

**APPLICATION FOR ADMISSION**

**HILLCREST APARTMENTS**

|   |   |
|---|---|
| Tioga/Bradford County Housing Authority<br>4 Riverside Plaza<br>Blossburg, PA 16912<br>Phone : 570-638-2151 | For Office Use Only<br>Date received: _____<br>Time received: _____ |
|---|---|

**I. Current Applicant Information**

**General Information**

Applicant SSN: \_\_\_\_\_  
Applicant Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Household Size: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Accessibility Features Requested**

Vision     Hearing     Mobility

**Pet Information**

Mailing Address     Same as current address

Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

**Current Address Information**

Lived there: From \_\_\_\_\_ To: \_\_\_\_\_  
Bedroom Size: \_\_\_\_\_ Monthly Rent \_\_\_\_\_

**Current Landlord**

Landlord Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**II. Preferences**

Bradford County Resident     Veteran/Veteran Spouse     Homeless  
 Domestic Violence     Nursing Home Transition     Working 20+ hours     Displaced

| III. Family Composition Information |      |     |                      |               |
|-------------------------------------|------|-----|----------------------|---------------|
| No.                                 | Name | SSN | Relationship to Head | Date of Birth |
| 01                                  |      |     |                      |               |
| 02                                  |      |     |                      |               |
| 03                                  |      |     |                      |               |
| 04                                  |      |     |                      |               |

**Mark as Needed:**

| No. | Birth Place | Race |   |   |   |   | Ethn | Disabled | Eligibility | Alien Registration |
|-----|-------------|------|---|---|---|---|------|----------|-------------|--------------------|
|     |             | 1    | 2 | 3 | 4 | 5 |      |          |             |                    |
| 01  |             |      |   |   |   |   |      |          |             |                    |
| 02  |             |      |   |   |   |   |      |          |             |                    |
| 03  |             |      |   |   |   |   |      |          |             |                    |
| 04  |             |      |   |   |   |   |      |          |             |                    |

| CODES for above:                           |                   |                             |
|--|-------------------|-----------------------------|
| <b>Race Codes:</b>                         | <b>Ethnicity:</b> | <b>Eligibility:</b>         |
| 1. White                                   | H = Hispanic      | EC = Eligible Citizen       |
| 2. Black/African American                  | N = Non-Hispanic  | EN = Eligible Non-Citizen   |
| 3. American Indian/Alaska Native           |                   | IN = Ineligible Non-Citizen |
| 4. Asian                                   |                   | PV = Pending Verification   |
| 5. Native Hawaiian/ Other Pacific Islander |                   |                             |

| IV. Family Information |      |   |
|------------------------|------|---|
| No.                    | Name | List <u>ALL</u> States lived in since birth |
| 01                     |      |   |
| 02                     |      |   |
| 03                     |      |   |
| 04                     |      |   |

| V. Family Information   |
|---|
| Are you or anyone in your household required to register on a state lifetime sex offender list? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |

**VI. Employment/Income Information**

|                                   |                            |
|-----------------------------------|----------------------------|
| Member Name: _____                | Source Name: _____         |
| Income Type: _____                | Position: _____            |
| Start Date: _____ How Long: _____ | Address: _____             |
| Amount/Freq: _____ Per: _____     | City, State, Zip: _____    |
| Annual Amount: _____              | Phone Number (_____) _____ |
| Member Name: _____                | Source Name: _____         |
| Income Type: _____                | Position: _____            |
| Start Date: _____ How Long: _____ | Address: _____             |
| Amount/Freq: _____ Per: _____     | City, State, Zip: _____    |
| Annual Amount: _____              | Phone Number (_____) _____ |
| Member Name: _____                | Source Name: _____         |
| Income Type: _____                | Position: _____            |
| Start Date: _____ How Long: _____ | Address: _____             |
| Amount/Freq: _____ Per: _____     | City, State, Zip: _____    |
| Annual Amount: _____              | Phone Number (_____) _____ |
| Member Name: _____                | Source Name: _____         |
| Income Type: _____                | Position: _____            |
| Start Date: _____ How Long: _____ | Address: _____             |
| Amount/Freq: _____ Per: _____     | City, State, Zip: _____    |
| Annual Amount: _____              | Phone Number (_____) _____ |

**VII. Asset Information**

|                               |                            |
|-------------------------------|----------------------------|
| Member Name: _____            | Source Name: _____         |
| Asset Description: _____      | Contact: _____             |
| Cash Value: _____             | Address: _____             |
| Amount/Freq: _____ Per: _____ | City, State, Zip: _____    |
| Annual Income: _____          | Phone Number (_____) _____ |
| Member Name: _____            | Source Name: _____         |
| Asset Description: _____      | Contact: _____             |
| Cash Value: _____             | Address: _____             |
| Amount/Freq: _____ Per: _____ | City, State, Zip: _____    |
| Annual Income: _____          | Phone Number (_____) _____ |
| Member Name: _____            | Source Name: _____         |
| Asset Description: _____      | Contact: _____             |
| Cash Value: _____             | Address: _____             |
| Amount/Freq: _____ Per: _____ | City, State, Zip: _____    |
| Annual Income: _____          | Phone Number (_____) _____ |
| Member Name: _____            | Source Name: _____         |
| Asset Description: _____      | Contact: _____             |
| Cash Value: _____             | Address: _____             |
| Amount/Freq: _____ Per: _____ | City, State, Zip: _____    |
| Annual Income: _____          | Phone Number (_____) _____ |

**VIII. Expenses**

Member Name: \_\_\_\_\_ Payee: \_\_\_\_\_  
 Type of Expense: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Amount/Freq: \_\_\_\_\_ Address: \_\_\_\_\_  
 Annual Amount: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Phone Number: \_ ( \_\_\_\_\_ ) \_\_\_\_\_

Member Name: \_\_\_\_\_ Payee: \_\_\_\_\_  
 Type of Expense: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Amount/Freq: \_\_\_\_\_ Address: \_\_\_\_\_  
 Annual Amount: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Phone Number: \_ ( \_\_\_\_\_ ) \_\_\_\_\_

Member Name: \_\_\_\_\_ Payee: \_\_\_\_\_  
 Type of Expense: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Amount/Freq: \_\_\_\_\_ Address: \_\_\_\_\_  
 Annual Amount: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Phone Number: \_ ( \_\_\_\_\_ ) \_\_\_\_\_

Member Name: \_\_\_\_\_ Payee: \_\_\_\_\_  
 Type of Expense: \_\_\_\_\_ Contact: \_\_\_\_\_  
 Amount/Freq: \_\_\_\_\_ Address: \_\_\_\_\_  
 Annual Amount: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Phone Number: \_ ( \_\_\_\_\_ ) \_\_\_\_\_

**IX. Previous Information****Previous Address Information:**

Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Lived there from/to dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Bedroom Size: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

**Previous Landlord Information:**

Landlord Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone Number: \_ ( \_\_\_\_\_ ) \_\_\_\_\_

**Previous Public Housing Information (if applicable):**

HA Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Lived there from/to dates: From: \_\_\_\_\_ To: \_\_\_\_\_  
 Phone Number: \_ ( \_\_\_\_\_ ) \_\_\_\_\_

**X. Emergency Contact**

Name: \_\_\_\_\_ Type/Relationship: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_ (\_\_\_\_) \_\_\_\_\_

**XI. Certification of Information**

**WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department of the U.S. Government is guilty of a felony. Guilty of a felony can result in a fine up to \$10,000 or imprisonment of up to 5 years.**

I understand that any misrepresentation of information or failure to disclose information requested in this application may disqualify me from consideration of admission or participation, and may be grounds for eviction or termination of assistance.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Member over 18: \_\_\_\_\_ Date: \_\_\_\_\_

Other Member over 18: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

On the basis of the determinations set forth above, the applicant family named herein has been found to be eligible for admission.

Interviewed By: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

A. Community Number: \_\_\_\_\_ D. Date Assigned: \_\_\_\_\_

B. Unit Number: \_\_\_\_\_ E. Lease Effective Date: \_\_\_\_\_

C. Unit Size Assigned: \_\_\_\_\_