



Occupancy Department
100 Ross Street, 4th Floor
Pittsburgh, PA 15219
412-456-5030, Fax: 412-456-5182
TDD: 412-201-5384
www.hacp.org

Pre-Application for Housing Assistance **Low Income Public Housing**

Instructions and “Things You Should Know”

Instructions:

- *Please read the following information thoroughly before completing the Pre-Application.**
- *You must complete the Pre-Application using an ink pen only, ensuring that you print clearly and legibly. All questions must be answered completely. Incomplete Pre-Applications will not be accepted.**
- *You must be at least eighteen- (18) years of age to apply for Low Income Public Housing with the Housing Authority of the City of Pittsburgh (HACP) - (exception being if you are an emancipated minor).**
- *Pre-Applications may be completed at, or hand delivered directly to, the HACP Occupancy Department, located at 100 Ross Street - 4th Floor, Pittsburgh, PA 15219. You may also mail your completed Pre-Application to the Occupancy Department address above or fax it to 412-456-5182. (please see below – a completed Site Selection Chart must accompany your submission).**
- *At time of Pre-Application submission, you must provide a completed Site Selection Chart (a Site Selection Chart will be given out with each Pre-Application. The Site Selection Chart allows applicants to choose the communities in which they wish to reside – applicants can choose **up to** three- (3) communities or the 1st Available option – instructions are on the Site Selection Chart). If you mail or fax your Pre-Application, the Site Selection Chart must accompany the submission. If a Site Selection Chart is not received with the Pre-Application submission, the Pre-Application will be considered incomplete and will not be accepted. Please contact the HACP Occupancy Department at 412-456-5030 if you need assistance obtaining a Site Selection Chart.**
- * If you are a person with a disability and need assistance, or an alternate means of reviewing and understanding the Pre-Application process, please call the HACP Disability Compliance Office at 412-456-5282 ext. #1; TDD#:412-201-5384.**

Things You Should Know:

1. Only **complete** Pre-Applications will be accepted.
2. All complete Pre-Applications will receive a date and time stamp upon submission to the Occupancy Department. The date and time stamped on the Pre-Application is known as the “Sequence Date”.
3. Your Pre-Application information will be entered into the HACP computer system and your name placed onto the specific waiting lists that you select on your Site Selection Chart.

Things You Should Know: (continued)

4. Your Pre-Application will be processed based on community selected, bedroom size needed, preference, and Sequence Date/Time (the date and time stamped on your Pre-Application when submitted).
5. Effective June 1, 2015 the HACP instituted a “Veteran Preference” for any active duty United States service member or veteran. Veteran status shall be determined as defined by federal statute at 38 USC 101(2) and 38 CFR 3.1(d). The preference extends to:
 - (1) The household of which the service member or veteran is a member.
 - (2) The surviving household members of a deceased service member or veteran who died of service-connected causes, provided:
 - (i) The death occurred during active duty service or within five- (5) years of discharge from service.
 - (ii) The death occurred not more than five- (5) years from the date of application for housing.
6. When your name reaches the top of a waiting list, you will be scheduled for a processing session with a HACP staff member. You will be notified via mail as to the date, time and location of the processing session along with the person’s name with whom you will be meeting.
7. You will also be advised as to the required documentation that you must bring to your processing session, as well as what other family members (all persons listed on your Pre-Application who are eighteen- (18) years of age or older must attend the scheduled processing session) in order for HACP to move forward with determining eligibility.
8. Failure to provide **all** required documentation on the date of your scheduled processing session will result in your Pre-Application being withdrawn and your name being removed from all waiting lists.
9. Failure to attend your scheduled processing session (includes **any** person listed on your Pre-Application who is eighteen- (18) years of age or older) will result in your Pre-Application being withdrawn and your name being removed from all waiting lists.
10. You will be required to complete a “full” Low Income Public Housing application at your scheduled processing session.
11. A criminal background check and a landlord/rental history check will be completed for you and each person listed on your Pre-Application who is eighteen- (18) years of age or older.
12. Third party verifications will be completed based upon the information submitted by you at your processing session.
13. Upon completion of the application processing, you will be notified via mail of your eligibility or ineligibility.

Please be advised, completing and submitting this Pre-Application is just the 1st step of the overall process – it does not entitle you to rental assistance nor is it an offer for housing and/or housing assistance.

Based on sites selected, bedroom size required, preference and date/time of Pre-Application, the waiting time to be scheduled for a processing session can be quite extensive. The Pre-Application simply allows you to get your name on HACP’s Low Income Public Housing waiting lists. Final determination of your eligibility will be completed at a later date.

(HACP Office use only)

Pre-Application for Housing Assistance
Low Income Public Housing

(Completing this Pre-Application does not entitle you to rental assistance. Final determination of your eligibility will be completed at a later date.)

Please print clearly using an ink pen only. All sections must be completed or the Pre-Application will not be accepted.

<p align="center"><u>Head of Household Information</u></p> <p align="center">Social Security Number</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p>_____</p> <p align="center">Date of Birth (mm/dd/yy)</p> <p>() _____</p> <p>Area Code Telephone Number</p> <p>() _____</p> <p>Area Code Telephone Number (other)</p>					-			-					<p align="center"><u>Name & Address of Head of Household</u></p> <p>_____</p> <p align="center">Last Name First Name MI</p> <p>_____</p> <p>Mailing Address (street)</p> <p>_____</p> <p>Apt. #</p> <p>_____</p> <p align="center">City State Zip</p>	
			-			-								
<p><u>Sex</u></p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Male</p>	<p><u>Race</u></p> <p><input type="checkbox"/> Black/African American <input type="checkbox"/> White</p> <p><input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Indian/Alaskan</p> <p><input type="checkbox"/> Other (please specify) _____</p>	<p><u>Ethnicity</u></p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Non-Hispanic</p>	<p><u>Bedrooms needed</u> (based on family composition)</p> <p>_____</p> <p>(enter #)</p>											
<p><u>Preference*</u></p> <p>Are you, your spouse or co-head of household currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: # of months employed = _____ Average hours worked per week = _____</p> <p>Are you, your spouse or co-head of household a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you, your spouse or co-head of household age 62 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you claim veteran status as outlined on page 2 - #5 under "Things You Should Know"? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>*You will be required to submit specific documentation for verification of your preference at the time your Pre-Application is selected from the waiting list and you are scheduled for a processing session. Please <u>do not</u> indicate a preference if you are unable to provide the required documentation.</i></p>														



Household Family Members (Please list all persons who will be living with you.)

Last Name	First Name	Social Security #	Relationship to Head of Household	Date of Birth	Sex (F/M)	Race
			<i>Head of Household</i>			

*Co-Head of Household is defined as an adult member of the family who is treated the same as the head of the household for purposes of determining income, eligibility, and rent. A spouse cannot be listed as a co-head

Source/s of all family income: Check all that apply and provide “total” monthly amount/s*:

- Wages: \$ _____
- Social Security: \$ _____
- SSI/SSD: \$ _____
- DPA: \$ _____
- Child Support: \$ _____
- Pension/Annuity: \$ _____
- Unemployment: \$ _____
- Other: \$ _____

**You will be required to submit specific documentation for verification of your total family income at the time your Pre-Application is selected from the waiting list and you are scheduled for a processing session. Third party verifications will be completed based upon the information that you submit at that time.*

Please answer the following questions and provide an explanation where applicable:

→ Have you or any other person/s listed on this Pre-Application ever been charged with, or convicted of, a crime (felony, misdemeanor or summary)? Yes No

If **yes**, please explain _____

→ Have you or any other person/s listed on this Pre-Application ever been evicted from Low Income Public Housing or Section 8 Housing? Yes No

If **yes**, please provide **address** and **reason** for eviction _____

→ Are you or any other person/s listed on this Pre-Application presently residing in Low Income Public Housing or Section 8 Housing? Yes No

If **yes**, please provide **address of location** and **move in date** _____

→ Have you or any other person/s listed on this Pre-Application ever resided in Low Income Public Housing or Section 8 Housing? Yes No

If **yes**, please identify what **Program** and provide **location and dates of residency** _____

→ Have you or any other person/s listed on this Pre-Application ever received any type of Governmental Housing assistance? Yes No

If **yes**, please provide details (location, address, etc.) _____

→ Do you or any other person/s listed on this Pre-Application owe any money to a Public Housing Authority or any other Landlord (including Section 8 Landlords)? Yes No

If **yes**, please provide the name of the specific **Housing Authority and/or Landlord's name and the complete address for which you owe** _____

- 1) Do you or any other person/s listed on this Pre-Application require a wheelchair accessible unit?
 Yes No
- 2) Do you or any other person/s listed on this Pre-Application require an extra bedroom for **medical** equipment?
 Yes No
- 3) Do you or any other person/s listed on this Pre-Application require a live-in aide? Yes No

(The HUD definition of a live-in aide is a person who **resides with** one or more elderly persons, near-elderly persons or persons with disabilities and who is: (1) determined to be essential to the care and well-being of the persons; (2) is not obligated for the support of the persons; and (3) would not be living in the unit except to provide the necessary supportive services. It should be noted that the definition applies to a specific person. In accordance with this definition, a live-in aide is not a member of the assisted family and does not qualify for continued occupancy as the remaining member of the tenant family.)

If you answered “Yes” to any of the above questions, You will also be provided with the “Verification of Disability & Need for Accommodation” form that must be completed by you and a third party professional such as a doctor/nurse, social worker or service agency counselor.

Verification of your request for a reasonable accommodation must be completed and returned to the Disability Compliance Office within fifteen- (15) days, or your application for low-income housing may be withdrawn.

Head of Household _____ Date: _____
 (Signature)

I understand that by completing and submitting this Pre-Application, that it is not an offer for housing and/or housing assistance and that I should not make any plans to move or end my present tenancy based on this form. I also understand that it is my responsibility to inform the Housing Authority of the City of Pittsburgh of any change in address, phone number, household income, household composition and/or disability/elderly status and that failure to comply may affect my placement on the waiting list/s or result in my Pre-Application being withdrawn. I do hereby certify that all information that I have provided on this Pre-Application is complete and accurate to the best of my knowledge and belief and understand that the information will be verified and understand that any false statements or misrepresentations on this application will be just cause to disqualify my pre-application for housing assistance. I am also aware that submitting false information is fraud and may result in loss of current/future housing assistance, assessment of fines and/or imprisonment.

Signature of Head of Household _____ Date/Time _____

Signature of Co-Head of Household _____ Date/Time _____

The Housing Authority of the City of Pittsburgh does not discriminate on the basis of race, color, religion, national origin, ancestry, sexual orientation, age, familial status, physical or mental disability or any other basis prohibited by law in the access to its programs for employment, or in its activities, programs, functions, or services.