

HOUSING AUTHORITY OF THE CITY OF FRANKLIN

Colonial Manor • 1212 Chestnut Street • Franklin • PA 16323

Phone: (814) 432-3416 Fax: (814) 432-5793

Website: www.franklinhousingpa.org

APPLICATION FOR HOUSING ASSISTANCE

PLEASE BE SURE TO HAVE SOCIAL SECURITY CARDS AND BIRTH CERTIFICATES FOR ALL HOUSEHOLD MEMBERS, AND PHOTO ID FOR ALL MEMBERS 18 AND OVER, BEFORE YOU FILL OUT THIS APPLICATION. YOU MUST HAVE THESE DOCUMENTS IN ORDER TO BE CONSIDERED FOR OUR HOUSING PROGRAMS.

1. Answer **ALL** questions on this application. If the question does not apply to you/your family, write “N/A” (not applicable). **ALL INFORMATION MUST BE COMPLETED IN ORDER TO PROCESS YOUR APPLICATION! INCOMPLETE APPLICATIONS WILL BE RETURNED.**
2. After you have completed all information, read the “Certification of Information” on the last page, sign and date the application.
3. Once we receive your application, we will mail you a certified letter scheduling an appointment for you to come into our office and begin the paperwork.

At that time, you will need to bring in the following documents:

- Social Security Cards for all household members
- Birth Certificates for all household members
- Photo identification for all members in the household 18 years of age and older
- Proof of all income and assets
- Proof of child care and medical expenses

IF YOU DO NOT HAVE THESE ITEMS, WE CANNOT PROCESS YOUR APPLICATION AND YOUR NAME WILL BE REMOVED FROM OUR ACTIVE WAITING LIST!

Note: If you require assistance in filling out this application due to a disability, please ask a staff employee to assist you.

If you are a non-resident living outside of Venango County, you must enclose the following documents with your application:

- Copies of Social Security cards for all household members
- Copies of Birth Certificates for all household members
- Copies of photo identification for all members in the household 18 years of age and older
- Copies of proof of all income and assets
- Copies of proof of child care and medical expenses

IF WE DO NOT RECEIVE THESE ITEMS, WE CANNOT PROCESS YOUR APPLICATION!

Please check program for which you are applying:

- Colonial Manor** (Elderly/disabled designated high-rise with 61 one-bedroom apartments)
- Dale Avenue** (Family/single designated townhouse apartments with 1-, 2-, and 3-bedroom apartments)
- Section 8 Program** (You are given a voucher to find your own housing within the city limits of Franklin)

Today's date _____

First name _____ Middle Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

County _____

Telephone No. _____

SPECIAL UNIT REQUIREMENTS

Will you or any member of your family require a unit with special features? Yes No

If yes: Vision Hearing Wheelchair Live-in aide Other : _____

HOUSEHOLD MEMBERS

NAME (include middle name)	SOCIAL SECURITY NO.	RELATIONSHIP	DATE OF BIRTH	PLACE OF BIRTH	RACE
_____	_____	Head of household	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CRIMINAL BACKGROUND

1. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)?

If yes: Who? When? For what? _____

2. Has anyone in your household ever been arrested or convicted for a summary offense?

If yes: Who? When? For what? _____

3. Has anyone in your household ever been arrested or convicted for a misdemeanor?

If yes: Who? When? For what? _____

4. Has anyone in your household ever been arrested or convicted for a felony?

If yes: Who? When? For what? _____

CURRENT ADDRESS/LANDLORD

This includes homeless shelters, living with relatives/friends, owning your home, etc. Make notes if necessary.

Current landlord's name _____
Landlord's address _____ City _____ State _____ Zip _____
Landlord's telephone no. _____

Move-in date _____
Number of bedrooms _____
Amount of rent/mortgage _____
Reason for wanting to move _____

PREVIOUS ADDRESSES/LANDLORD

This includes homeless shelters, living with relatives/friends, owning your home, etc. Make notes if necessary.

1. Your previous address _____ City _____ State _____ Zip _____
Date of move-in _____ Date of move-out _____
No. of bedrooms _____ Amount of rent \$ _____

Landlord's name _____
Landlord's address _____ City _____ State _____ Zip _____
Telephone number _____

2. Your previous address _____ City _____ State _____ Zip _____
Date of move-in _____ Date of move-out _____
No. of bedrooms _____ Amount of rent \$ _____

Landlord's name _____
Landlord's address _____ City _____ State _____ Zip _____
Telephone number _____

Have you ever paid your rent based on your income (public housing, Section 8, "HUD")? YES NO
If so, previous housing name _____
Address _____ City _____ State _____ Zip _____
Telephone no. _____
Date of move-in _____
Date of move-out _____

Do you owe any money to a Public Housing Authority or other housing program? YES NO
If yes, name and address _____

REFERENCES - PERSONAL

Please provide three (3) personal references (**NOT FAMILY MEMBERS OR PREVIOUS LANDLORDS**):

1. Name _____
Address _____ City _____ State _____ Zip _____
Telephone No. _____

2. Name _____
Address _____ City _____ State _____ Zip _____
Telephone No. _____

3. Name _____
Address _____ City _____ State _____ Zip _____
Telephone No. _____

INCOME/EMPLOYMENT

You will need to bring proof of all household income (wages, public assistance, child support, social security, SSI, unemployment, pension, Worker's Compensation, etc.)

Name of person who receives income	Source of income (wages, cash assistance, child support, social security, etc.	Gross amount per month	Name and Address for: Employer; Person paying child support; Social Security office; Public Assistance office; etc.	Title/Position and Hours per week if employed	State date
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

MEDICAL EXPENSES

(Only complete fill in this section if you are elderly (62+), handicapped, or disabled)

You will need to bring proof of all medical expenses (examples: doctor bills, hospital bills, prescriptions, eye glasses, dentures, hearing aids, wheelchair, drug and alcohol/mental health counseling, etc.) for **out-of-pocket expenses** only.

1.	Type of Expense _____
	Name of pharmacy or doctor _____
	Address _____
	Cost per month _____
2.	Type of Expense _____
	Name of pharmacy or doctor _____
	Address _____
	Cost per month _____
3.	Type of Expense _____
	Name of pharmacy or doctor _____
	Address _____
	Cost per month _____