

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.

- All questions must be answered completely. Incomplete Pre-Applications and site selection charts will not be accepted.
- When completing the site selection chart, if the box under your bedroom size has an "X" for any sites, you cannot select it.
- 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).
- Completed Pre-Applications with site selection chart can be submitted via one of the following ways:

Email to: Occupancy@hacp.org

Fax to: 412-456-5182

Mail to: HACP Occupancy Department, 412 Blvd. of the Allies, 5th Floor, Pittsburgh, PA 15219

Submit in person, Monday through Friday, from 8:00 am to 4:00 pm or utilize the Occupancy Department document drop box located at: 412 Blvd. of the Allies, Pittsburgh, PA 15219.

- At time of Pre-Application submission, you must provide a completed Site Selection Chart. If a Site Selection Chart is not received with the Pre-Application submission, your name will be placed on all community waiting lists that offer the bedroom size for which your family qualifies. Please note that failure to accept an apartment offered to you that meets the bedroom size and needs of your family will result in **your name being removed from all Low Income Public Housing Program Waiting Lists, and you will have to wait 90-days before you can reapply to the Housing Authority of the City of Pittsburgh (HACP) for low income public housing.**
- 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's Disability Compliance Office at 412-456-5282; TDD#: 412-201-5384. For more information about each site, including accessible features, please contact us at the numbers above or visit our website at www.hacp.org.

Things You Should Know:

1. Only **complete** Pre-Applications with a site selection chart will be accepted.
2. All complete Pre-Applications submitted to the Occupancy Department will receive a "Sequence date and time". All complete Pre-Applications submitted to the Occupancy Department via mail or the drop box will receive a date and time stamp based upon receipt – this will be the Sequence date and time. For all complete Pre-Applications submitted to the Occupancy Department via fax or email, the Sequence date and time will be the date & time the fax or email was received at the Occupancy Department.
3. Your Pre-Application will be processed based on community selected, bedroom size needed, preference, and Sequence Date/Time (the date and time of receipt of your Pre-Application).
4. 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.
5. When your name reaches the top of a waiting list, you will be notified via mail or email (if you listed an email on your pre-application) that we are going to begin processing your pre-application. It will include a list of required documents that you must submit to us as well as the full application and any additional forms that may be needed.
6. Failure to provide all required documentation by the deadline date you are given will result in your Pre-Application being withdrawn and your name being removed from all Low Income Public Housing Program waiting lists.
7. A criminal background check and a landlord/rental history check will be completed for you and each person you listed on your Pre-Application who is eighteen-(18) years of age or older.
8. Upon completion of the application processing, you will be notified via mail or email (if you listed one on your pre-application) 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.

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
			Head of Household			

*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 co-head.

**Sources of all family income: Check all that apply and provide "Total" monthly amount/s*-
Please also indicate which family member is receiving the specific income.**

Wages: \$ _____

Social Security: \$ _____

SSI/SSD: \$ _____

DPA: \$ _____

Child Support: \$ _____

Pension/Annuity: \$ _____

Unemployment: \$ _____

Other: \$ _____

**You will be required to submit specific documentation for verification of your 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: _____

(SIGN, PRINT OR TYPE)

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.

Head of Household _____ Date/Time _____

(SIGN, PRINT OR TYPE)

Co-Head of Household _____ Date/Time _____

(SIGN, PRINT OR TYPE)

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.

Qualifications - Determining Bedroom Size

Head of Household only (1 person) – qualifies for a 1-bedroom unit

Head of Household and Spouse – qualifies for a 1-bedroom unit

Head of Household (1 person) and expecting a child – qualifies for a 2-bedroom unit

Head of Household and one Child (2 people) – qualifies for a 2-bedroom unit

Head of Household and two Children (3 people) – see qualifications below

Head of Household and Co-Head of Household (2 adults) – qualifies for a 2-bedroom unit

Head of Household and Other Adult (2 adults) – qualifies for a 2-bedroom unit

Head of Household and 2 Other Adults (3 adults) – qualifies for a 3-bedroom unit (1 additional bedroom for each additional adult)

***No more than two persons are permitted to occupy a bedroom.**

***Children of the same sex share a bedroom under age 18.**

***Children of opposite sex may share a bedroom until one of the children reaches age three (3).**

Qualifications – High Rises

The Head of Household, Spouse or Co-Head of Household must be elderly (62 years of age or older) or disabled.

Qualifications – Scattered Sites

To qualify for Scattered Sites, you, your spouse or co-head of household must be employed for twenty-four (24) consecutive months and average 20 hours or more per week, elderly or disabled. If you do not meet one of these requirements, you do not qualify for Scattered Sites and cannot select “Scattered Sites” on the Site Selection Chart.

APPLICANT - SITE SELECTION CHART - (effective 3/10/2026 - 2:00pm)

You have **two** options. (You cannot choose both options)

Option 1: Specific Community Choice Selection (You may choose up to 3 sites total) - Select up to 3 sites that you would prefer to call home by placing a checkmark ✓ in the specific bedroom size box next to the site/s you want to select. You must qualify for specific bedroom size units (**please see Page 7 - Qualifications – Determining Bedroom Size**). If your family composition meets qualifications, your name will be placed on the waiting list/s for each site that you select. **If you select communities/bedroom sizes that your family doesn't qualify for, your name will be placed on all community waiting lists that offer the bedroom size for which your family qualifies.**

Low Income Public Housing Waiting Lists (Family)	Unit Sizes Available	1-Bdrm	2-Bdrm	3-Bdrm	4-Bdrm	5-Bdrm	6-Bdrm
Arlington Heights (South Side)	(2bd)						
Northview Heights (Northside)	(2bd, 3bd, 4bd and 5bd)						
Scattered Sites (must qualify)	(2bd, 3bd, 4bd and 5bd)						

To select any of the High Rises below:

The Head of Household, Spouse or Co-Head of Household must be elderly (62 years of age or older) or disabled.

Low Income Public Housing Waiting Lists (High Rises)	Unit Sizes Available	1-Bdrm	2-Bdrm
Caliguiri High Rise (Allentown)	(1bd)		
Finello High Rise (Oakland)	(1bd)		
Gualtieri Manor* (Beechview)	(Studio and 1bd)		
Mazza Pavilion (Brookline)	(1bd)		
Morse Gardens (South Side)	(1bd)		
PA Bidwell High Rise (North Side)	(1bd and 2bd)		
Pietragallo High Rise (Carrick)	(1bd)		
Pressley Street High Rise* (North Side)	(Studio, 1bd and 2bd)		

*Includes Studio Apartments: The HACP does not differentiate between 1-bedroom and studio apartments.

OR - Option 2: First Available (You cannot choose both options)

Option 2: First Available - If you want to be housed in the first apartment regardless of location, please select the "First Available" option by placing a checkmark ✓ in one of the boxes below. Your name will be placed on the waiting lists for **all** communities that offer the bedroom size for which your family qualifies.

- ☐ **First Available (High Rises Only)**
☐ **First Available (Family Communities Only)**
☐ **First Available All (Family Communities & High Rises)**

Applicant Name (SIGN, PRINT OR TYPE) _____

Last 4 digits of your Social Security Number _____ Date _____