

Forms to be Included for all household members over 18

1. **Social Security Card**
2. **Birth Certificate**
3. **Photo ID (License or Passport)**
 - a. If Immigrant (Naturalization Papers, Alien Registration Card, or Passport)
4. **Income Documents (all that apply):**
 - a. **Employment** - All pay-stubs for the most recent past one month or a letter signed by a supervisor on company letterhead indicating start date, hourly rate, and number of hours worked per week. Company phone number and name of contact person must be included. If Self-Employed, tax returns for the previous two years along with the two most recent bank statements
 - b. **Social Security** - currently dated printout of monthly benefit for each member of your household receiving the benefit (Date of printout must be no more than 60 days old when you submit for processing)
 - c. **Supplemental Security Income (SSI)** - currently dated printout of monthly benefit for each member of your household receiving the benefit and current verification of SSP benefit from the Department of Public Assistance (Date of printout must be no more than 60 days old when you submit for processing)
 - d. **DPA** - currently dated printout of cash benefits and/or food stamps (SNAP) from the Department of Public Assistance (Compass Report). (Date of printout must be no more than 60 days old when you submit for processing)
 - e. **Veteran Pension and/or Company Pension** - Currently dated verification on official letterhead indicating the gross monthly benefit of the Veteran Pension and/or the Company Pension
 - f. **Military Allotment** - Proof of military benefits for the past three consecutive months for any recipient listed on the application
 - g. **Unemployment Compensation** - financial determination letter and current printout from the unemployment office or website showing benefit payments for the past three consecutive months
 - h. **Child Support** - currently dated printout of case summary with payment disbursement for the past eight consecutive months from the family division
5. **Proof of Assets (all that apply):**
 - a. **Current Bank Statements** - showing type of account, account balance and rate of interest for the past two consecutive months
 - b. **Prepaid Debit Cards Statements and Copy of Card** - Such as ReliaCard=PA Unemployment, EPPIcard= PA Child Support, EBT ACCESS card = TANF, Direct Express = SS/SSI, Prepaid PAyroll Cards, General Purpose Reloadable Prepaid Cards (GreenDot, NetSpend, Chime, ACE, etc) for the past two consecutive months
 - c. **Property** - Fair market value of any properties owned by you or any person that is listed on the application
 - d. **Other Assets** - Proof of value of all stocks, bonds, money market accounts and certificates of deposit

6. Deductions (all that apply):

- a. **Childcare Payments** - current proof of payments made by yourself to a provider for any children in the household up to the age of thirteen. This statement from the provider must be notarized and state the number of weeks paid annually. Current TCC payments from DPA are acceptable proof of payments.
- b. **Health Insurance** - current verification of payments for health insurance and/or prescription payments for the past year made by anyone on your application sixty-two (62) years of age or older

7. Proof of permanent custody of children (non-biological) - original court order and verification of monthly payment awarded by the court

8. Full-time student status - letter from school verifying status for dependents age eighteen (18) or older in household

9. Proof of Pregnancy - medical verification from your physician with your expected due date

10. Proof of Veteran Status: Effective September 24, 2015 the HACP instituted a HCV "Veteran Preference" of any active duty United States service member or veteran. Veteran status shall be determined as defined by the federal statute at 38 USC 101(2) and 38 CFR 3.1(d). The preference extends to:

- a. The household of which the service member or veteran is a member
- b. The surviving household members of a deceased service member or veteran who dies of service-connected causes

11. If Applicable, Zero Income Documents

- a. **Zero Income Affidavit** - Attached. Should be filled out by any household member that does not receive any income
- b. **Zero Income Household Questionnaire** - Attached. Should be filled out when an entire household receives no income.



ZERO INCOME HOUSEHOLD QUESTIONNAIRE

11/21/2023 Revision

Name: _____

Address: _____

SSN (last 4 digits): _____

Instructions

- This form will be completed by the Head of Household (HOH) prior to admission and thereafter until no longer applicable.
- **Any field marked may be counted as household income (used to determine your rent.)**
- Complete the form by determining how you will pay for your monthly expenses once your wages, disbursement check, benefits, and/or any additional income has stopped.
- Regular contributions and /or gifts received from organizations or from persons not residing in the dwelling [household] are included in income calculations, according to **HUD Regulation 24 CFR 5.609(7)**.

WARNING:

Title 18, Section 1001 of the U.S. Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.

Title 18, Section 4904 of the Pennsylvania Statutes stated that a person commits a misdemeanor of the second degree if, with intent to mislead a public servant in performing his or her official function, (s)he: [1] makes any written false statement which he does not believe to be true; [2] submits or invites reliance on any writing which he knows to be forged, altered or otherwise lacking in authenticity; or [3] submits or invites reliance on any sample, specimen, map, boundary mark, or other object which he knows to be false.

NOTICE:

Any attempt to obtain assisted housing, any rent subsidy or rent reduction by false information, impersonation, failure to disclose or other fraud, and any act of assistance to such attempt is a crime and shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

Last Employer

If employed during the past 12 months, complete the following:

[Attach additional page(s) if necessary.]

Name of your last employer: _____

Salary: _____

How long were you employed?: _____

Reason for Leaving: _____

Federal Benefits

If you received any federal benefits during the last 12 months, complete the following:

Amount: \$ _____ Received from _____ / _____ / _____ to _____ / _____ / _____

Reason you no longer receive benefits? _____

Did you file federal/ state income tax returns for the previous year? YES NO

Have you applied for any of the following benefits?

TANF What is the status? _____ If denied, state reason: _____

Unemployment What is the status? _____ If denied, state reason: _____

Social Security What is the status? _____ If denied, state reason: _____

Expenses

If yes is selected for any question, complete all associated questions for that number. If no is selected, move to the next number.

1) Do you own a car? Yes No

Monthly Car Payment \$ _____ Where does money for payment come from? _____

Monthly Gas \$ _____ Where does money for payment come from? _____

Monthly Insurance \$ _____ Where does money for payment come from? _____

Monthly Repairs \$ _____ Where does money for payment come from? _____

Registration/Inspection \$ _____ Where does money for payment come from? _____

2) Do you ride the bus? Yes No

Monthly Payment \$ _____ Where does money for payment come from? _____

3) Do you have any loans? Yes No

Monthly Payment \$ _____ Where does money for payment come from? _____

4) Do you have any credit cards? Yes No

Monthly Payment \$ _____ Where does money for payment come from? _____

5) Do you pay for any utilities? Yes No

Monthly Gas Payment \$ _____ Where does money for payment come from? _____

Monthly Electric Payment \$ _____ Where does money for payment come from? _____

Monthly Water Payment \$ _____ Where does money for payment come from? _____

Monthly Sewer Payment \$ _____ Where does money for payment come from? _____

6) Do you have a cell phone? Yes No

Monthly Payment \$ _____ Where does money for payment come from? _____

7) Do you have a landline phone? Yes No

Monthly payment \$ _____ Where does money for payment come from? _____

8) Do you have cable? Yes No

Monthly payment \$ _____ Where does money for payment come from? _____

7) Do you have a landline phone? Yes No

Monthly payment \$ _____ Where does money for payment come from? _____

8) Do you have cable? Yes No
 Monthly payment \$ _____ Where does money for payment come from? _____

9) Do you have internet service? Yes No
 Monthly payment \$ _____ Where does money for payment come from? _____

10) Do you order out? Yes No
 Monthly payment \$ _____ Where does money for payment come from? _____

11) Do you have grooming expenses? Yes No
 Monthly payment \$ _____ Where does money for payment come from? _____

12) Do you smoke? Yes No
 Monthly payment \$ _____ Where does money for payment come from? _____

13) Do you have pets? Yes No
 Monthly payment \$ _____ Where does money for payment come from? _____

14) Do you have any cleaning and/or paper products? Yes No
 Monthly payment \$ _____ Where does money for payment come from? _____

15) Do you have any other expenses? Yes No
 Monthly payment \$ _____ Where does money for payment come from? _____

16) How do you buy food? Yes No
 Monthly payment \$ _____ Where does money for payment come from? _____

17) How do you obtain medical care? Yes No
 Monthly payment \$ _____ Where does money for payment come from? _____

18) How do you obtain clothing? Yes No
 Monthly payment \$ _____ Where does money for payment come from? _____

19) How do you pay for entertainment? Yes No
 Monthly payment \$ _____ Where does money for payment come from? _____

Tenant Authorization

I hereby certify that I have answered the questions truthfully and fully disclosed my living expenses. I understand that any misrepresentation of information or failure to disclose information requested on this questionnaire may disqualify me from consideration for participation, result in felony fraud charges or an account back charge, and/or may be grounds for termination of assistance and/or eviction. I further understand that I am responsible for reporting all income sources to HACP to determine my subsidy.

I Further understand that any marked field may be counted as household income (and may be used to determine my portion of the rent).

HEAD OF HOUSEHOLD PRINTED NAME

HEAD OF HOUSEHOLD SIGNATURE

DATE



ZERO INCOME AFFIDAVIT

11/21/2023 Revision

I, _____, hereby certify that I am of 18 years of

(Family Member with Zero Income)

age or older and do not receive income from any of the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.);
- Income from operation of a business;
- Rental income from real or personal property;
- Interest or dividends from assets;
- Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- Unemployment, disability payments, worker's compensation, or severance pay;
- Public assistance payments;
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed forces (whether or not living in the dwelling)
- Periodic allowances such as alimony, child support (through the court system or not);
- Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- Regular monetary gifts received from persons not living in my household;
- Any other source not named above.
- Regular monetary gifts from friends and/or family.

I understand that I must report **IN WRITING AND WITHIN 30 CALENDAR DAYS** to the Housing Authority of the City of Pittsburgh **ANY** change which affects my income and/or assets.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations here in constitute an act of fraud.

Family member with Zero Income Signature

Date

Head of Household Signature

Date

This statement is subject to the penalties of Title 18, Section 4904 of the Pennsylvania Statutes and Title 18, Section 1001 of the U.S. Code, which states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development.