Date Received _____ Application Number _____

SULLIVAN COUNTY HOUSING AUTHORITY
HOUSING CHOICE VOUCHER PROGRAM PRE-APPLICATION WAITING LIST FORM

1. HEAD OF HOUSEHOLD INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____

Mailing Address _____

Telephone number _____ Alternate Telephone number _____

2. INFORMATION ABOUT SPOUSE OR PARTNER

Last name _____ First Name _____ Middle Initial _____

Social Security Number _____ Date of Birth _____

3. HOW MANY PEOPLE WILL LIVE IN THE UNIT? Please include yourself. _____

ADULTS _____ Male _____ Female _____ **CHILDREN** _____ Male _____ Female _____

4. **Are you or do you have a household member who is a veteran of the U.S. Military?** _____**Yes**_____**No**
If answered "Yes," please attach proof to this application (DD-214)

5. If you are physically/mentally disabled, please attach/provide proof of your disability (physician-SIGNED diagnosis)

6. FOR HUD STATISTICAL PURPOSES ONLY
Please identify your race and ethnicity by checking one box in each of the two categories below:

Check One:
- ☐ White
- ☐ Black/African American
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Native Hawaiian/Other Pacific Islander

Check One:
- ☐ Hispanic or Latino
- ☐ Not-Hispanic or Latino

7. MONTHLY SOURCE(S) OF FAMILY INCOME; CHECK ALL THAT APPLY AND IDENTIFY AMOUNT:

- ☐ Wages _____
- ☐ SSI _____
- ☐ Other (VA/Child Support/etc.) _____
- ☐ Social Security _____
- ☐ TANF/Welfare _____

8. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE.

I understand that submission of false information or misrepresentation may result in loss of eligibility to participate in the housing choice voucher program.

Date _____ Signature of Head of Household _____

9. Return this completed and signed application and the signed Federal Privacy Act Statement to:

Sullivan County Housing Authority
Courthouse, P. O. Box 157
Laporte, PA 18626-0157
Telephone number 570-946-7677

Federal Privacy Act Statement
(Return with Application)

The U.S. Department of Housing and Urban Development (HUD) will be collecting information you gave to the Sullivan County Housing Authority at application or reexamination. HUD will collect the information on Form HUD-50058. The data it will collect includes name, sex, date of birth, Social Security Number (SSN), income (by source), assets, certain deductible expenses and rental payment.

The Privacy Act of 1974, as amended, requires us to tell you about this. We also are required to tell you what HUD will do with the information.

HUD will use the information to manage and monitor HUD-assisted housing programs. It also may verify whether the information is accurate and complete by doing a computer match.

HUD may give the information to Federal, State and local agencies when it will be used in civil, criminal or regulatory investigations and prosecutions. HUD also may make summaries of resident data available to the public. Other than these uses, HUD will not release the information outside HUD, except as permitted or required by law.

The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires applicants and residents to give the Authority the SSN(s) of household members who are at least six (6) years old. If you are an applicant and you have been issued or use SSN(s) and you do not give them to the Authority, the Authority is required to reject your application for housing assistance. If you are receiving housing assistance and you have been issued or use SSN(s) and you do not give them to the Authority, the Authority is required to evict your family or withdraw your housing assistance.

The U.S. Housing Act of 1937, as amended, 42 U.S.C. 1437 et.seq., and the Housing and Community Development Act of 1981, P.L. 97-35, 85 – stat., 343, 408 require applicants and residents to provide the other information (listed in the first paragraph) to the Authority. If you are an applicant and you fail to give the Authority this information, the Authority may have to reject your application or delay acting on it. If you are receiving housing assistance and you do not give the Authority this information, the Authority may have to evict you or withdraw your housing assistance.

I read the Federal Privacy Act Statement on _____ (Date)

Signature of Head of Household or Spouse _____