

**DELAWARE COUNTY HOUSING AUTHORITY
APPLICATION FOR HOUSING ASSISTANCE**

Phone: 610-876-2521 TDD#: 610-876-3341

Visit us on the web at: www.dcha1.org

This Application can be submitted by e-mail at housingapp@dcha1.org by fax at 610-490-3305 or via U.S. mail to: Applications Department
Delaware County Housing Authority
1855 Constitution Avenue
Woodlyn, PA 19094

Applications may also be dropped off to Delaware County Housing Authority at 1847 Constitution Avenue, Building 1, Woodlyn, PA 19094.

Date of Application: _____

APPLICANT INFORMATION		
Last Name:	First Name:	M.I.
Street Address:		Apt./Unit #:
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	U.S Citizen (please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security #:	Date of Birth: ____/____/____	Place of Birth City & State or Alien #
E-mail Address:	Ethnicity (please check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Race:	Gender (please check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Handicapped/Disabled (please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	Senior (62 & up) Please check one. <input type="checkbox"/> Yes <input type="checkbox"/> NO	
Marital Status (single, married, separated, divorced, widow): Domestic Abuse Victim <input type="checkbox"/> Veteran <input type="checkbox"/>		
Do you speak English? (please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what language spoken?	
Have you or any family member ever been arrested and/or convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Delaware County, An Equal Opportunity Housing Authority
Revised: 2/23/2012



Please list family members that will reside with you.

Family member #1		Relationship to you:	
Last Name:	First Name:	M.I.	
Social Security #:	Date of Birth: ___/___/___	Place of Birth City & State	
Race:	Gender (please check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity (please check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			

Family member #2		Relationship to you:	
Last Name:	First Name:	M.I.	
Social Security #:	Date of Birth: ___/___/___	Place of Birth City & State	
Race:	Gender (please check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity (please check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			

Family member #3		Relationship to you:	
Last Name:	First Name:	M.I.	
Social Security #:	Date of Birth: ___/___/___	Place of Birth City & State	
Race:	Gender (please check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity (please check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			

Family member #4		Relationship to you:	
Last Name:	First Name:	M.I.	
Social Security #:	Date of Birth: ___/___/___	Place of Birth City & State	
Race:	Gender (please check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity (please check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			



Family member #5		Relationship to you:	
Last Name:	First Name:	M.I.	
Social Security #:	Date of Birth: ____/____/____	Place of Birth City & State	
Race:	Gender (please check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity (please check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			

Please attach a separate piece of paper for any additional family members.

Sources of Income		
Annual Income amount:		
<input type="checkbox"/> Yearly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (please circle one)		
Number of hours worked per week: _____		
Please list income source: (employed, Social Security Benefits, Public Assistance, unemployment, Workers Compensation etc.) Please list the amount of each.		
If employed please complete the information below. (Please attach a separate piece of paper for additional employment.) Also list name of person receiving income.		
Name of employer:		
Street Address:		
City:	State:	Zip:
Name of employer:		
Street Address:		
City:	State:	Zip:

*** PLEASE NOTE: ONE MONTH'S RENT AND SECURITY DEPOSIT EQUAL TO ONE MONTH'S RENT IS DUE UPON DATE OF LEASE UP.**



Please review the following choices and check which areas you would like to live. Each applicant is allowed up to three (3) development choices along with a choice of being on the Section 8 Housing Choice Voucher waiting list. Please remember you may only refuse two (2) public housing offers. After refusing two (2) offers you will be removed from the waiting list. A description of our Public Housing communities is attached. You may also view these choices on our website at www.dcha1.org.

_____ Fairground Homes – Located in Chester Township.

_____ Highland Homes – Located in Radnor

_____ Kinder Park Homes – Townhouse units for families and Apartments Located in Woodlyn

_____ Greenhill Court Apartments – Located in Sharon Hill

_____ Kinder Park Apartments – 1847 and 1855 Constitution Avenue Located in Woodlyn. Designated for Elderly/Handicapped

_____ Calcon Hook Annex – Located in Sharon Hill 3 BEDROOM ONLY

_____ Lincoln Park – Located in Sharon Hill

_____ Nether Providence – Scattered Sites

_____ Calcon Gardens – Located in Sharon Hill 3 BEDROOM ONLY

_____ Parkview Homes and Apartments and the Mills Homes at Parkview – Located in Upland

_____ Darby Homes – Scattered sites throughout Darby Borough

_____ **Section 8 Housing Choice Voucher Waiting List**

Sign and date your application below. If applying on line please type your name into the signature space. Once your application is processed you will receive a letter of confirmation.

You must report all changes and contact Delaware County Housing Authority once a year to update or your Application for Housing Assistance will be withdrawn. We can be reached at 610-876-2521, TDD#: 610-876-3341.

IF YOU ARE SELECTED FOR HOUSING ASSISTANCE, A CRIMINAL BACKGROUND AND CREDIT CHECK WILL BE CONDUCTED TO SEE IF YOU MEET OUR HOUSING CRITERIA.

I HEREBY CERTIFY THAT THE INFORMATION IN THIS APPLICATION IS ACCURATE AND COMPLETE.

Applicant Signature

Date



DELAWARE COUNTY HOUSING AUTHORITY

PROPERTY INFORMATION

Delaware County Housing Authority's housing stock has been divided into four (4) Property Groups. Each group is managed by an on-site Property Manager, Leasing Agent and on-site Maintenance Staff.

To help you in making your waiting list choices, information is listed below on each Property Group. If you have additional questions please contact us at 610-876-2521, TDD# at 610-876-3341 or on the web at www.dcha1.org.

KINDER PARK PROPERTY GROUP

Site office located at 1847 Constitution Avenue, Woodlyn PA



Howard C. Kinder —156, 2, 3, and 4 bedroom semi-detached homes located in Ridley Township. Each home has a full bath, eat in kitchen and living room. Washer and Dryer hook ups are available. A community center is located on site with an active Resident Organization. Children and teens of these homes attend Ridley School District.

Howard C. Kinder Apartment and the Kinder Park NC Apartments —160, 3 building apartment complex specifically designed for seniors and persons with disabilities located in Ridley Township. The buildings are secure and are accessed by a key card issued to each tenant. Coin operated laundry rooms are available in each building. An on-site Senior Center is provided for Seniors and disabled residents where meals and activities are scheduled.



Nether Providence Scattered Sites—Mixture of 8, 2 to 4 bedroom twins and singles located in Nether Providence. Homes are equipped with washer/dryer hook ups, eat in kitchen and living room. Schools for these homes include Nether Providence Elementary, Strath Haven Middle School and Strath Haven High School.

FAIRGROUNDS PROPERTY GROUP

Site office located at 2000 Tolston Street, Chester Township, PA.



Delaware County Fairgrounds - 215 home community consists of 1, 2 and 3 bedroom units and including a number of accessible units. Homes are equipped with range, refrigerator, dishwasher, washer, dryer and central air conditioning.

Children and teens of these homes attend Chester/Upland District. There are a number of Charter Schools available as well.

Bridgeview Apartments at Fairgrounds—48 units Senior Apartment Building consisting of 1 and 2 bedroom units available to those who are 62 and above. A number of accessible units are available. Amenities include laundry facility on each floor, central air conditioning, range and refrigerator, community room, library, fitness room and outdoor garden space for resident use.



PARKVIEW PROPERTY GROUP
Site office located at 50 Griffith Street, Upland, PA



Parkview/Mills Homes and Apartments - 128- 2, 3, 4 and 5 bedroom homes located in Upland Borough. 28 of the units are 1 bedroom apartments specifically designed for seniors and persons with disabilities. The apartment building has a community center where activities for seniors and disabled are held. Coin operated laundry rooms are on both floors of this building.

Homes in this development feature dishwashers, washer/dryer hook ups, 1 1/2 baths, central air conditioning. 4 and 5 bedroom units have family rooms off the kitchen and a separate dining room. Children and teens of these homes attend Chester/Upland School District.



Included in this developments is a community building which is managed by the Resident Organization. The community room features a meeting room, computer lab and exercise room. Also in this building is the site office for this group.



Highland Homes - 50 - 1, 2 and 3 bedroom duplex town homes located in Wayne, PA. Each unit includes a full bath, washer dryer hook up, dishwashers and central air conditioning. 2nd floor units have the 2nd or 3rd bedroom on the third level and have 2 full baths. A community center is on site for use by the Resident Organization. Children and teens of these homes attend Radnor School District.

CALCON PROPERTY GROUP
Site office is located at 2 Studevan Plaza, Sharon Hill



Calcon Gardens—50 - 3 bedroom town homes located in Sharon Hill. Each unit features a kitchen, dining room, 1 1/2 baths, basement with washer/dryer hook up, dishwasher and central air conditioning.

Calcon Hook Annex—37, 3 bedroom town homes located in Sharon Hill. Each unit features a kitchen, dining room, full bath, basement with washer/dryer hook up, garage space and central air conditioning.



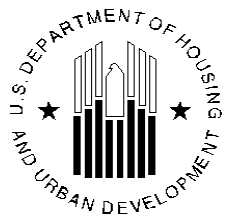
Greenhill Court Apartments— 46, 1 and 2 bedroom garden apartments. Each apartment features a kitchen, dining area, living room and full bath. Coin operated laundry room on site.

Lincoln Park—35, 2 bedroom units located in Sharon Hill. Each home is located among privately owned homes. Homes each have a kitchen, dining areas, living room, full bath, basement with washer/dryer hook up.



Darby Homes—**Scattered sites** — DCHA has homeownership units available. Each 3 bedroom unit has a kitchen, dining areas, living room, full bath and basement.

Children and teens of these homes attend the Southeast Delco School District.



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: The information collection requirements contained in this notice have been approved by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3520) and assigned OMB control number 2577-0266. In accordance with the Paperwork Reduction Act, HUD may not conduct or sponsor, and a person is not required to respond to a collection of information unless the collection displays a current valid OMB control number.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e. abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, your current rental assistance may be terminated and your future request for HUD rental assistance may be denied for a period of up to ten years from the date you moved out of an assisted unit or were terminated from a HUD rental assistance program.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

You should contact the PHA, who has reported this information about you, in writing, if you disagree with the reported information. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. Disputes must be made within three years from the end of participation date. Otherwise the debt and termination information is presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

--	--

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.