



HARRISBURG HOUSING AUTHORITY

916 South 14th Street, Suite 100
Harrisburg, PA 17104
Ph (717) 257-5426

Section 8 - FSS PARTICIPANT Application Form

(PLEASE PRINT)

Name of Head of Household: _____ SSN#: _____ - _____ - _____

Please return this signed and completed form to the Section 8 Office, FSS Coordinator.

Income Information:

Please complete all appropriate blocks that apply, with the amounts received monthly.

First Name	Employed	TANF	Child Support	SSI or SSA	Unemployment Benefits	Other Income

**If NEW employment, please answer the following questions: If you have received written verification from your new employer, that is dated within 60 days of today's date, please submit. Also, please submit 4-6 most recent paystubs.

Employer Name & Address: _____

Employer Phone #: _____ Start Date: _____

Pay Rate: \$ _____ per hour Paid how often (circle one): Weekly Bi-Weekly Monthly

*If receiving Unemployment Compensation (UC), provide pin # used to report claim to PAT system: _____

*If now receiving Social Security or Social Security Income (SS, SSI, SSD), you must provide a current award letter dated within 60 days of today's date.

Education

Please check highest education completed?

<input type="checkbox"/>	High School Diploma	<input type="checkbox"/>	GED	<input type="checkbox"/>	Specialized Training beyond High School	<input type="checkbox"/>	Some college courses	<input type="checkbox"/>	College Degree	<input type="checkbox"/>	Studying For Masters
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Please indicate what the Family Self Sufficiency Program can best assist you and your family:

___ Better Employment, Income & Career Planning ___ Obtaining your GED ___ College Degree
___ Specialized Training ___ Solving Personal Issues (family, credit, debts, health, addictions)

I do hereby swear and attest that all of the information above about me is true & correct. I also understand that **ALL** information regarding the income of any member of this household as well as any changes in the household income must be reported **IN WRITING** within 10 calendar days of the change.

Signature: _____ Date: _____

Contact Phone # or Active E-mail: _____

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 OR THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT.