

Dear Applicant

Supportive Housing Management Services is the property management division of ACTION Housing, Inc. Attached is a listing of the rental properties we offer.

Listed below is a chart indicating program income guidelines by family household size. Our property listings indicate which program guidelines are in effect for each site. Please note these guidelines represent Maximum income amounts. If your household income is lower than the designated program percentage, you may still qualify for occupancy, as long as the property you select does not also require a minimum household income.

Pittsburgh Area Median Income Limits 2024

Program	1 Person	2 Persons	3 Persons	4 Persons
30%	\$21,250	\$24,300	\$27,350	\$31,200
50%	\$35,450	\$40,500	\$45,550	\$50,600
60%	\$42,540	\$48,600	\$54,660	\$60,720
80%	\$56,700	\$64,800	\$72,900	\$80,950

Please note in reviewing our application the following sites offer admission priority to those eligible households whose family household income falls below 30% of the area median income:

1. Allegheny Independence House
2. Crafton Towers
3. Leetsdale Hi-Rise

PLEASE **DO NOT** SEND ANY IMPORTANT DOCUMENTS (Original or copy: Birth Certificate, Social Security Cards, ID and income because this will be asked for when you are considered for an apartment)

Due to the multi-program nature of our portfolio, we understand you may have questions as you review this application package. Please feel free to contact us with any questions. You may reach us by calling 412.829.3910 or 1.800.238.7555. We look forward to serving you with your housing needs.

Sincerely,

Keaton Allman
Waiting List Coordinator



******PLEASE DO NOT DETACH ANYTHING, ALL PAGES SHOULD BE RETURNED*****

APPLICATION

Instructions

1. All * (Asterisk) Areas need to be completed or Application will be sent back
2. All Information Must be Printed and Legible
3. If you change your Address, you **MUST** notify SHMS in writing as soon as possible. If we do not have a current address at all times, you may lose your position on the waiting list.
4. Applications can be mailed or faxed to address/fax # above, or emailed to shms@shms-actionhousing.org

I. APPLICANT

*First Name: _____ Middle: _____ *Last: _____
 *Address _____ City _____
 * State _____ Zip _____ Email: _____
 *Phone _____ Phone Type: Home _____ Cell _____ Work _____ Fax _____

II. CURRENT LANDLORD

*Current Landlord's Name _____
 *Address _____ City _____ State _____ Zip _____
 Phone _____ Email _____
 How Long did you reside at this address: From _____ To _____

III. HOUSEHOLD INFORMATION

*Name of Each Household Member Who is Applying	*Social Security Number	*Relationship to Head of Household	Sex	* Date of Birth
<i>Applicant Name</i>		Head of Household	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<i>Co-Applicant/Dependent</i>			<input type="checkbox"/> Male <input type="checkbox"/> Female	
<i>Dependent</i>			<input type="checkbox"/> Male <input type="checkbox"/> Female	
<i>Dependent</i>			<input type="checkbox"/> Male <input type="checkbox"/> Female	

*Please see page 8 for an *optional* Race/Ethnic Data Reporting form for Head of Household*

IV. ADDITIONAL CONTACT- List any additional responsible party with whom we should correspond, e.g., mailings, telephone (family member, agency, or caseworker)

Contact Name _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Email _____

V. Accommodation

Please list any accommodation for mobility impairment, visual impairment, or hearing impairment needed for you or a member of your household:

***VI. Income**

Income Source	Monthly Amount
Gross Wages, Salaries	\$
Net Business Income	\$
Gross Social Security	\$
Gross Pension	\$
Public Assistance	\$
Alimony/Child Support	\$
Unemployment/Workers Comp	\$
SSI (Supplemental Security Income)	\$
Other (insurance, IRA, etc.)	\$

***VII Net Family Assets**

Asset Source	Approximate Value
Checking	\$
Savings	\$
Direct Express Card	\$
CD's	\$
Money Market	\$
Other (Bonds, Annuities, etc.)	\$

***VIII. Additional Questions**

Please circle **Yes** or **No** to the following questions:

- Yes No 1. Is any member of the household enrolled as a student at an Institute of Higher Education?
- Yes No 2. Have you or any household member ever been convicted of a felony or drug related activity?
- Yes No 3. Are you or any household member(s) subject to any State Lifetime Sex Offender Registration?
- Yes No 4. Do you currently have a Section 8 Voucher?**

List all States in which you and all household members have lived: _____

If you answered Yes to any of these questions, please explain below:

I certify the above information is true and complete to the best of my knowledge. I understand and authorize inquiries to be made to verify I meet the tenant selection criteria and to verify the above statements. I also authorize a credit and criminal background check.

* _____
Applicant Signature

* _____
Co-Applicant Signature

Date

Date



SUBSIDIZED HOUSING APPLICATION FOR PERSONS WITH DISABILITIES

Put a check mark in the box to the right for as many properties for which you are interested

Property Name & Address	Housing for Disability:	Amenities	Bedrooms	*<input checked="" type="checkbox"/> Here
Allegheny Independence House 210 Marguerite Ave. Wilmerding, PA 15148	Only for persons with <u>3 or more physical functional disabilities</u>	A/C, elevator, laundry, on-site parking, range & refrig, roll-in showers.	1	
	30% & 50% Area Median Income		2	
Darlington Road Apartments 5841 Darlington Rd. Pittsburgh, PA 15217	Only for persons with <u>developmental disabilities</u>	A/C, community room, elevator, laundry, range & refrig, street parking.	1	
Dravosburg Apartments 100 Third Street Dravosburg, PA 15034	Only for persons with <u>physical disabilities</u>	A/C, laundry, on-site parking, range & refrig roll-in showers.	1	
	50% Area Median Income		2	
Landmark Court 326 Olivia Street McKees Rocks, PA 15136	Only for persons with <u>mobility impairment</u>	A/C, community room, laundry, on-site parking range & refrig, roll-in showers.	1	
Munhall Road Apartments 5680 Munhall Road Pittsburgh, PA 15218	Only for persons with <u>developmental disabilities</u>	A/C, community room, laundry, range & refrig, 3 story walk-up, street parking.	1	
Pitcairn Apartments 408 Broadway Avenue Pitcairn, PA 15140	Only for persons with <u>physical disabilities</u>	A/C, elevator, laundry on-site parking, range & refrig, roll-in showers.	1	
	50% Area Median Income		2	

Subsidized Housing for PERSONS WITH DISABILITIES

***The properties listed above require a HUD verification of a disability form, which will be processed once your application is submitted. Head of Household must be person with qualifying disability.**

SUBSIDIZED HOUSING APPLICATION FOR...SENIOR CITIZENS (62 or older)

Put a check mark in the box to the right for as many properties for which you are interested

Property Name & Address	Housing for:	Amenities	Bedrooms	*<input checked="" type="checkbox"/> Here
Bessemer Manor 850 Main Street, East Pittsburgh, PA 15112	Only for persons <u>62 yrs. or older</u> 50% Area Median Income	A/C, range & refrig, laundry, community room elevator, on-site parking.	1	
Center Township 3671 Brodhead Rd. Monaca, PA 15061	Only for persons <u>62 yrs. or older</u> 50% Area Median Income	A/C, range & refrig, laundry, community room elevator, on-site parking.	1	
Crafton Towers Apartments 1215 Foster Avenue Pittsburgh, PA 15205	Only for persons <u>62 yrs. or older</u> 50% Area Median Income	A/C, range & refrig, laundry, community room elevator, on-site parking.	1	
HUD has established a waiting list preference for the apartments at Crafton Towers for persons who have been displaced by a presidentially declared disaster. Are you applying for this preference?: _____YES _____NO				
Dormont Place 2900 Belrose Avenue Dormont, PA 15216	Only for persons <u>62 yrs. or older</u> 50% Area Median Income	A/C, range & refrig, laundry, community room elevator, on-site parking.	1	
Forest Hills Senior Apartments 2111 Ardmore Blvd. Forest Hills, PA 15221	Only for persons <u>62 yrs. or older</u> 50% Area Median Income	A/C, range & refrig, laundry, community room elevator.	1	
Greenfield Terrace (Greenfield) 3909 Raff Street Pittsburgh, PA 15207	Only for persons <u>62 yrs. or older</u> 50% Area Median Income	A/C, range & refrig, laundry, community room elevator, on-site parking.	1	
Leetsdale Manor 27 Spencer Street Leetsdale, PA 15056	Only for persons <u>62 yrs. or older</u> 30%, 50% Area Median Income	A/C, range & refrig, laundry, community room elevator, on-site parking.	1	
Miller Avenue Senior Apartments 16 Miller Avenue Duquesne, PA 15110	Only for persons <u>62 yrs. or older</u> 50% Area Median Income	A/C, range & refrig, laundry, community room elevator, on-site parking.	1	
Northside Coalition Senior Apts 1500 Brighton Place Pittsburgh, PA 15212	Only for persons <u>62 yrs. or older</u> 50% Area Median Income	A/C, range & refrig, laundry, community room elevator, on-site parking.	1	
Ormsby Manor (Mt. Oliver) 113 Ormsby Avenue Pittsburgh, PA 15210	Only for persons <u>62 yrs. or older</u> 50% Area Median Income	A/C, range & refrig, laundry, community room elevator, on-site parking.	1	
Second Baptist Senior Apts 128 W. 12 th Avenue Homestead, PA 15120	Only for persons <u>62 yrs. or older</u> 50% Area Median Income	A/C, range & refrig, laundry, community room elevator, on-site parking.	1	
Sylvania Place (Beltzhoover) 29 Sylvania Avenue Pittsburgh, PA 15210	Only for persons <u>62 yrs. or older</u> 50% Area Median Income	A/C, range & refrig, laundry, community room elevator, on-site parking.	1	
Westlake Apartments (Elliot) 1015 Crucible Street Pittsburgh, PA 15220	Only for persons <u>62 yrs. or older</u> 50% Area Median Income	A/C, range & refrig, laundry, community room elevator, on-site parking.	1	

Subsidized Housing for SENIOR CITIZENS

UNSUBSIDIZED HOUSING APPLICATION- Section 8 Voucher Welcome
MINIMUM HOUSEHOLD INCOME APPLIES (2.5 x rent amount)

Do you have a Section 8 Voucher? ___Yes ___No

Are you a U.S. Armed Services Veteran? ___Yes ___No

FAMILY NON-SUBSIDIZED HOUSING- Section 8 Voucher Welcome

Property Name & Address	Housing for:	Amenities	Bedrooms	* <input checked="" type="checkbox"/> Here
Uptown Lofts on Fifth 2076 Fifth Ave Pittsburgh, PA 15219 <i>Non-Smoking</i>	1 Bedroom \$625	Equipped kitchen, laundry room, parking, on bus line, A/C, Elevator.	1	
	2 Bedroom \$745 All Utilities Included 60% Area Median Income		2	
Penn Mathilda 4816 Penn Ave. Pittsburgh, PA 15224 <i>Non-Smoking</i>	1 Bedroom \$636- \$767	Equipped kitchen, laundry room, parking, on bus line, A/C, Elevator.	1	
	2 Bedroom \$767 - \$920 All Utilities Included 50%, 60% Area Median Income		2	
Owner has established waiting list preference for half the apartments at Penn Mathilda for US Military Veterans. Are you applying for this owner preference: ___YES ___NO				

MARKET RENT - NON-SUBSIDIZED HOUSING

NON-SUBSIDIZED HOUSING- Persons 62 and Older- Section 8 Voucher Welcome

Property Name & Address	Housing for:	Amenities	Bedrooms	* <input checked="" type="checkbox"/> Here
Crafton Towers Apartments 1215 Foster Avenue Pittsburgh, PA 15205	Only for persons <u><i>62 yrs. or older</i></u> Rent fixed \$753 (3 units only) 80% Area Median Income	A/C, range & refrig, laundry, community room, elevator, on-site parking.	1	
HUD has established waiting a list preference for the apartments at Crafton Towers for persons who have been displaced by a presidentially declared disaster. Are you applying for this owner preference: ___YES ___NO				

Note: You will receive a letter once your application is processed

APPLICATIONS CAN BE MAILED TO:

Supportive Housing Management Services
5824 Forward Ave.
Pittsburgh, PA 15217

FAXED TO: **(412) 829-3914**

EMAILED TO: **shms@shms-actionhousing.org**

SHMS

Supportive Housing Management Services
a Division of ACTION-Housing, Inc.
5824 Forward Ave. Pittsburgh, PA 15217
(412) 829-3910 or 1-800-238-7555/ Fax #(412) 829-3914

DATA REPORTING FORM

(For Statistical Use Only)

Applicant Name: _____

In accordance with the data collection information requested by the Department of Housing and Urban Development (HUD), please provide the following information for the head of household.

ETHNICITY	GENDER
Hispanic or Latino Yes _____ No _____	(M) Male _____ (F) Female _____

RACE- (Select all that apply)
____ American Indian or Alaska Native
____ Asian
____ Black or African American
____ Native Hawaiian or Other Pacific Islander
____ White
____ Other

Resident Signature
____ I have provided the above information
____ I decline to provide this information
_____ Resident Signature

Provide at initial move-in and for changes in head of household

September 2011

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.

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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.