



# McKEAN COUNTY

## HOUSING AUTHORITY

415 West Main Street, Suite 1 • Smethport, Pennsylvania 16749

T (814) 887-5563 • F (814) 887-2013

[www.mckeancountyhousing.com](http://www.mckeancountyhousing.com)

### TO ALL HOUSING APPLICANTS REQUESTING ASSISTANCE FROM THE MCKEAN COUNTY HOUSING AUTHORITY OR A PARTNERSHIP IN HOUSING, INC

#### PLEASE BE ADVISED OF THE FOLLOWING INFORMATION

All of our Public Housing, East View, and Central Towers units are **smoke free**.

Please be sure to mark on the application which waiting list and the location you prefer to be housed.

You can check more than one if you desire. Your application should include documentation to verify income and preference status.

East View is available to those individuals wishing to pay market rent or for those with a Housing Choice Voucher (HCV).

When you return the attached application to the Housing Authority, you must include a copy of the original **birth certificate and social security card for every person** listed on the application.

Also, the attached **Supplement to Application for Federal Housing form** must be completed by ALL adults and returned with the application.

The documents are needed before any applicant can participate in any of our programs.

Please note that all rent payments for Public Housing, East View and Central Towers are required to be paid by check or money order. No cash will be accepted.

If you have any questions regarding this matter, please do not hesitate to contact our office.

Thank you.



**For Office Use Only. Applicants should not write in this box.**

**Eligibility Determination**

Date/Time: \_\_\_\_\_ AM PM Bedroom Size: \_\_\_\_\_ Initial Eligibility Y N  
Received by: \_\_\_\_\_ Interview Date: \_\_\_\_\_ Final Eligibility Y N  
List any special assistance required by this applicant: \_\_\_\_\_ Denied: Date \_\_\_\_\_

## **McKEAN COUNTY HOUSING AUTHORITY & A PARTNERSHIP IN HOUSING, INC.**

415 W. Main Street - P.O. Box 3366, Smethport, PA 16749

(814) 887-5563

(814) 887-2013 fax

### **FULL APPLICATION FOR ADMISSION**

#### **Limited English Proficiency:**

Do you require oral and/or written information in any language other than English? ☐ Yes ☐ No

If yes, which language: \_\_\_\_\_. Please contact our Office for assistance. If no, continue.

**Instructions:** Complete this form in ink in your own handwriting. Use the correct legal name for each person who will reside in the same unit exactly as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write N/A in it.

#### **Applicant Head of Household:**

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email address: \_\_\_\_\_

**Head of Household Social Security Number:** Is your current legal name different than the name on your Social Security card? ☐ Yes ☐ No

If yes, contact the Social Security office immediately to obtain a corrected card with your current legal name.

Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one you are currently using? ☐ Yes ☐ No

If yes explain \_\_\_\_\_

#### **Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email address: \_\_\_\_\_

**I. HOUSEHOLD COMPOSITION** (List all persons who will stay in the dwelling.)

***\*Applicants are not required to disclose being disabled. However, benefits for which persons with disabilities are entitled cannot be provided unless the Applicant discloses being disabled.***

Adults (age 18 and older)	Social Security #	Relation to Head	Sex	Race and Ethnicity	Birth Date	Age	Disabled* Yes/No	Student Yes/No	List most recent date	
									Employed	Received TANF
Last		HEAD								
First MI										
Last										
First MI										
Last										
First MI										

Minors (Under Age 18)	Social Security #	Relation to Head	Sex	Race and Ethnicity	Birth Date	Age	Disabled* Y/N	Name/Address of Absent Parent (if applicable)
Last								
First MI								
Last								
First MI								
Last								
First MI								
Last								
First MI								

**Additional Family Members:**

[illegible]

## I. Household Composition continued

1. Is any household member over age 18 a full time student (*other than head of household or spouse of head of household*)? ☐ Yes ☐ No  
If yes, list name and the school they attend: \_\_\_\_\_
2. Is the *Spouse of the Head of Household* temporarily absent from the home? ☐ Yes ☐ No  
If yes, where? \_\_\_\_\_  
When will the person return? \_\_\_\_\_  
Does absent spouse have income? ☐ Yes ☐ No  
If yes, list below:  
a. \_\_\_\_\_  
b. \_\_\_\_\_
3. Does anyone in your household require special accommodations due to a handicap or disability? ☐ Yes ☐ No  
If yes, specify requirements: \_\_\_\_\_
4. Does any elderly or disabled household member require a Live-in Aid? ☐ Yes ☐ No
5. How many bedrooms does your family need? \_\_\_\_\_

## II. INCOME AVAILABLE TO HOUSEHOLD

List **all** income earned or received by everyone living in the household regardless of age.

List **gross** amounts of income (before deductions).

Income Source	Yes	No	Family Member	Source	Amount
Wages or Earnings					\$
					\$
TANF					\$
Pension or Retirement					\$
					\$
SSI					\$
					\$
Social Security					\$
					\$
Child Support					\$
					\$
Unemployment Benefits					\$
					\$
Worker's Compensation					\$
					\$
Alimony					\$
Military Income					\$
Regular Contributions or Gifts					\$
					\$

Income Source	Yes	No	Family Member	Source	Amount
Self Employed (lawn care, hair stylist, etc.)					\$
Temp. / Sporadic Income					\$
Cyclical or Seasonal Work					\$
Student Financial Assistance (such as) Scholarships					\$
Grants					\$
Work study					\$
Lump Sum Payments					\$
Veterans Administration					\$

1. Does anyone outside the household help with bills on a regular basis? ☐ Yes ☐ No

2. If yes, list name of each person or agency that assists with bills:

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

3. Is any household member age 18 or older employed in a job training program? ☐ Yes ☐ No

If yes, list his/her name and the specific job training program: \_\_\_\_\_

4. Has anyone in your household applied for any benefits which are in the process of being approved? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

5. Are you entitled to: Child Support ☐ Yes \$\_\_\_\_\_ ☐ No  
Alimony ☐ Yes \$\_\_\_\_\_ ☐ No

### III. ASSETS

1. Does any household member listed have assets or receive income from assets? Check all that apply to household.

Type Asset		Type Asset	
Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate(s) of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Retirement or Pension Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Has any asset been given away or sold for less than its fair market value in the past 2 years? ☐ Yes ☐ No

If yes, what? \_\_\_\_\_

What was its market value? \$\_\_\_\_\_. How much did you receive? \$\_\_\_\_\_

#### IV. MEDICAL AND DISABILITY ASSISTANCE

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums. (Complete only if the Head of household or Spouse is disabled or is 62 years of age or older.)

TYPE OF EXPENSE	AMOUNT	TYPE OF EXPENSE	AMOUNT
<u>medical insurance(s)</u>	<u>\$</u>	<u>Doctor's Visits</u>	<u>\$</u>
<u>prescription medicine(s)</u>	<u>\$</u>	<u></u>	<u>\$</u>
<u></u>	<u>\$</u>	<u></u>	<u>\$</u>
<u></u>	<u>\$</u>	<u></u>	<u>\$</u>

2. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work?

☐ Yes ☐ No

If yes, Itemize:

- a.   
b.   
c.

#### V. CHILD CARE

1. Do you pay for Child Care for children age 12 or younger while you work, attend school, or seek employment?  If yes, to whom are expenses paid?   
How much per month?
2. Address of Child Care provider:
3. What amount is reimbursed?  Source:

#### VI. PREVIOUS HOUSING ASSISTANCE

Has any household member lived in public housing or participated in the Section 8 housing assistance program after reaching the age of 18?

☐ Yes ☐ No

If yes, under what name:

Housing Agency/City

From  To  Lease in Name of:

Were you evicted or asked to move?

☐ Yes ☐ No

Were any wages disregarded in calculating your rent?

☐ Yes ☐ No

### Optional Data Collection Items

#### VI. CRIMINAL HISTORY

1. Has any household member (regardless of age) been involved in, arrested, charged, or convicted for any of the following:

Violent criminal activity?

☐ Yes ☐ No

If yes, give details

Domestic Violence, dating violence, or stalking?

☐ Yes ☐ No

If yes, name of victim:  Name of perpetrator:

Alcohol related activity?

☐ Yes ☐ No

If yes, give details \_\_\_\_\_

Manufacture of methamphetamines?

☐ Yes ☐ No

If yes, give details \_\_\_\_\_

Possession, sale, or distribution of illegal drugs?

Yes No

If yes, list name/date/disposition of case \_\_\_\_\_

List name of any household member who is required to register as a sex offender: \_\_\_\_\_

2. Has any household member participated in drug rehabilitation during the past 12 months?

☐ Yes ☐ No If

yes, explain \_\_\_\_\_

3. Has any household member been evicted from federally assisted housing in the past 3 years?

☐ Yes ☐ No If

yes, who? \_\_\_\_\_

Where? \_\_\_\_\_

4. For every member of the household, list all states of residency:

Name of Household Member: \_\_\_\_\_ States resided in: \_\_\_\_\_

Name of Household Member: \_\_\_\_\_ States resided in: \_\_\_\_\_

Name of Household Member: \_\_\_\_\_ States resided in: \_\_\_\_\_

Name of Household Member: \_\_\_\_\_ States resided in: \_\_\_\_\_

Name of Household Member: \_\_\_\_\_ States resided in: \_\_\_\_\_

Name of Household Member: \_\_\_\_\_ States resided in: \_\_\_\_\_

Name of Household Member: \_\_\_\_\_ States resided in: \_\_\_\_\_

## VII. RENTAL HISTORY

1. Current Landlord: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_

Address of Rental Property: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Were you ever late in paying rent? ☐ Yes ☐ No

Were you evicted or asked to move? ☐ Yes ☐ No

2. Previous Landlord: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Were you ever late in paying rent?  
Were you evicted or asked to move?

☐ Yes ☐ No  
☐ Yes ☐ No

### VIII. PERSONAL REFERENCES

1. List three references (who you are not related to by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement.

Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you know him/her? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you know him/her? \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you know him/her? \_\_\_\_\_

### IX. MISCELLANEOUS INFORMATION

1. List all vehicles that household members will park on property:

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

2. Do you have a pet? ☐ Yes ☐ No

Describe: \_\_\_\_\_

3. How did you learn about our programs? \_\_\_\_\_

### APPLICANT CERTIFICATION

All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form for completeness and accuracy.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 10 days of such change for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

**X**

Signature of Head of Household

\_\_\_\_\_ Date

**X**

Signature of Spouse of Head of Household or Other Adult

\_\_\_\_\_ Date

**X**

Signature of Other Adult

\_\_\_\_\_ Date

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES 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 UNITED STATES.**

*If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.*



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Dusti Dennis, Executive Director

### Available Waiting Lists

<input type="checkbox"/>	South Center & Brookline Court (Located in Bradford, PA)
<input type="checkbox"/>	Central Towers (Elderly/Disabled, Located in Kane, PA)
<input type="checkbox"/>	East View (Must have HCV or pay market rent) [Smethport/Mt. Jewett]
<input type="checkbox"/>	Section 8 (HCV)

### For Public Housing – Choose Location

Family Units	
<input type="checkbox"/>	Bradford
<input type="checkbox"/>	Eldred
<input type="checkbox"/>	Kane
<input type="checkbox"/>	Mt. Jewett
<input type="checkbox"/>	Port Allegany
<input type="checkbox"/>	Smethport
<input type="checkbox"/>	No Preference

Elderly/ Disabled Units	
<input type="checkbox"/>	Eldred
<input type="checkbox"/>	Foster Township
<input type="checkbox"/>	Lewis Run
<input type="checkbox"/>	Port Allegany
<input type="checkbox"/>	Smethport
<input type="checkbox"/>	No Preference

**\*\*More than one list/location may be selected. You MUST check the box(s) in which you are interested in or you will NOT be put on the waiting list.**

### Do you qualify for one of our Preferences?

(check all that apply)

Y	N	Preference Question
<input type="checkbox"/>	<input type="checkbox"/>	Have you been a McKean County resident for at least 6 months?
<input type="checkbox"/>	<input type="checkbox"/>	Are you Elderly or Disabled?
<input type="checkbox"/>	<input type="checkbox"/>	Have you served, or are you currently serving in the Military?
<input type="checkbox"/>	<input type="checkbox"/>	Are you working at least 20 hours per week?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a victim of Domestic Violence? (must provide letter from Domestic Violence shelter and HUD form 50066 to be eligible)



# **MCHRA Housing & Homeless Services (HHS) Questionnaire**

**Please answer the following questions before submitting your application.**

1.) Are you currently living in a car, on the street, or another place not meant for human habitation?

YES ☐ NO ☐

2.) Are you currently living in an emergency shelter, transitional housing, or a hotel/motel paid for by a charitable organization?

YES ☐ NO ☐

3.) Are you exiting an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where you stayed for 90 days or less? If so, were you living in an emergency shelter or place not meant for human habitation immediately before entering that institution?

YES ☐ NO ☐

4.) Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions for you or a family member, including a child, that has either taken place within your family's primary nighttime residence or has made the you afraid to return to your primary nighttime residence?

YES ☐ NO ☐

*Only answer the following if you checked yes to question 4. Do you currently have nowhere else to live and also lack the resources or support networks, including family, friends, faith - based, or other social networks, to obtain other permanent housing?*

YES ☐ NO ☐

5.) If you have answered yes to one or more questions above, may we refer your name and contact information to our HHS Department for assistance?

YES ☐ NO ☐

Please be aware that the McKean County Housing Authority does not offer an applicant preference for homeless individuals. If you consented, and if you qualify for one or more of their programs, information gathered on this form will be submitted to the Housing and Homeless Services (HHS) Department for their review. They will contact you directly if they are able to assist you.

## **THIS BOX RESERVED FOR OFFICIAL OFFICE USE ONLY - LEAVE BLANK**

HOH Name: \_\_\_\_\_ Date Referred: \_\_\_\_\_

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

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

Household Members: \_\_\_\_\_ Adults \_\_\_\_\_ Children

**\*\*Pull this form prior to scanning and filing application. Send referral to HHS Coordinator\*\***

# ATTENTION!

The following pages **MUST** be completed **for each adult** member in the household who is 18 years of age or older.

**Please Submit Copies as Necessary.**

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.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____		
<b>Commitment of Housing Authority or Owner:</b> 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.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> 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.



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Dusti Dennis, Executive Director

### REQUESTING CRIMINAL RECORD AND SEX OFFENDER CHECK FOR HOUSING APPROVAL

LAST NAME:

\_\_\_\_\_

FIRST NAME:

\_\_\_\_\_

MIDDLE INITIAL:

\_\_\_\_\_

DOB:

\_\_\_\_\_

SS#:

=====

SEX:

\_\_\_\_\_

ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

MAIDEN NAME

OR ALIASES:

\_\_\_\_\_

FOR MANAGEMENT ONLY:

NO CRIMINAL RECORD:

\_\_\_\_\_

CRIMINAL RECORD DOES NOT DISQUALIFY:

\_\_\_\_\_

CRIMINAL RECORD - DISQUALIFIES:

\_\_\_\_\_

- SEE CRIMINAL RECORD DRAWER

**X**

APPLICANT SIGNATURE

DATE

**X**

AUTHORITY SIGNATURE

DATE







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Dusti Dennis, Executive Director

I have been informed that a criminal record and sex offender check will be submitted and I authorize the McKean County Housing Authority to continue with the application process.

Signature:     X    

Approved: \_\_\_\_\_

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

