



Housing Authority of Monroe County
 1055 W Main Street
 Stroudsburg, PA 18360
 Phone: 570-421-7770 TDD: 570-421-6968
 Fax: 570-421-6958 & 570-424-9710
 E-Mail: hamc@ptd.net

Receipt of Time and Date that the pre-application was filed:

Applicant Name: _____

Welcome to the Housing Authority of Monroe County

The Housing Authority of Monroe County offers two programs: The Public Housing program and the Housing Choice Voucher program (a.k.a. Section 8). You may apply for either or both programs by checking your choice at the top of the pre-application **so long as the programs are currently open**. Check with a Housing Representative as to what is available at the time of applying.

Your complete pre-application will be time and date stamped. An incomplete pre-application will not be accepted.

You are required to notify H.A. of any changes in the application. Failure to do so may result in removal from list. During pre-application process if it is determined that you are not eligible for Housing, you will be notified in writing by U.S. Mail stating the reasons why. If you should disagree with the decision, you may request an informal hearing in writing to the Executive Director.

INSTRUCTIONS FOR THE PRE-APPLICATION

Question 1: The person who is applying is to complete their information.

Question 2: List all family members in order of their birth. Also, complete all information requested.

Question 3: Optional. Identify your race and ethnicity by checking the appropriate line in each of the two categories. (FOR HUD STATISTICAL PURPOSES ONLY)

Question 4: Check one.

Question 5: Check off disability/handicapped that you are claiming.

Question 6: Definitions. Check off what applied to you. ***Supporting Documents MUST be submitted with Application***

WORKING PREFERENCE: The head of household or spouse must be legally employed at the time of full application interview. This is verified by third party verification.

APPROVED JOB TRAINING PROGRAM: Any head of household or spouse who is participating in, or enrolled for participation in training, education or employment program funded by HUD, JTPA, or any other Federal State, or Local Organization. Attendance must be verified in writing by the training, education or employment provider.

DISABILITY/HANDICAPPED: Is the head of household or spouse disabled/handicapped?

ELDERLY: Is the head of household or spouse 62 years of age and older?

HOMELESS: If the applicant family lacks a fixed, regular and adequate nighttime residence. A family who resides at a publicly or privately operated shelter and/or family whose primary nighttime resident is not designed for, or ordinarily used as a regular sleeping accommodation for human beings. This is verified by a social service agency such as Salvation Army, Women’s Resources of Counselor.

VICTIM OF DOMESTIC VIOLENCE: “Victim”. A person who is physically or sexually abused by a family or household member. The term shall also include persons who have a significant relation with the victim and who seek advice, counseling, or assistance from a domestic violence counselor or advocate regarding abuse of the victim. This is verified by third party verification from Women’s Resources, Protection from Abuse Order (PFA) and/or Counselor.

VETERAN: A veteran or spouse who has served on Federal Active Duty for a period of more than 180 days (i.e. 181 days, etc.) and was discharged or released from such active duty with other than a dishonorable discharge, or if less than 180 days was discharged or released from active duty because of a service-connected disability. Verification is required by presenting a copy of the Honorable Discharge or DD214 form.

RESIDENT: Does the family live or work in Monroe County? Verification required (i.e. Utility bill/photo ID)

NON-RESIDENT: Does the family live outside of Monroe County, Pennsylvania?

Question 7: State what income you are receiving and write in the monthly dollar amount. Write “0” in the “other” if no income

Question 8: Check off either yes or no. If yes, explain briefly.

#9: READ the certification, Sign and Date



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PRE-APPLICATION for HOUSING

Public Housing
CLOSED Housing Choice Voucher Program (a.k.a. Section 8)

HEAD OF HOUSEHOLD (Print Clearly)

1. Name _____ Sex **M** or **F** (Circle One)
 (First) (M.I.) (Last)
 Mailing Address _____

 (City) (State) (Zip)
 Social Security _____ Date of Birth _____ Age _____
 Telephone # _____ Contact/Cell# _____
 E-mail _____

2. Other Family Members

| First Name | Last Name | Social Security # | Sex | Date of Birth | Relation to Head |
|------------|-----------|-------------------|-----|---------------|------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(Use back side for additional family members)

3. **Race (Check one below)** Ethnicity (Check one below)
 White Hispanic or Latino
 Black/African American Not-Hispanic or Latino
 American Indian/Alaska Native
 Asian
 Native Hawaiian/Other Pacific Islander?

4. Is anyone in your family pregnant? _____ YES _____ NO

5. Are any people in the household disabled/handicapped? _____ YES _____ NO
 Mobility Impairment: _____ YES _____ NO Hearing: _____ YES _____ NO
 Sight Impairment: _____ YES _____ NO Mental Impairment: _____ YES _____ NO

6. Do you claim any of the following local preferences? – *Supporting Documents MUST be submitted with Application*

_____ **Working Preference:** Does the head of household or spouse work?
 _____ **Training Program:** Is the head of household or spouse disabled/handicapped?
 _____ **Disability:** Is the head of household or spouse disabled/handicapped?
 _____ **Elderly:** Is the head of household or spouse 62 years of age or older?
 _____ **Homeless:** Is the family currently homeless?
 _____ **Victim of Domestic Violence:** Is the head of household or spouse a victim?
 _____ **Veteran:** Is the head of household or spouse a veteran?
 _____ **Resident:** Does the family live in Monroe County? ***NO P.O. BOX PLEASE; PROOF OF RESIDENCY REQUIRED***
 _____ **Non-Resident:** Does the family live outside of Monroe County?

7. FAMILY INCOME: Check all that applies and fill in **monthly** amount:

_____ Wages: \$ _____ Social Security: \$ _____
 _____ SSI: \$ _____ TANF/Welfare: \$ _____
 _____ Other: \$ _____ Child Support: \$ _____

8. Has anyone in the household ever been arrested? _____ YES _____ NO

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

I understand that the submission of false information of misrepresentation may result in loss of eligibility to participate in the Housing Program.

Signature: _____ Date: _____

Application Received By: _____