

OUR RETURN ADDRESS:

Westmoreland County Housing Authority  
167 South Greengate Road  
Greensburg, PA 15601  
Attn: Meredith Copeland

Fax: 724.552.0061

Attn: Meredith Copeland

Email: MeredithC@wchaonline.com

## ITEMS TO INCLUDE WITH APPLICATION

Bring photocopies of original documents for everyone that will be living in your household. However, if you need to bring originals we will make copies for your file. If mailing in items, please send photocopies. **Not all items may apply.**

### **Documents Verifying ID:**

(One form of ID for each person)  
Valid Driver's License, Social Security Card, Birth Certificate or Green Card

### **Documents Verifying**

#### **Eviction or Homelessness:**

Eviction Notice, Letter from a Shelter or Double-Up Letter from Family/Friend

### **Documents Verifying Income:**

4-6 Pay Stubs, WCHA Employer Letter, Federal Tax Return, Legal Documents to Verify Child Support, Alimony, Pension, Award letter from Social Security, SSI, Disability, Unemployment, Workmen's Comp, DPW Print Out of Benefits – Food Stamps, Cash Assistance

**Homeless Assistance Program (HAP)**  
 Westmoreland County Housing Authority  
 167 South Greengate Road, Greensburg, PA 15601  
 Phone (724) 832-7269 Fax (724) 552-0061

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone #: Home \_\_\_\_\_ Cell \_\_\_\_\_

Please list everyone who will be living in your household: (Including Self)

Name	Race/ Ethnicity	M/F	D.O.B./Age	Social Security #	U.S. Citizen Y/N (if no - explain)
<i>Example: John Doe</i>	<i>White</i>	<i>Male</i>	<i>1/1/70 - 43</i>	<i>123-45-6789</i>	<i>Yes</i>
Self. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____

Are you: Homeless \_\_\_\_\_ Facing Eviction \_\_\_\_\_

Why are you homeless/facing eviction? \_\_\_\_\_

Name of current Landlord (if facing eviction) \_\_\_\_\_

Address & Phone #: \_\_\_\_\_

Do you currently receive assistance from Section 8 or live in public housing? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Income:** Please list **MONTHLY** income for **all** household members. Include proof of all forms of income - Pay Stubs, Employer Letter, Award Letters, Court Orders.

Salary/Wages \$ \_\_\_\_\_ SSI/SSD \$ \_\_\_\_\_ Child Support \$ \_\_\_\_\_

Unemployment \$ \_\_\_\_\_ Workman's Comp. \$ \_\_\_\_\_ Unemployment \$ \_\_\_\_\_

Cash Assistance \$ \_\_\_\_\_ Food Stamps (SNAP) \$ \_\_\_\_\_ Case # \_\_\_\_\_

Are you: (Please check Yes or No)

A Veteran \_\_\_\_\_ Yes \_\_\_\_\_ No

In Mental Health Counseling \_\_\_\_\_ Yes \_\_\_\_\_ No

A victim of domestic violence \_\_\_\_\_ Yes \_\_\_\_\_ No

In Drug/Alcohol Counseling \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently involved with Westmoreland County Children's Bureau? \_\_\_\_\_ Yes \_\_\_\_\_ No

WCCB Caseworker's Name: \_\_\_\_\_

How many adults on this application are employed at this time? \_\_\_\_\_

Highest grade completed for head of household \_\_\_\_\_

Work history (last 3 years) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Medical conditions, handicaps, special needs for anyone in the household \_\_\_\_\_

\_\_\_\_\_

I/we certify that if approved for HAP Assistance, the unit that we occupy is my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for assistance. For approval purposes, I/we authorize the HAP Program to: verify all information provided on this application; contact any past or present landlords; contact other sources for credit information; release any information to the appropriate federal, state or local agency involved in my/our case. I/we certify that the information given on this application is true and correct to the best of my/our knowledge. I/we understand that false statements or information is considered fraud and cause for termination from the HAP Program. Also, I/we understand that false information could be punishable by law.

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Co-Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**



Daniel J. Wukich, CHAIRMAN • Alvin M. Ansani, VICE CHAIRMAN • Noreen Price, TREASURER  
Joseph E Dalfonso, SECRETARY • Gene A. Ferace, SOLICITOR • Thomas S Abraham, MEMBER  
Michael L. Washowich, EXECUTIVE DIRECTOR

## WESTMORELAND COUNTY HOUSING AUTHORITY

### HAP Program

### Authorization for Release of Information

I hereby authorize SOCIAL SECURITY OFFICE (Agency Name) to release information contained in the record of \_\_\_\_\_ (Client name)

This information is to be released to Meredith Copeland, Cynthia Jones, or Carrie Lucotch of

Westmoreland County Housing Authority  
Rental Services/Case Management  
154 South Greengate Road  
Greensburg, PA 15601  
(724) 832-7269

The specific information to be released is to verify income and background information.  
The information to be released is to be used for rental assistance. This authorization is valid for 60 days.

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Signature of Client/Guardian

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Date



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**WESTMORELAND COUNTY HOUSING AUTHORITY**

**HAP PROGRAM**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize \_\_\_\_\_ to release information  
(Agency to release information) (**Employer's Name**)

contained in the record of \_\_\_\_\_.  
(Client name)

This information is to be released to Meredith Copeland, Cynthia Jones, or Carrie Lucotch  
of

Westmoreland County Housing Authority  
Rental Services/Case Management  
167 South Greengate Road  
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**WESTMORELAND COUNTY HOUSING AUTHORITY**

**HAP PROGRAM**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize Westmoreland County Children's Bureau to release information  
(Agency to release information) (Employer's Name)

contained in the record of \_\_\_\_\_  
(Client name)

This information is to be released to Meredith Copeland, Cynthia Jones, or Carrie Lucotch  
of

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**WESTMORELAND COUNTY HOUSING AUTHORITY**

**HAP PROGRAM**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the Department of Human Services to release information contained in the

record of \_\_\_\_\_  
(Client name)

This information is to be released to Meredith Copeland, Cynthia Jones, or Carrie Lucotch of

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Rental Services/Case Management  
167 South Greengate Road  
Greensburg, PA 15601  
(724) 832-7269

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\_\_\_\_\_  
Signature of client/guardian

\_\_\_\_\_  
Date



## Employment and Wage Verification

Dear Employer:

Westmoreland County Housing Authority (WCHA) is required to obtain employment and income verification for families or individuals applying for the Homeless Assistance Program. Please complete this form and return it WCHA by fax, email or mail. Our fax number is (724) 552-0061. You can email the form to Cynthia Jones at [cynthiaj@wchaonline.com](mailto:cynthiaj@wchaonline.com) or Meredith Copeland at [meredithc@wchaonline.com](mailto:meredithc@wchaonline.com). Please call if you have any questions: 724-832-7269. Thank you.

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### EMPLOYEE AUTHORIZATION:

I hereby authorize the release of employment and wage information to Westmoreland County Housing Authority.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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EMPLOYER - Please Complete: (Please print.)

Employee Name \_\_\_\_\_

Employment start date: \_\_\_\_\_ Employee title: \_\_\_\_\_

Average # of hours worked per week: \_\_\_\_\_ Hourly wage: \$ \_\_\_\_\_

Is overtime available: \_\_\_\_\_ Average overtime hours worked per week: \_\_\_\_\_

Overtime hourly wage: \$ \_\_\_\_\_ How often is employee paid? \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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Person Completing Form: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### Self-Declaration of Homelessness

I, \_\_\_\_\_, declare that I meet the following definition of "homeless":

1. Lacking a fixed, regular (for example, doubling up with family/friends) and adequate (for example, needing to move for medical reasons [include doctor's verification]) nighttime residence; or
2. My primary nighttime residence is:
  - a. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill);
  - b. An institution that provides a temporary residence for individuals intended to be institutionalized; or
  - c. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.
3. I am in an abusive situation and fear for my safety and/or that of my dependents.

Client Signature \_\_\_\_\_

Casemanager Signature \_\_\_\_\_

Date \_\_\_\_\_



If you are homeless and residing with family or friends, please have them complete this letter. Otherwise, a letter from a shelter or an eviction notice will be needed as proof of homelessness.

**Double-Up Letter**

I, \_\_\_\_\_, have \_\_\_\_\_  
(Name of family/friend) (HAP applicant)

living with me at this time. It is a temporary arrangement because: \_\_\_\_\_

\_\_\_\_\_

(Please provide the reason the applicant must move)

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of family/friend completing this letter: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## HAP Affordability Worksheet

Client Name: \_\_\_\_\_

Client completes Monthly  
Living Expenses

Expense	Amount	Expense	Amount
Rent		Diapers/Wipes/etc.	
Trailer Mortgage		Laundry/Cleaning Prod.	
Food (groceries)		Cigarettes	
Gas (heat)		Alcohol	
Electric		Clothing	
Other Heat (oil, kerosene)		Child Care	
Water		Child Support	
Sewage		Rent to Own	
Trash		Medical/Prescriptions	
Phone (landline)		EatingOut	
Cell Phone		Credit Cards	
Internet		Loans	
Cable		Fines/Legal Fees	
Bus/Tranportation		Other	
Car Payment			
Car Insurance			
Gas (Car)			

Client Signature \_\_\_\_\_

<b>Bottom Portion to be filled out by Casemanager</b>	
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Monthly Expenses Total \_\_\_\_\_

Monthly Income Total \_\_\_\_\_

**Affordability:** Income more than expenses

\_\_\_\_\_ Affordable

Expenses more than income

\_\_\_\_\_ Not Affordable

Casemanager Signature \_\_\_\_\_

## Homeless Assistance Program Guidelines

1. Client must be a resident of Westmoreland County to apply for HAP assistance and can only be used in Westmoreland County.
2. Client must be **homeless** (doubled-up with friends/family or transitioning from a shelter) or **near homeless** (facing eviction from current residence).
3. Client cannot receive assistance if they are renting from a relative.
4. Client's total monthly household income must be below 200% of the federal poverty guidelines.
5. Client's income **MUST BE GREATER THAN HOUSEHOLD EXPENSES**. Client must have the ability to pay future rent once their rent is current.
6. All household utilities must be **ON** to receive assistance. The program does not assist with substandard housing.
7. Once you complete an application and submit **all** necessary paperwork, it will take 3 to 5 days to review your application and determine if you are eligible for assistance.
8. If a client has received rental assistance 3 times, the household is **NOT** eligible for further assistance. An applicant cannot receive rental assistance more than once in a 12 month period.
9. Tenants of the Section 8 program are **NOT** eligible for assistance.
10. If approved, the client will be responsible for paying a portion of the back rent/first month's rent/security deposit to the landlord. Once paid, a receipt and landlord contact information must be given to the casemanager. This portion **MUST** be paid before the last week of the month otherwise, next month rent needs paid as well.
11. When all paperwork is completed by the landlord and submitted to the casemanager, a check will be issued to the landlord. WCHA processes checks one time a week when funding is available.
12. If applying for help with back rent, client has **2 weeks** after approval to pay his/her portion and present a receipt to WCHA or the file will be closed.
13. If applying for help with a first month's rent or security deposit, client has **30 days** to locate affordable housing. The client then has **2 weeks**, after housing is found, to pay first month's rent or security deposit, submit a receipt and new landlord's name, address, and phone number to the casemanager.
14. If there is no contact with the casemanager for 30 days, your case will be closed.
15. Client can be denied assistance for committing fraud with any government agency and/or being charged or convicted of violent, drug or drug related crime.
16. A client who has been denied assistance has the right to submit a written appeal. A letter must be sent to WCHA within **14 days** of the dated Rejection Letter. Client can also submit an Appeal Letter to the Department of Human Services.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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4. Client's total monthly household income must be below 200% of the federal poverty guidelines.
5. Client's income **MUST BE GREATER THAN HOUSEHOLD EXPENSES**. Client must have the ability to pay future rent once their rent is current.
6. All household utilities must be **ON** to receive assistance. The program does not assist with substandard housing.
7. Once you complete an application and submit **all** necessary paperwork, it will take 10 to 15 business days to review your application and determine if you are eligible for assistance.
8. If a client has received rental assistance 3 times, the household is **NOT** eligible for further assistance. An applicant cannot receive rental assistance more than once in a 12 month period.
9. Tenants of the Section 8 program are **NOT** eligible for assistance.
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