIT READILY ACCESSIBLE AND USABLE FOR MYSELF AND/OR ANY HOUSEHOLD MEMBER WHO IS A PERSON WITH A DISABILITY.

I/WE DO HEREBY CERTIFY THAT I/WE HAVE READ THE APPLICATION AND THAT ALL INFORMATION HAVE PROVIDED IS COMPLETE AND ACCURATE, I/WE AM AWARE THAT SUBMITTING FALSE INFORMATION IS FRAUD AND PUNSHIBLE BY NOT BEING ABLE TO RECEIVE FUTURE HOUSING ASSISTANCE, FINES AND/OR IMPRISONMENT.

Signature _____ **Date** _____

Signature of other Adult _____ **Date** _____

MHA will mail a letter to the address listed on the application, please note the Authority has 30 days to process. To protect your identity, application status cannot be discussed over the phone. You have the right to an informal hearing with a member of the McKeesport Housing Authority Staff if you the Authority rejects your eligibility. Instructions are provided under a separate cover.

Please attach the following verifications for all household members: Birth Certificates, Social Security Cards, and Income Verification.

Housing Authority of the City of McKeesport

2901 Brownlee Avenue, 2nd Floor

McKeesport, PA 15132

(412) 673-6942 Phone (412) 673-1706 Fax

Notice

Accommodation of Persons with Disabilities

I, _____, understand that at any time during the application process or during my tenancy with the Housing Authority of the City of McKeesport, I can make a written request for reasonable accommodations to make my unit readily accessible and usable for myself and/or any Household Member who is a person with a disability.

Applicant Signature

Date

Housing Authority of the City of McKeesport

2901 Brownlee Avenue

2nd Floor

McKeesport, PA 15132

(412) 673-6942 Phone (412) 673-1706 Fax

Do you pay medical expenses?

Yes

No

A medical deduction covers the sum of unreimbursed medical expenses for any elderly or disabled family in excess of 3 percent of annual income and the unreimbursed reasonable attendant care and auxiliary apparatus expenses to the extent necessary to enable any member of the family to be employed, but not exceed earned income received because of the attendant care or apparatus.

Do you pay childcare?

Yes

No

A family is eligible for a deduction for reasonable childcare expenses (for children under 13 years of age) necessary to enable a member of the family to be employed or further his or her education to the extent these expenses are not reimbursed. Acceptable proof of childcare is either the cancelled checks of the applicant/tenant or the W2 Form of the provider.

Dear Applicant:

The McKeesport Housing Authority’s Policy for Admission and Occupancy to The Low-Income Public Housing and Section 8 Housing Choice Voucher Programs defines our right and responsibility to determine the suitability of all applicants prior to admission. Factors taken into consideration under the term “suitability” include the right to check the background of every applicant to determine if he/she has been arrested and/or convicted of any crime.

Please note whether you have ever been arrested and/or convicted of any crime listed below.

	<u>Yes</u>	<u>No</u>
1. THE SALE; POSSESSION, USE OR MANUFACTURING OF ILLEGAL DRUGS OR DRUG PARAPHERNALIA	_____	_____
2. RAPE	_____	_____
3. CORRUPTING THE MORALS OF A MINOR	_____	_____
4. MOLESTING A CHILD	_____	_____
5. VIOLENT CRIMINAL ACTIVITY	_____	_____
6. ANY OTHER CRIME	_____	_____

Please List all arrests/citations as well as dates of arrests/citations regardless of the outcome. For Example, if you were arrested and the charge was withdrawn or dismissed, you must still list it below.

THIS INFORMATION SHALL BE TREATED AS A CONFIDENTIAL MATTER AND USED SOLELY FOR THE PURPOSE OF DETERMINING SUITABILITY FOR ADMISSION INTO THE LOW-INCOME PUBLIC HOUSING OR SECTION 8 HOUSING CHOICE VOUCHER PROGRAMS.

FAILURE TO RESPOND ACCURATELY WILL RESULT IN YOUR APPLICATION BEING REJECTED FOR FRAUD OR TERMINATION OF YOUR LEASE! EACH ADULT MUST COMPLETE THIS FORM & SIGN.

Sign: _____ Date: _____

Sign: _____ Date: _____

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information: **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

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.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully 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, the HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information

Office of Housing
Office of Public & Indian Housing

PHA requesting release of information:
(Name, address, telephone & date)

McKEESPORT HOUSING AUTHORITY
2901 Brownlee Ave.
McKeesport, Pa 15132
(412) 673-8942

This form cannot be used to request a copy of a tax return. Instead use IRS form 4506, Request for a Copy of Tax Form.

Purpose

The U.S. Department of Housing and Urban Development (HUD) and the above named organization and the information obtained with it, to administer and enforce program rules and policies

Authorization

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation under any of the following programs:

- Low-income Rental Indian Housing
- Low-income Rental Public Housing
- Mutual Help Homeownership Opportunity Program
- Rental Assistance Program (RAP)
- Rent Supplement
- Section 8 Housing Assistance Payments Program
- Section 23 and 10(c) Leased Housing
- Section 23 Housing Assistance Payments
- Section 202
- Section 221(d)(3) Below Market Interest Rate
- Turnkey III Homeownership Opportunities Program

I authorize the above named organization and HUD to obtain information about me or my family that is pertinent to eligibility for or participation in assisted housing programs.

I authorize only HUD, and Indian Housing Authority, or a Public Housing Agency to obtain information on wages or unemployment compensation from State Employment Securities Agencies

Information Covered Inquiries may be made about:

- Child Care Expenses
- Credit History
- Criminal Activity
- Family Composition
- Employment, Income, Pensions, and Assets
- Federal, State, Tribal or Local Benefits
- Handicapped Assistance Expenses
- Identify and Marital Status
- Medical Expenses
- Social Security Numbers
- Residences and Rental History

Individuals or Organizations That May Release Information

Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from:

- Banks and Other Financial Institutions
- Courts
- Law Enforcement Agencies
- Credit Bureaus
- Employers, Past and Present
- Landlords
- Providers of:
 - Alimony
 - Child Care
 - Child Support
 - Credit
 - Handicapped Assistance
 - Medical Care
 - Pension/Annuities
 - Schools and Colleges
 - U.S. Social Security Administration
 - U.S. Department of Veterans Affairs
 - Utility Companies
 - Welfare Agencies

Computer Matching Notice & Consent

I agree that a Public Housing Agency, Indian Housing Authority, or HUD may conduct computer matching programs with other governmental agencies including Federal, State, Tribal or local agencies. The governmental agencies include:

- U.S. Office of Personal Management
- U.S. Social Security Administration
- U.S. Department of Defense
- U.S. Postal Service
- State Employment Security Agencies
- State Welfare and Food Stamp Agencies

The match will be used to verify information supplied by the family.

Conditions

I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

Signature, Printed Name of the Head of Household & Date

X

Signature, Printed Name of Other Adult Member of the House & Date:

X

Original is retained by the requesting organization

Signature, Printed Name of Spouse or Other Adult Member of the Household & Date

X

Signature, Printed Name of other Adult Member of the Household & Date

X