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HHA's Move To Work Initiative

Updates to the Public H Program

- **Utility Reimbursements**
 - HHA will put utilities in its name and pay them
 - HHA will no longer issue reimbursement checks
 - In accordance with the lease HHA will charge tenants for excessive utility use
- **Imputed Income**
 - Single Person – 15hrs a week at \$7.25
 - Household (2 or more adults)- 30hrs a week at \$7.25
 - Excludes elderly and disabled
 - Hardship requests may be granted based on extenuating circumstances
- **Alternative Income Inclusion/ Exclusion**
 - HHA will exclude income from select professions
 - Exclusion will be capped by time, or when income reaches a certain amount, and the family is reaching a stepping point to self-sufficiency
 - Exclusion will not be the entire income but enough to encourage employment in professions that are highly valuable to the community



Harrisburg Housing Authority

351 Chestnut Street
Harrisburg PA, 17101

Harrisburghousing.org

La Iniciativa del Plan de Trabajo de La Autoridad

Actualizaciones del Programa de Vivienda Pública

- **Reembolsos de Servicios Públicos**
 - La autoridad pondrá los servicios públicos a su nombre y los pagará
 - La autoridad ya no emitirá cheques de reembolso
 - De acuerdo con el contrato de arrendamiento, la autoridad cobrará a los inquilinos por el uso excesivo de servicios públicos
- **Ingreso Imputado**
 - Persona Soltera – 15 horas a la semana a \$7.25
 - Hogar (2 o mas adultos)- 30 horas a la semana a \$7.25
 - Excluye ancianos y discapacitados
 - Las solicitudes por dificultades pueden otorgarse en función de circunstancias atenuantes
- **Inclusión/ Exclusión de Ingresos Alternativos**
 - La autoridad excluirá ingresos de profesiones selectas
 - La exclusion se limitará por tiempo, o cuando los ingresos alcancen una cierta cantidad, y la familia esté llegando a un punto de paso hacia la autosuficiencia
 - La exclusion no será la totalidad de los ingresos, pero sí lo suficiente para fomentar el empleo en profesiones de gran valor para la comunidad



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351 Chestnut Street
Harrisburg PA, 17101

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EQUAL HOUSING
OPPORTUNITY





Harrisburg Housing Authority
 Leasing & Occupancy Office
 916 South 14th Street, Suite 200
 Harrisburg, PA 17104

Phone: 717-257-5420
 Fax: 717-963-2613
www.harrisburghousing.org

OFFICE HOURS: Monday, Tuesday, Thursday & Friday – 8:00 AM – 4:30 PM
CLOSED ON WEDNESDAY

Welcome to the Harrisburg Housing Authority Leasing Office. The Housing Authority is proud to offer low income public housing at the following locations:

<p>William Howard Day Homes 1300 Community Drive Harrisburg, PA 17103</p>	<p>Hoverter Homes 1260 Oyler Road Harrisburg, PA 17103</p>	<p>Hall Manor 100 Hall Manor Harrisburg, PA 17104</p>	<p>M. W. Smith Homes 1300 Community Drive Harrisburg, PA 17103</p>
<p>Lick Towers 1301 North 6th Street Harrisburg, PA 17102 (Elderly Only)</p>	<p>Jackson Towers 1315 North 6th Street Harrisburg, PA 17102 (Elderly Only)</p>	<p>Morrison Towers 351 Chestnut Street Harrisburg, PA 17101 (Elderly Only)</p>	

We welcome you to apply for occupancy with us. We **do not** offer site-based wait lists. This means that if you apply for housing, you may not choose what location you will be assigned. Additionally, if you are 62 or older, you will be placed on the elderly wait list for assignment in an elderly only community, unless you request, in writing, assignment to a general occupancy community.

When applying for public housing, you are required to provide the following information for **ALL HOUSEHOLD MEMBERS:**

1. Birth certificates.
2. Social security cards.
3. Current photo identification for everyone 18 years of age and older.
4. Name and telephone number of all welfare caseworkers.
5. Name, address and telephone number of the four (4) most recent landlords.
6. Veteran discharge papers (DD-214).
7. Name, address and telephone number of the current employer.
8. Four (4) most recent paystubs.
9. Written verification of SSA/SSI benefits.
10. Written verification of unemployment benefits.
11. Written verification of pension benefits.
12. Written verification of child support.
13. Name, address and telephone number of any bank or financial institution.
14. Written verification of payments for child care services.
15. Miscellaneous.

AN APPLICANT IS RESPONSIBLE TO REPORT, IN PERSON, AT LEAST ONCE EVERY SIX (6) MONTHS TO ADVISE OF THEIR CONTINUED INTEREST. FAILURE TO MEET THIS REQUIREMENT, WILL RESULT IN YOUR APPLICATION BEING WITHDRAWN. If your application is withdrawn, you will not be eligible to reapply for admission to the public housing program for a period of 1 year.

Thank you for your interest in making HHA your home. We look forward to serving your housing needs in the near future.

Head of Household Name _____

Social Security Number: _____

PART II: OTHER INFORMATION

If more space is needed please use the back of the paper.

- 1. Is the applicant family displaced by a declared Natural Disaster, such as a flood, hurricane, earthquake, etc? Yes No
If yes, explain: _____
- 2. Is the applicant family displaced by government action (eminent domain) or current landlord (selling property, property condemned, etc)? Yes No
If yes, explain: _____
- 3. Is the applicant family a victim of domestic violence? Yes No
If yes, who can verify this? (name and phone number) _____
- 4. Is the applicant family homeless? Yes No
If yes, explain: _____
- 5. Is any member of the applicant family a veteran or minor child of a veteran? Yes No
If yes, name of minor child: _____ Parent's Name: _____
- 6. Is any adult member of the applicant family working? Yes No
If yes, name of employer: _____ Address: _____
- 7. Does anyone in your household require special accommodations due to a handicap or disability? Yes No
If yes, specify requirements _____

8. Has anyone in your household **ever** been arrested? Yes No **YOU MUST ANSWER THIS QUESTION TRUTHFULLY! IF IT IS FOUND YOU WERE NOT HONEST, YOU MAY NOT BE HOUSED!**

A "YES" ANSWER DOES NOT MEAN YOU CAN'T BE HOUSED. ALL circumstances will be reviewed and considered BEFORE a decision is made!

If yes, explain: _____

Head of Household Name _____

Social Security Number: _____

PART III: INCOME

If more space is needed please use the back of the paper.

Family Member Receiving Income	Income Source	Source Name and Address	Amount	How Often
				<input type="radio"/> Week <input type="radio"/> Month <input type="radio"/> Year
				<input type="radio"/> Week <input type="radio"/> Month <input type="radio"/> Year
				<input type="radio"/> Week <input type="radio"/> Month <input type="radio"/> Year
				<input type="radio"/> Week <input type="radio"/> Month <input type="radio"/> Year
				<input type="radio"/> Week <input type="radio"/> Month <input type="radio"/> Year
				<input type="radio"/> Week <input type="radio"/> Month <input type="radio"/> Year
				<input type="radio"/> Week <input type="radio"/> Month <input type="radio"/> Year

ALL HOUSEHOLD MEMBERS AGE 18 AND OVER SHOULD REVIEW THE INFORMATION ON THIS APPLICATION AND MUST SIGN BELOW.

I/We certify that the information given to the Harrisburg Housing Authority on this Pre-Application for Public Housing is true to the best of my/our knowledge and belief and understand that the information will be verified. I understand that I must report any changes in income, assets, and family composition to the Housing Authority, IN WRITING. I/We understand that giving false statements or information can be grounds for punishment under Federal and State laws and cause me/us to be disqualified for admission.

Signature of Head of Household	Date	Signature of Spouse or Other Adult	Date
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Signature of Other Adult	Date	Signature of Other Adult	Date
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WARNING

Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States. 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than 5 years or BOTH.



Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____	Date _____	_____	_____
Head of Household		Other Family Member over age 18	Date _____
_____	_____	_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date _____
_____	Date _____	_____	Date _____
Spouse		Other Family Member over age 18	Date _____
_____	_____	_____	_____
Other Family Member over age 18	Date _____	Other Family Member over age 18	Date _____
_____	Date _____	_____	Date _____
Other Family Member over age 18		Other Family Member over age 18	Date _____

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

PHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

IHA requesting release of information; (Cross out space if none)
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(I)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.