

Applicant Name: _____

Receipt of Time and Date: _____



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

Welcome to the Housing Authority of Monroe County

The Housing Authority of Monroe County offers a specialized program for persons with disabilities and meet the definition **Homeless for the Mainstream Program**. If you feel you meet **both** definitions please fill out the attached pre-application.

Your completed 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: 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.

DISABILITY/HANDICAPPED: Is anyone in the household disabled/handicapped and between the ages of 18 and 61 years old. **Provide proof.** (Ex. SSD, Doctors note, Disability verification)

HOMELESS: Homeless means: An individual or family who lacks a fixed, regular and adequate nighttime residence. **Provide Proof.**

Meaning:

- An individual or family with a primary nighttime residence that is public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
- An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
- **An individual or family who will imminently lose their primary residence, provided that:**
- The primary nighttime residence has been identified; and
- The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
- Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
- Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
- Have experienced persistent instability as measured by two moves or more during the 60 day period immediately preceding the date of applying for homeless assistance; and
- Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood abuse (including neglect); the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment or

Any individual or family who:

- Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and
- Has no other residence; and
- Lacks the resources or support networks, e.g., family friends, and faith-based or other social networks, to obtain other permanent housing.

At risk of becoming homeless: An individual or family who:

- **Meets one of the following conditions**
- Does not have sufficient resources of support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in paragraph (1) of the "Homeless" definition in this section **and:**
- Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance:
- Is living in the home of another because of economic hardship:
- Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;
- Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State or local government programs for low-income individuals;
- Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
- Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
- Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness.

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

ONLY FOR HCVP Mainstream Voucher (MS 5): Non-elderly persons with disabilities transitioning out of institutional and other segregated settings, at serious risk of institutionalization, homelessness, or at risk of becoming homeless.

HEAD OF HOUSEHOLD (Print Clearly)

WRITE ALL NAMES AS THEY APPEAR ON SOCIAL SECURITY CARD

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 (all info MUST be provided, otherwise application will be sent back)

<u>First Name</u>	<u>Last Name</u>	<u>Social Security #</u>	<u>Sex</u>	<u>Date of Birth</u>	<u>Relation to Head</u>

(Use back side for additional family members)

3. Race (Check one below)

- White
- Black/African American
- American Indian/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander?

Ethnicity (Check one below)

- Hispanic or Latino
- Not-Hispanic or Latino

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

If applicable, list special accommodations _____

6. Must claim the following preferences – *Supporting Documents MUST be submitted with Application*

_____ **Disability:** Is the head of household or spouse disabled/handicapped?

_____ **Homeless:** Is the family currently homeless?

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

If YES, who, when and what for _____

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

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

Signature: _____

Date: _____

Application Received By: _____