

Rental Pre-Application

Housing Choice Voucher (HCV) & Public Housing (Town Park Village and Evan Owen Memorial Apartments)

Columbia County Housing Authority
700 Sawmill Road, Suite 101
Bloomsburg, PA 17815
(570)784-9373



Applying For:

HCV Rental Assistance Town Park Village (3 & 4 Bedroom) Evan Owen Memorial Apartments (1 & 2 Bedroom)
(62 and older or disabled)

Applicant Information

Name:

Date of birth:

SSN:

Phone:

Current address:

City:

State:

ZIP Code:

Household Composition

Please list yourself and all other members of the household. Please be sure to include date-of-birth, age, relationship, and social security numbers for all members of the household. **Note: Relationship to Head-of-Household for example: Husband, wife, son, daughter, niece, nephew, etc. This information is required by HUD regulations to determine bedroom size.

Family Members Full Name	Relationship	Date of Birth	Age	Sex	Social Security Number	Disabled (Y/N)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

Family Information

Please indicate any or all that apply to the Head of Household, Spouse, or Co-Head:

Handicapped Disabled Elderly Pregnant N/A

Have you or any member of your family ever been convicted of a violent or drug related crime?

Yes No

Note: If yes, please be prepared to provide all details regarding this matter.

Income Information

Please indicate all income received by your entire family each month before taxes. You are required by HUD regulations to disclose all income information for your family.

Household Member	Employer	Total Wages Circle One (Wk/ Mo/ Yr.)	Child Support	Social Security	Public Assistance	Unemployment	Other income

Asset Information:

Please indicate all asset information. This includes bank accounts, money market accounts, certificates of deposits, IRA's, retirement and pension funds, 401K's, 403B's, etc.

Assets	Cash Value	Income from Assets	Name of Financial Institute	Account Number
Checking				
Savings				
Certificates of Deposit				
Mutual Funds/Stocks/Bonds				
401K/IRA/Other Retirement				
Real Estate				
Life Insurance				
Savings Bonds				
Other				

Preference Rule

I certify that I am eligible for and can verify at least one of the following Local Preferences:

Residency Preference – Households that reside, work in or have accepted employment in Columbia County.

Yes No

Working Preference – Households where the head, spouse, or co-head is employed at least 20 hours per week.

Yes No

Elderly or Disabled Preference – As required by HUD, families where the head or spouse, or sole member is a person age 62 or older, or a person with disabilities, will also be given the benefit of the working preference. Is any member disabled or age 62 or older?

Yes No

Involuntary Displaced – Persons who have been involuntarily displaced from their previous residence as the result of fire, natural disaster, or governmental action, so long as the displacement was not caused, in whole or in part, by any action or failure to act on the part of the person so displaced, or by any action or failure to act on the part of any member of the immediate family of the person so displaced?

Yes No

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 or Agency of the U.S. government is guilty of a felony.

I/we (the family understand the above information will be collected to determine my/our eligibility for Section 8 Housing Choice Rental Assistance and/or Public Housing. I/we (the family) hereby agree that the statements made on this application are true and complete to the best of my/our knowledge. I/we (the family) understand that any false statements or information are punishable under Federal Law and will disqualify me from consideration for admission or participation, and may be grounds for eviction or termination of assistance. I/we (the family) hereby authorize Columbia County Housing Authority to verify all information provided, to contact any and all sources, persons, or agencies the PHA deems necessary for verification.

Applicant _____

Date _____

*****ALL OF THE QUESTIONS ON THIS APPLICATION MUST BE ANSWERED OR THE PRE-APPLICATION WILL NOT BE ACCEPTED FOR FURTHER PROCESSING. *****

We will notify you in writing when your name comes up on the waiting list. Therefore, it is your responsibility to notify us, in writing, if you're mailing address changes.

NOTE TO APPLICANTS: if you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line at 800-669-9777

Additionally: Please see supplement form attached.