

APPLICATION FOR ADMISSION

HILLCREST APARTMENTS

Tioga/Bradford County Housing Authority 112 Dorsett Heights Mansfield, PA 16933 Phone : 570-638-2151	For Office Use Only Date received: _____ Time received: _____
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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:		
Race Codes:	Ethnicity:	Eligibility:
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
<p>Are you or anyone in your household required to register on a state lifetime sex offender list?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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: <u> ()</u> _____
Member Name: _____	Payee: _____
Type of Expense: _____	Contact: _____
Amount/Freq: _____	Address: _____
Annual Amount: _____	City, State, Zip: _____
	Phone Number: <u> ()</u> _____
Member Name: _____	Payee: _____
Type of Expense: _____	Contact: _____
Amount/Freq: _____	Address: _____
Annual Amount: _____	City, State, Zip: _____
	Phone Number: <u> ()</u> _____
Member Name: _____	Payee: _____
Type of Expense: _____	Contact: _____
Amount/Freq: _____	Address: _____
Annual Amount: _____	City, State, Zip: _____
	Phone Number: <u> ()</u> _____

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: <u> ()</u> _____
Previous Public Housing Information (if applicable):
HA Name: _____
Street Address: _____
City, State, Zip Code: _____
Lived there from/to dates: From: _____ To: _____
Phone Number: <u> ()</u> _____

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. <input type="checkbox"/>	
_____ Interviewed By:	
_____ Signed:	_____ Date:
_____ Title:	
A. Community Number: _____	D. Date Assigned: _____
B. Unit Number: _____	E. Lease Effective Date: _____
C. Unit Size Assigned: _____	