

Pre-Application for Housing Assistance **Project Based Voucher Program/s**

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 the Project Based Voucher Program 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.
- *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; 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 waiting list for the specific Project Based Voucher waiting list/s for which you applied.
4. Your pre-application will be processed based on applicable unit requirements that you meet and/or have been approved for, bedroom size needed and Sequence Date/Time (the date and time stamped on your pre-application when submitted). ***NOTE*: For Kelly Hamilton Homes in Homewood ONLY: your pre-application will be also processed based on preference you, your spouse, or your co-head meets and qualifies for.**
5. When your name reaches the top of a specific Project Based Voucher waiting list for a unit for which you qualify, you will be scheduled for a processing session with HACP staff members. You will be notified via mail as to the date, time and location of the session.
6. 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 (any person listed on your pre-application who is eighteen- (18) years of age or older must attend the scheduled processing session) in order for the HACP to move forward with determining eligibility.
7. If you successfully pass the HACP eligibility screening criteria requirements, your name will be forwarded to the staff of the community for which your pre-application is being processed, who will contact you to schedule an appointment to complete their specific screening process.
8. Please be advised that you must meet and pass all of the eligibility screening criteria required by **both** the HACP and the community for which your pre-application is being processed to be eligible to receive a project based voucher.

9. 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 the specific project based voucher waiting list for which your pre-application was being processed.
10. 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 the specific project based voucher waiting list for which your pre-application was being processed.
11. You will be required to complete “full” housing applications for both the HACP and the specific community for which your pre-application is being processed at your specific scheduled processing sessions.
12. Screening criteria may consist of, but is not limited to, a criminal background check, landlord/rental history check and credit check and will be completed for you and any person listed on your pre-application who is eighteen- (18) years of age or older. Please be advised that screening criteria differs between the HACP and the specific community for which your pre-application is being processed.
13. Third party verifications will be completed based upon the information submitted by you at your processing session.
14. 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 unit availability, unit requirements, bedroom size required, date/time of pre-application and, for KELLY HAMILTON HOMES ONLY, any preferences that you, your spouse, or co-head qualifies for, 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 a specific HACP Project Based Voucher Program waiting list/s. Final determination of your eligibility will be completed at a later date.

Pre-Application for Housing Assistance

Project Based Voucher Program/s

<input type="checkbox"/> <u>Kelly Hamilton Homes in Homewood</u> Waiting list is open for one-(1), two-(2) and three (3) bedroom units only.	<input type="checkbox"/> <u>Middle Hill Homes in the Hill District</u> Waiting list is open for one-(1) bedroom units only.
<input type="checkbox"/> <u>Skyline Terrace in the Hill District</u> Waiting list is open for one-(1), two-(2), three-(3) and four-(4) bedroom units only.	<input type="checkbox"/> <u>Elmer Williams Square in East Liberty</u> Waiting list is open for one-(1), two-(2), three (3) and four-(4) bedroom units only.
<input type="checkbox"/> <u>The Lofts at Bentley in the Hill District</u> Waiting list is open for one-(1) and two-(2) bedroom units only.	

(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.

<u>Head of Household Information</u> Social Security Number <table><tr><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td></tr></table> Date of Birth (mm/dd/yy) () Area Code Telephone Number () Area Code Telephone Number (other) (Email Address)					-			-					<u>Name & Address of Head of Household</u> Last Name First Name MI Mailing Address (street) Apt. # City State Zip	
			-			-								
<u>Sex</u> <input type="checkbox"/> Female <input type="checkbox"/> Male	<u>Race</u> <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Indian/Alaskan <input type="checkbox"/> Other (please specify)	<u>Ethnicity</u> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<u>Bedrooms needed</u> (based on family composition) (enter #)											

<u>Household Family Members</u> (Please list all other 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

Household Family Members – Continued

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

*(If you list a person as “Co-Head of Household” please note that a co-head of household is an adult member of the family who is treated the same as a head of the household for purposes of determining income, eligibility, and rent.)

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 pre-application may be withdrawn.

Head of Household_____

Date:_____

(Signature)

The following preferences apply to “Kelly Hamilton Homes in Homewood” ONLY:

Have you, your spouse or co-head been employed for the last twelve-(12) consecutive months without an interruption in employment for more than 30 days? ☐ Yes ☐ No

If yes: how many months employed = _____

If yes: average hours worked per week = _____

Are you, your spouse or co-head of household a person with a disability? ☐ Yes ☐ No

Are you, your spouse or co-head of household age 62 or older? ☐ Yes ☐ No

Are you or any member of your household a Veteran? ☐ Yes ☐ No

**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 do not indicate a preference if you are unable to provide the required documentation.*

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.



Effective 2/24/2020