



APPLICATION PACKET

Reading Housing Authority FAMILY INFORMATION

RHA Use Only

PH BR _____

HCV

No Trespassing

Other _____

Date: _____

Annual Recert. Interim

Increase

Decrease

IMPORTANT:

Please use blue or black ink only. You **must** bring this packet to the office **completed**. This form must be signed by all adults **at the office**.

Head of Household (HOH) name: _____

Current Address: _____

City, State & Zip: _____

(Mailing address if different): _____

Phone #: _____ Email Address: _____

List all family members starting with HOH.

	First & Last Name	Date of Birth	Sex M/F	Social Security Number	Relation to HOH	Disabled Person Yes/No	Tenant Placement Office Use ONLY
1					HOH		<input type="checkbox"/> SS Card <input type="checkbox"/> B. Cert <input type="checkbox"/> PA .I.D. <input type="checkbox"/> INS <input type="checkbox"/> Medical Card
2							<input type="checkbox"/> SS Card <input type="checkbox"/> B. Cert <input type="checkbox"/> PA .I.D. <input type="checkbox"/> INS <input type="checkbox"/> Medical Card
3							<input type="checkbox"/> SS Card <input type="checkbox"/> B. Cert <input type="checkbox"/> PA .I.D. <input type="checkbox"/> INS <input type="checkbox"/> Medical Card
4							<input type="checkbox"/> SS Card <input type="checkbox"/> B. Cert <input type="checkbox"/> PA .I.D. <input type="checkbox"/> INS <input type="checkbox"/> Medical Card
5							<input type="checkbox"/> SS Card <input type="checkbox"/> B. Cert <input type="checkbox"/> PA .I.D. <input type="checkbox"/> INS <input type="checkbox"/> Medical Card
6							<input type="checkbox"/> SS Card <input type="checkbox"/> B. Cert <input type="checkbox"/> PA .I.D. <input type="checkbox"/> INS <input type="checkbox"/> Medical Card
7							<input type="checkbox"/> SS Card <input type="checkbox"/> B. Cert <input type="checkbox"/> PA .I.D. <input type="checkbox"/> INS <input type="checkbox"/> Medical Card
8							<input type="checkbox"/> SS Card <input type="checkbox"/> B. Cert <input type="checkbox"/> PA .I.D. <input type="checkbox"/> INS <input type="checkbox"/> Medical Card
9							<input type="checkbox"/> SS Card <input type="checkbox"/> B. Cert <input type="checkbox"/> PA .I.D. <input type="checkbox"/> INS <input type="checkbox"/> Medical Card
10							<input type="checkbox"/> SS Card <input type="checkbox"/> B. Cert <input type="checkbox"/> PA .I.D. <input type="checkbox"/> INS <input type="checkbox"/> Medical Card



Reading Housing Authority
FAMILY INFORMATION

If you or a member of your household is a person with a disability:

1. Do you require a change to a rule, policy, practice or service in order to have equal opportunity to this program? No Yes

If yes, explain: _____

Were you given the necessary forms to request such a change? N/A No Yes

2. Does any adult member of your household want to register to vote? No Yes
 Already registered

3. Do you expect a change in your family household members? No Yes
If yes, explain: _____

4. Do you have a pet? (Limit (1) one pet per household) _____ No Yes

5. Does anyone in the household own any real estate in the United States or other countries? No Yes

If yes, what is the address? _____

6. Did anyone in the household sell any real estate in the past (2) two years? No Yes

If yes, what was the amount that it was sold for? _____ \$ _____



Reading Housing Authority INCOME & ASSETS

	Is anyone in your Household...	Yes or No	Family member's name	Where?	Amount of Income?	How often? Weekly/ Bi-weekly/ Semi-Monthly/ Monthly/ Annually
1	Working?					
2	Receiving Income for Job Training or Educational Program?					
3	Self-Employed?					
4	Receiving Social Security, SSI or SSD?					
5	Receiving SSP?			PA – Department of Human Services (DHS)		
6	Receiving Food Stamps?			PA – Department of Human Services (DHS)		
7	Receiving Cash Assistance?			Any adult members sanctioned? ○ No ○ Yes		
8	Receiving Child Support Pass Thru?			PA – Department of Human Services (DHS)		
9	Receiving Child Support?			Domestics ○ No ○ Yes Voluntary ○ No ○ Yes		
10	Receiving Alimony Support?					
11	Receiving Money or gifts from Non household Member?					
12	Receiving Unemployment Compensation?					
13	Receiving Annuities, Retirement or Pension?					
14	Receiving Workers' Compensation?					
15	Receiving Severance pay?					



**Reading Housing Authority
INCOME & ASSETS**

	Is anyone in your Household...	Yes or No	Family member's name	Where?	Amount of Income?	How often? Weekly/ Bi-weekly/ Semi-Monthly/ Monthly/ Annually
16	Receiving Rental Income?					
17	Receiving Pay from Armed Services?					
18	Receiving Lottery/ Gambling winnings?					
19	Other income?					

	Does anyone in your household have a...	Yes or No	Family member's name	Where?	Value?
1	Savings Account(s)?				
2	Checking Account(s)?				
3	Trust Fund(s)?				
4	Equity in rental property or other capital investments?				
5	Stocks, Bonds or Treasury Bills?				
6	Certificates of Deposit(s)?				
7	Money Market Funds?				
8	Any retirement or pension funds?				
9	Receive any lump sum?				
10	Whole Life Insurance?				
11	Other asset over \$5,000 or more?				



**Reading Housing Authority
ALLOWANCES & DEDUCTIONS**

1. Elderly/Disability Allowance (\$400 per family):

Is anyone in your household...		Family member's name
Age 62 or older?	<input type="radio"/> No <input type="radio"/> Yes	
A person with a disability?	<input type="radio"/> No <input type="radio"/> Yes	

If you answered "NO" to BOTH of the above questions, go to question #4

2. Health Insurance Information:

Does anyone in the household pay a premium for...		If yes, how much is your monthly premium?
Health Insurance?	<input type="radio"/> No <input type="radio"/> Yes	\$
MAWD? (Medical Assistance for Workers with Disability)	<input type="radio"/> No <input type="radio"/> Yes	\$
Medical Spend-down?	<input type="radio"/> No <input type="radio"/> Yes	\$
Prescription Plan?	<input type="radio"/> No <input type="radio"/> Yes	\$

3. Medical Deduction (Excess of 3% of gross income):

What has the family paid or anticipate on paying for the next 12 months?				
a.) Un-reimbursed payments for ALL doctor office visits?				
<input type="radio"/> No	Family member's name:	Who are you paying?	Actual cost?	Anticipated cost?
<input type="radio"/> Yes			\$	\$
b.) Un-reimbursed prescription medicines?				
<input type="radio"/> No	Family member's name:	Who are you paying?	Actual cost?	Anticipated cost?
<input type="radio"/> Yes			\$	\$
c.) Un-reimbursed dental expenses, eyeglasses & hearing aid batteries?				
<input type="radio"/> No	Family member's name:	Who are you paying?	Actual cost?	Anticipated cost?
<input type="radio"/> Yes			\$	\$
d.) Un-reimbursed transportation to medical treatment facilities?				
<input type="radio"/> No	Family member's name:	Who are you paying?	Actual cost?	Anticipated cost?
<input type="radio"/> Yes			\$	\$

4. Disability Assistance Expense (Excess of 3% gross annual income):

Is anyone in the household, paying for <u>attendant care</u> and/or <u>medical device</u> for family members with disabilities to enable a family member to be employed?	<input type="radio"/> No <input type="radio"/> Yes
If yes, what do you anticipate on paying?	\$



Reading Housing Authority
ALLOWANCES & DEDUCTIONS

5. Dependent Allowance (\$480 each):

Any family members over the age of 18 a full-time student? No Yes

If yes, family member's name: _____

Name of school: _____

6. Childcare Expenses (Reasonable):

Any family members paying childcare for children under 13 years of age, necessary to enable a family member to actively seek employment, be gainfully employed or further his/her education? No Yes

If yes, family member's name: _____

Name & address of childcare provider: _____

Amount paid & how often? \$ _____

PLEASE READ CAREFULLY & SIGN

I certify that the statements on this Application Packet are true to the best of my knowledge & belief. I understand that the statements will be verified. I understand that any false statement(s) made on this Application Packet may cause me to be punishable under Federal Law & disqualified for Admissions or Continued Occupancy. I also understand that all changes in income & any changes in the household members must be reported to Reading Housing Authority in writing within **(10) ten days** of when the changes occur.

Head of Household Signature Date

Other family member over the age of 18 Date

Other family member over the age of 18 Date

Other family member over the age of 18 Date

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly & willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Warning: Title 18 Section 4904 of the Pennsylvania State code, states that a person is guilty of a misdemeanor for knowingly & willing making false or fraudulent statements to authorities.

The information given to Reading Housing Authority by the household member(s) on household composition, income, net family assets, allowances & deductions will be verified as required by Federal Law. I certify, that after verification by this Housing Agency, the information will be submitted to the Department of Housing & Urban Development on HUD-50058 (Tenant Data Summary).

Housing Specialist Signature Date