

# THE HOUSING AUTHORITY OF MONROE COUNTY

1055 W. Main Street  
Stroudsburg, PA 18360  
Phone: 570.421.7770  
Fax: 570.421.6958

## READ CAREFULLY!

Dear Applicant:

The information listed in this letter are requirements you **must** provide to process your **Port-In** request into our county. Please submit the initial packet along with the supporting documents listed below.

Not providing all information applicable to you from this list, may result in your portability paperwork being returned to your Initial Public Housing Authority (IPHA).

**Requested information: NO INFORMATION = NO TRANSFER**

- **Must provide** Birth Certificates for all household members.
- **Must provide** Social Security Cards for all household members.
- **Must provide** Photo I.D. for all household members 18 and over or current permanent resident card.
- **Must provide** 6 current and consecutive pay stubs from all employment.
- **Must provide** 6 most current and consecutive Bank/Cash App/Zelle/Venmo Statements for all checking accounts, 1 most current statement for savings accounts, certificate of deposits, mutual fund, stocks or bonds, 401K, etc.
- **Must provide** Current balance inquiry and clear copy of ALL prepaid cards (ex: Nexcard, Social Security cards, Direct Express cards, etc.)
- **Must provide** Current verification/stub from workman's compensation or annuity
- **Must provide** Current verification of Child Support showing the monthly amount.
- **Must provide** Current verification or a printout of current Social Security/SSI benefits showing monthly benefit
- **Must provide** Current verification of Food Stamps and/or Cash Assistance

**HAMC Documents:**

- Application for Admission
- Vital Statistic Questionnaire
- Form HUD-92006

Sincerely,  
Julissa Montiel  
Resident Selection Supervisor



1 Have you or any adult members ever used any name(s) or Social Security Number(s) other than the one you are currently using?  Yes  No If yes, Please explain: \_\_\_\_\_

2 Do you anticipate any changes in your family composition?  Yes  No If yes, Please explain: \_\_\_\_\_

3 Wife's maiden name or spouse's maiden name: \_\_\_\_\_

4 Name of former wife or husband: \_\_\_\_\_  
Separation date: \_\_\_\_\_ Divorce: \_\_\_\_\_ Deceased Date: \_\_\_\_\_

5 Absent Parent(s) of Dependent Child. 1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_

(Please submit copies of separation or divorce papers with this application.)

**B. HOUSEHOLD INCOME: Show source and anticipated income as indicated.**

(List all income sources. Ex: Wages, Self-Employment, Social Security, SSI, SSD, TANF, Pension, General Assistance, Child Support, Unemployment Benefits, Military Pay & any other income)

Family Member _____ Income Amount _____  Income Type _____ Income Per _____ Hour _____ Week _____ Month	Source/Company _____ Address _____ City, St, Zip _____ Phone _____
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Family Member _____ Income Amount _____  Income Type _____ Income Per _____ Hour _____ Week _____ Month	Source/Company _____ Address _____ City, St, Zip _____ Phone _____

1 Does any Family Member work for anyone who pays them cash?  Yes  No

If Yes, explain \_\_\_\_\_

2 Have you or any other family member received any lump sum payments in the past two years?  Yes  No

If Yes, explain \_\_\_\_\_

**C. Assets**

**List all checking and savings accounts (including IRAs, Certificates of Deposit, Money Market, etc)**

Name	Bank Name and Address	Type of Account	Account Number

1. Does any member of your household own a home or other Real Estate?  Yes  No  
If yes, address/location \_\_\_\_\_
2. Has any member of your family sold or given away real estate in the past two years?  Yes  No  
If yes, what is the current market value? \$ \_\_\_\_\_
3. Does any family member have/received benefits from an annuity or other retirement source?  Yes  No  
If yes, explain \_\_\_\_\_ Monthly Amount: \$ \_\_\_\_\_
4. Does any family member have/received income from certificate of deposits, stocks, bonds?  Yes  No
5. Does any family member of the household work at more than one job?  Yes  No
6. Is any family member of the household in a work study program?  Yes  No
7. Is any family member of the household in a training program?  Yes  No
8. If not employed does any member of the household expect to work within the next 12 months?  Yes  No
9. Is any family member of the household on a leave of absence from work at this time?  Yes  No
- 10 Does any member of the household receive food stamps?  Yes  No
- 11 Does any member of the household own a car?  Yes  No  
If yes, list below:

Make _____	Model _____	License Plate # _____
Make _____	Model _____	License Plate # _____
Make _____	Model _____	License Plate # _____

**D. Expenses**

**Child Care Expenses**

1 Do you have expenses for child care of a child aged 12 or younger? \_\_\_ Yes \_\_\_ No

If yes, provide the name, address, and telephone number of the care provider:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

2 What is the weekly cost to you of the child care? \$ \_\_\_\_\_

**Medical Expenses**

1 Do you employ a care attendant or pay for any equipment relating to a disabled member of your household which is necessary to permit that person or someone else in the family to work? \_\_\_ Yes \_\_\_ No

If yes, describe expense: \_\_\_\_\_ Monthly cost \$ \_\_\_\_\_

2 Does any member of your household have Medicare? \_\_\_ Yes \_\_\_ No

If yes, what is the Medicare premium per month? \$ \_\_\_\_\_

3 Does any member of your household have any other kind of medical insurance? \_\_\_ Yes \_\_\_ No

If yes, monthly amount \$ \_\_\_\_\_

4 Does any member of your household receive medical assistance through the welfare department? \_\_\_ Yes \_\_\_ No

5 Does any member of your household expect to have medical expenses during the next 12 months? \_\_\_ Yes \_\_\_ No

**E. Drug/Criminal Activity**

Federal regulations require housing agencies to question applicants and participants concerning drug related or Violent criminal activities.

1 Have you/any member of your household been arrested or convicted for any reason? \_\_\_ Yes \_\_\_ No

If yes, please explain whom, what and when \_\_\_\_\_

2 Is the household member currently seeking rehabilitation services, has participated in or has completed service for the above named activity? \_\_\_ Yes \_\_\_ No

If yes, give the name and address of rehabilitation center:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

3 Is any member of your household registered as a lifetime sex offender? \_\_\_ Yes \_\_\_ No

4 Has anyone in the household been evicted from Public Housing or Section 8 housing for any reason including drug or other criminal activity? \_\_\_ Yes \_\_\_ No

If yes, give the name and address of Agency:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

The federal regulations require that various data is to be collected for statistical purposes please complete the following information for each family member listed in the household.

**Directions:** Please complete the chart below for each family member. If the family member is multi racial you must select at least two of the race numbers listed. If the family member is not disabled please indicate with N/A (does not apply).

**Race:**

1. *White*
2. *Black/African American*
3. *American Indian/Alaskan native*
4. *Asian*
5. *Native Hawaiian/Other Pacific Islander*
6. *Multi Racial ( combination of any or all listed above)*
7. *Hispanic*

**Disability:** A person with disabilities as defined under the Social Security Act Section 223. Must collect SSD/ SSI to complete the disability section.

1. *Vision Impaired*
2. *Hearing Impaired*
3. *Wheelchair required*
4. *Mentally impaired*
5. *Physically Impaired*
6. *None visible/not stated*

<i>Name</i>	<i>SSN</i>	<i>Date of Birth</i>	<i>Place of Birth</i>	<i>Race</i>	<i>Disability</i>

\_\_\_\_\_  
*Signature of Head of Household*

\_\_\_\_\_  
*Date*