

**Franklin County Housing Authority
Housing Choice Voucher Application**

Please complete all information requested on the application. Incomplete applications will not be processed. If a question is not applicable, please write N/A. Make sure you sign the last page. If you need additional space to provide an answer, please attach an additional sheet(s).

All applicants must provide a copy of photo ID such as PA driver's license, passport, or military ID for all adult members. Also, a copy of Social Security cards and birth certificate for each person on the application when you turn in your application.

1. **Name of Applicant:** _____ **SSN:** _____

Mailing Address: _____

City: _____ **State:** _____ **ZIP:** _____

Home Telephone: _____ **Cell Phone:** _____

Email: _____

2. **Preferences:** all applicants requesting preferences must provide verification. A preference will not be granted without proper verification.

- a. _____ **Local Preference** – in order to provide housing to families who live or work in Franklin County, any household where the head, spouse, or co-head currently lives in or works within Franklin County.
- b. _____ **Victims of Domestic Violence** - families that have been subjected to or victimized by a member of the family or household within the past 6 months. FCHA will require evidence that the family has been displaced as a result of fleeing violence in the home. Families are also eligible for this preference if there is a proof that the family is currently living in a situation where they are being subjected to or victimized by violence in the home.
- c. _____ **Working/Elderly/Disabled** – households are eligible for the working/elderly/disabled preference if the head of household, spouse, or co-head is;
 - i. Working – employed for at least 30 hours per week over a 12-month period
 - ii. Elderly – at least 62 years or older
 - iii. Disabled – a person with disabilities
- d. _____ **Homeless Preference** - Persons who are homeless: defined as lacking a fixed, regular, adequate nighttime residence, and have a primary nighttime residence that is supervised by a public or private shelter. Homeless family does not include any individual imprisoned or detained pursuant to State Law or an Act of Congress.
- e. _____ **Mainstream Preference**- Persons who are disabled and under the age of 62, are homeless, at risk of homelessness, institutionalized, or at risk of being institutionalized. **(Must provide proof. Example: written statement, eviction letter, Notice to Quit, statement from Homeless shelter, a statement from the person you are living with.)**
- f. _____ **Veteran Preference**- households are eligible for the veteran's preference if the head, spouse, or co-head is an active service member, retired service member who was honorably discharged, or is the surviving household member of a deceased service member who was honorable discharged. Documentation from the Department of Defense of Veterans Affairs must be submitted (DD 214).
- g. _____ **Bridge Rental Assistance Subsidy Preference**- persons who receive or have received Behavioral Health Benefits. This can include the seeing a therapist for Mental Health, treatment for drug/alcohol abuse, seeing a psychiatrist, a doctor prescribes medication to you for a mood disorder, or any service paid for by Performed Care. You must provide a copy of your Medicaid card and sign the release below to be eligible for this preference.

3. **Have you or anyone in your household now or in the past received Behavioral Health Benefits?** Yes No

4. **Do you currently receive Medicaid?** Yes No

5. **List all family members who will be living with you.** Please use the following codes for race/ethnicity (more than one code can be entered for each household member):

a. Race – 1=White, 2=Black/African American, 3=American Indian/Alaskan Native, 4=Asian, 5=Native Hawaiian/Other Pacific Islander

b. Ethnicity – 1=Hispanic or Latino, 2=Not Hispanic or Latino

FIRST & LAST NAME	RELATION	SSN	DOB	SEX	RACE	ETHNICITY	DISABLED (Y/N)	FULL-TIME STUDENT (Y/N)
	Self							

6. **Is a change in household composition expected?** Yes No

If Yes, please specify: _____

7. **Income:** Please list all income sources for the family:

NAME	SOURCE OF INCOME (Wages, Social Security, etc.)	EMPLOYER/PROVIDER	MONTHLY INCOME	START DATE OF INCOME

8. **Assets:** Please list all assets held by the family (Checking, Savings, CD's, Stocks, Bonds, Real Estate, etc.)

NAME	TYPE OF ASSET	NAME OF BANK, INSTITUTION	AMOUNT

Have you disposed of assets for less than fair market value in the past two years? Yes No

9. **Expenses:** Please list all applicable expenses (Out-of-Pocket Medical, Child Care, Premiums, etc.)

NAME	TYPE OF EXPENSE	AMOUNT

10. **Have you, or any member of your household ever received housing assistance under a federal funded program?**

If Yes, Name of the Household Member: _____

Name of Housing Agency: _____

Date Moved Out: _____

When you moved out, were you in compliance with the lease and other program requirements? Yes No

11. Do you have a need for any reasonable accommodation for medical reasons?

Yes No

If Yes, please specify:

12. **Emergency/Backup Contacts:** Please list individuals we can reach in case we cannot reach you:

Name	Phone Number	Relationship to Applicant

13. **Criminal Record:**

a. Have you, or any member of your household, ever been convicted of any criminal activities; including but not limited to drug-related crimes, violent criminal activity, or other serious offenses?

Yes No If Yes, please explain: _____

b. Are you, or any member of your household, a lifetime registered sex offender?

Yes No If Yes, registered state: _____

14. Have you lived in another state before? Yes No

a. If yes, please list all states? _____

15. Do you currently have a caseworker? Yes No

16. Who is your primary caseworker? Name: _____

Contact information for caseworker: Phone: _____

17. Would you like a referral to a partner agency? Yes No

18. By signing below, you are certifying that the Franklin County Housing Authority can contact your caseworker on your behalf for preliminary information if we are unable to reach you.

Signature of head of household: _____

19. By signing the below, you agree to release your information to Tuscarora Managed Care Alliance (TMCA) for the sole purpose to determine eligibility. You agree that a member of Tuscarora Managed Care Alliance may reach out to you via phone or mail to render services. In the event you are determined not to be eligible for the Bridge Rental Assistance Subsidy Vouchers your name will remain on the Section 8 waitlist.

Signature of head of household: _____

****PLEASE NOTE TO BE ELIGIBLE FOR THE BRIDGE RENTAL ASSISTANCE SUBSIDY PREFERENCE YOU MUST SIGN NUMBER 19****

20. APPLICANT'S CERTIFICATION:

As part of the screening process to determine eligibility, the Franklin County Housing Authority must conduct a background check for all adult members of households applying for Public Housing. This process includes obtaining a detailed consumer credit record, a criminal background check, and rental history. The Housing Authority will also contact any sources of information or references, such as past landlords, listed on the application necessary to determine eligibility. The Housing Authority obtains credit, criminal, and rental records online through Yardi Resident Screening services. PA state criminal records are obtained online through the Pennsylvania Judiciary Web Portal and Maryland Judiciary Case Search. Local county and state agencies, along with out-of-state law agencies will also be contacted if applicable.

Protections under VAWA. If you are eligible for public housing, FCHA cannot refuse to admit you to the public housing program solely because you are a victim of domestic violence, dating violence, sexual assault, or stalking. If you feel that you fall under the rights and protections of the VAWA Act, please notify the office immediately.

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES 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 UNITED STATES.

I do hereby swear and attest that all the information above about me and my household is true and correct. I also understand that all changes in household members or income must be reported to the Public Housing Authority in writing immediately.

I declare under penalty of perjury under the laws of the United States of America and the State of Pennsylvania that the information contained in this statement of facts is true, correct, and complete.

Consent: I hereby authorize the Franklin County Housing Authority to obtain detailed consumer credit records, criminal history; income, asset, and expense verifications, housing history as outlined above for the determination of eligibility for housing assistance or for continuation of housing assistance. I also release any and all sources of information from any and all liability from disclosure of factual information. This consent form expires 15 months after signed.

Signature of Head of Household	Date
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Signature of Other Adult over 18	Date
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Signature of Other Adult over 18	Date
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