



**The Housing Authority of Monroe County**  
1055 West Main Street  
Stroudsburg, Pennsylvania 18360-1427



Sharon Taylor, *Chairperson*  
Taylor Munoz, *Vice Chairperson*  
Art Schwedler, *Secretary*  
Sherrie L. Sneed, *Rev., Dr., Member*  
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Linda A. Kaufman  
*Executive Director*  
Phone: (570) 421-7770  
(570) 421-6968 (TDD)  
FAX: (570) 421-6958

**PUBLIC HOUSING WAITLIST INSTRUCTIONS**

**Attention Public Housing applicants: the following are instructions for you to manage your application with The Housing Authority of Monroe County.**

- Call this housing authority 2 times a year to check your application information.
- All changes (i.e. phone#, address, working, adding/removing household members, etc.) must be updated in **writing**:
  - via mail-1055 West Main St. Stroudsburg, PA 18360,
  - via fax: 570.421.6958 or
  - via email:  
[jmontiel@housingauthoritymonroecounty.org](mailto:jmontiel@housingauthoritymonroecounty.org)



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)

WRITE ALL NAMES AS THEY APPEAR ON SOCIAL SECURITY CARD

1. Name (First, M.I., Last) Sex M or F (Circle One)
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)

Table with 6 columns: 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)

- 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?

- Mobility Impairment: YES NO Hearing: YES NO
Sight Impairment: YES NO Mental Impairment: YES NO

If applicable, list special accommodations

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 in a work training program?
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

Is 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 of misrepresentation may result in loss of eligibility to participate in the Housing Program.

Signature: Date:

Application Received By: