



THE HOUSING AUTHORITY OF MONROE COUNTY
1055 W. Main Street, Stroudsburg, PA 18360
Phone: 570.421.7770 TDD: 570.421.6968 Fax: 570.421.6958
Email address: hamc@ptd.net



Receipt of time and date that the pre-application was submitted:

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. You may see what programs are opened on our website: www.housingauthoritymonroecounty.org or call a housing representative.

Your complete pre-application will be time and date stamped. An incomplete pre-application will not be accepted. You are required to notify HAMC of any changes in the application in writing. Failure to do so will result in removal from the list without further notice. During the 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 and provide all requested information.

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 the disability/handicapped that you are claiming.

Question 6: Check off what applies to you. *Please provide supporting documents*.

Working or Work Training Program: The head of household or spouse must be legally employed at the time of full application interview. This is verified by third party verification. If the head of household or spouse is 62 or older or is a person with disabilities; they will be given this preference.

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.

Homeless: If the applicant family lacks a fixed, regular and adequate night time residence. A family who resides at a publicly or privately operated shelter and/or family whose primary nighttime residence is not designed for, or ordinarily used as regular sleeping accommodation for human beings. This is verified by social service agencies such as a shelter, church, police station, welfare office, case worker etc.

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 providing a police report, valid PFA or letter from a 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 an honorable discharge. If less than 180 days were served was discharged or released from active duty because of a service-connected disability. Verification is required by submitting a copy of the honorable discharge or DD214 form.

Resident: The family lives or works in Monroe County. Verification required (i.e. utility bill/valid photo ID, paystub showing employer's address).

Non-Resident: The family lives outside of Monroe County, Pennsylvania.

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

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

Question 9: READ the certification, sign and date.



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Pre-Application for Housing

 Public Housing (Fill in all sections. Incomplete applications will be returned)

Closed **Housing Choice Voucher Program**

HEAD OF HOUSEHOLD (Print clearly)

1. Name _____ Sex M or F
 (First) (M.I.) (Last)

Residential _____ Mailing _____

Address _____ Address _____
 (City) (State) (Zip) (City) (State) (Zip)

Social Security _____ - _____ Date of Birth _____ Age _____

Contact/Cell # _____ E-mail _____

2. Other Family Members

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

(Use other 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 disable/handicapped? YES NO
 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?

- Homeless:** Is the family currently homeless? Provide proof.
- Victim of Domestic Violence:** Is the head of household or spouse a victim? Provide proof.
- Veteran:** Is the head of household or spouse a veteran? Provide a copy of DD214.
- Resident:** Does the family live or work in Monroe County?
- Non-Resident:** Does the family live outside of Monroe County?

Choose only one if applicable

- Working Preference: Does the head of household or spouse work?
- Training Program: Is the head of household or spouse 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?

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

Signature _____ Date _____