

## 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](http://www.franklinhousingpa.org)

**PLEASE MAKE  
SURE TO SIGN  
ALL FORMS**

### 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 and ALL attached forms.**
3. Once we receive your application, we will contact you and schedule a telephone interview for you to begin the application process.

**Copies of the documentation listed below **MUST** be submitted along with your application.**

- 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

**You must provide proof of the following information for our verification of your income, assets and medical expenses.**

- Proof of all income to include, but not limited to: Most recent Social Security statement, Pension, Wages, Tips, Commission, Alimony/Support and Cash Assistance
- Proof of any assets to include, but not limited to: Checking and/or Savings statements, Stocks, Bonds, Certificates of Deposit,
- Real Estate: (Value of House and/or Land Certified by a Real Estate Agent)
- Whole Life Insurance Policies (Face Amount plus Cash Surrender Value)
- Proof of Child Care
- Proof of ALL Medical Expenses to include, but not limited to: Medicare, any Medical Insurance Supplements, Any Prescriptions, Hospital, Doctor, Dental or Eye bills paid by you out of pocket, Ambulance Membership

**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.

Please check the program(s) for which you are applying:

# COLONIAL MANOR AND DALE AVENUE ARE SMOKE-FREE HOUSING

- 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 \_\_\_\_\_

\*\*\*\*Do you have a pet: \_\_\_Yes\_\_\_No

Telephone No. \_\_\_\_\_

\*\*\*\* Type of Pet: \_\_\_\_\_

## 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 \_\_\_\_\_

Notes: \_\_\_\_\_

### 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 \_\_\_\_\_

Notes: \_\_\_\_\_

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 \_\_\_\_\_

Notes: \_\_\_\_\_

**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. \_\_\_\_\_

## ASSETS

- Do you have any checking or savings accounts?  YES  NO  
Do you have any stocks, bonds, or certificates of deposit?  YES  NO  
Do you own any property?  YES  NO  
Have you sold or given away property in the last 2 years?  YES  NO

1. Household member \_\_\_\_\_  
Name of bank \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Type of account:  Checking Account No: \_\_\_\_\_ Cash value of account \$ \_\_\_\_\_  
 Savings Account No: \_\_\_\_\_ Cash value of account \$ \_\_\_\_\_
2. Household member \_\_\_\_\_  
Name of bank \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Type of account:  Checking Account No: \_\_\_\_\_ Cash value of account \$ \_\_\_\_\_  
 Savings Account No: \_\_\_\_\_ Cash value of account \$ \_\_\_\_\_
3. Household member \_\_\_\_\_  
Name of bank \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone number \_\_\_\_\_  
Type of account:  Checking Account No: \_\_\_\_\_ Cash value of account \$ \_\_\_\_\_  
 Savings Account No: \_\_\_\_\_ Cash value of account \$ \_\_\_\_\_

## CHILD CARE EXPENSES

- If you are working, do you pay someone to take care of your children while you work?  YES  NO  
If so, how often do you pay:  weekly  bi-weekly  monthly  
Cost of care \$ \_\_\_\_\_  
Name of childcare provider \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_

- Do you receive subsidized childcare?  YES  NO  
If so, what is the name of the agency through which you are subsidized? \_\_\_\_\_

## 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 _____             | _____ |               |

Do you have any supplemental medical insurances?  YES  NO

If so, we will need to know the name of the group, policy number, address, and how much you pay for the insurance (bring proof with you to the interview).

| Name and Address of Insurance Group | Policy Number | Amount Paid |
|-------------------------------------|---------------|-------------|
| 1. _____<br>_____<br>_____          | _____         | _____       |
| 2. _____<br>_____<br>_____          | _____         | _____       |

Please tell us how you heard about us:  Social Service Agency \_\_\_\_\_  
 Newspaper  
 Radio  
 Friend/Relative  
 Website/Internet  
 Other \_\_\_\_\_

**CERTIFICATION OF INFORMATION**

- 1. I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.
- 2. I understand that during the time of my interview, I will be asked to sign authorizations for release of information; I understand that the authorizations may be used to verify the information I have provided on this form.
- 3. I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

The Housing Authority of the City of Franklin is an Equal Housing Agency.

The Housing Authority of the City of Franklin does not discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.

## **FRAUD STATEMENT**

Most families who are selected for the subsidized housing programs comply with the rules, but occasionally some do not. It is always unpleasant when someone violates the rules and penalties are enforced. To prevent families from embarrassment and hardship, the program rules need to be thoroughly understood and followed. The most common violations are listed below.

### **Unauthorized Household Members**

The persons you listed on your original application for housing assistance are the only persons who may reside in your housing unit.

If you permit anyone who has not been approved by the Housing Authority to reside in your unit, or allow anyone to use your address, it is a violation of your family obligations, and it could result in the loss of your housing assistance. Adding someone to your household may change the household income and affect you in ways described below. It is important that you contact the Housing Authority before you allow someone to move into your unit.

Also, you must promptly inform the Housing Authority of the birth, adoption or court-awarded custody of a child so that they may be added to your lease.

### **Under-Reporting Income**

If your family withholds information about income, it causes the Housing Authority to pay more money to the owner than the law requires. This is a major violation of your family obligations. In these cases your family would be required to repay the money. In addition, it could result in the loss of assistance and, in some cases, **criminal penalties**.

### **Not Reporting Changes**

Failure to report changes **in** a timely manner [within ten (10) days] could result in repayment of money or loss of assistance. You must report all changes even if your pay changes every week.

**If you are uncertain as to whether or not you reported any recent changes to the Housing Authority it is your obligation to call the office and double check!**

These changes include (but are not limited to) starting a new job, quitting a job, termination of employment, receiving unemployment compensation, changes in social security income, starting or stopping of cash assistance, change in child support payments, change of household size, etc.

**Making false statements and providing false information are serious violations of program rules as well as violations of state and federal criminal laws. You could be charged with "Theft by Deception" ranging from a Misdemeanor to a Felony, which results in fingerprinting and photographing.**

Please be aware that families who provide false information or documents are subject to denial or termination of assistance, are required to repay any amounts that were paid by the Housing Authority and may be subject to criminal penalties under state or federal law.

If you are not sure about the rules or procedures, please contact the Housing Authority to get the correct information. No one should be evicted or lose their assistance unnecessarily. If you are aware of someone who is violating program rules, please contact the Housing Authority.

Thank you.

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Applicant Signature

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Date

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Applicant Signature

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Date