

Dear Applicant

Supportive Housing Management Services is the property management division of ACTION Housing, Inc. Attached is a listing of the rental properties currently accepting applications.

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 2025

Program	1 Person	2 Persons	3 Persons	4 Persons
30%	\$22,550	\$25,800	\$29,000	\$32,200
50%	\$37,600	\$42,950	\$48,300	\$53,650
60%	\$45,120	\$51,540	\$57,960	\$64,380
80%	\$60,100	\$68,700	\$77,300	\$85,850

All apartments with ADA accessibility features [Vision, Hearing, Mobility] give preference to individuals in need of the features of the apartment.

Occupancy Standards

The maximum household size is 2 people per bedroom. The minimum household size is 1 person per bedroom: **1BR:** 1-2 person household **2BR:** 2-4 person household **3BR:** 3-6 person household
Exceptions may be made to accommodate the needs of a household

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,

Waiting List Coordinator



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

Supportive Housing Management Services (SHMS)

5824 Forward Ave. Pittsburgh, PA 15217

(412) 829-3910 or 1-800-238-7555

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 any of your contact information changes, you Must notify SHMS as soon as possible either in writing or by email.
4. Applications can be mailed or faxed to address/fax # above, or emailed to shms@shms-actionhousing.org

How did you hear about us? (circle one and specify below): Agency Advertisement Website Other

I. APPLICANT *Please use your LEGAL name (found on government issued ID and Social Security Card)

*First Name: Middle: *Last:
*Address City
* State Zip Email:
*Phone Phone Type: Home Cell Work Fax
Preferred method of contact (circle one): Phone Email Mail Other:

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

Table with 5 columns: *Name of Each Household Member Who is Applying, *Full Social Security Number is Required, *Relationship to Head of Household, Sex, * Date of Birth. Rows include Applicant Name, Co-Applicant/Dependent, and Dependent.

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 “check here” box for as many properties for which you are interested

Property Name & Address	Housing for Disability:	Amenities	# of Bdrms	* Check Here
Allegheny Independence House 210 Marguerite Ave. Wilmerding, PA 15148	ONLY for persons with <u>3 or more physical functional disabilities</u>	A/C, range & refrig, roll-in showers, laundry, elevator, on-	1	
	30% & 50% Area Median Income		2	
Crafton Towers Apartments 1215 Foster Avenue Pittsburgh, PA 15205	ONLY for persons with <u>mobility impairment or legally blind</u>	A/C, range & refrig, laundry, community room, elevator, on-site parking	1	
	30%, 50%, 80% Area Median Income			
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 owner preference?: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Darlington Road Apartments 5841 Darlington Rd. Pittsburgh, PA 15217	Only for Persons with <u>developmental disabilities</u>	A/C, Range & Refrig, elevator, laundry, street parking, community room	1	
	50% Area Median Income			
Dave Wright Apartments 1842 Washington Street Heidelberg, PA 15106 <i>Non-Smoking</i>	ONLY for persons who have been diagnosed as being on the Autism Spectrum	Equipped kitchen, laundry room, parking, on bus line, A/C, Elevator.	1	
	30%, 50% Area Median Income		2	
Dravosburg Apartments 100 Third Street Dravosburg, PA 15034	ONLY for persons with <u>physical disabilities</u>	A/C, Range & Refrig, Roll-in shower, Laundry, On site parking	1	
	50% Area Median Income		2	
Independent Hs. Resources East 5657 Stanton Avenue, 15206 117 N. Winebiddle St., 15224 2533-43 S. Braddock Avenue, 15211 606 Swissvale Avenue, 15221	ONLY for persons with <u>physical or mental health disabilities</u>	Four locations, A/C, range and refrigerator, and on-site parking	1	
	30% & 50% Area Median Income		2	
Krause Commons 2615 Murray Ave. Pittsburgh, PA 15217 <i>Non-Smoking</i>	ONLY for persons with intellectual/mental health disability	Equipped kitchen, laundry room, parking, on bus line, A/C, Elevator.	1	
	30%, 50% Area Median Income		2	
Landmark Court 326 Olivia Street McKees Rocks, PA 15136	ONLY for persons with <u>mobility impairment</u>	A/C, range & refrig, roll in showers, laundry room, community room, on-	1	
	50% Area Median Income			
Leetsdale Manor 27 Spencer Street Leetsdale, PA 15056	Persons <u>62 yrs. or older or with disabilities</u>	A/C, range & refrig, laundry room, elevator, community /computer room and on-site	1	
	30% & 50% Area Median Income			
Munhall Road Apartments 5680 Munhall Road Pittsburgh, PA 15218	Only for Persons with <u>developmental disabilities</u>	A/C, range & refrig, up, room	1	
	50% Area Median Income			

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.**

****This section continued on next page**

Subsidized Housing for Disability: HUD Verification of Disability Form Required

Head of Household Must Have Qualifying Disability

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

Pitcairn Apartments 408 Broadway Avenue Pitcairn, PA 15140	ONLY for persons with <u>physical disabilities</u> 50% Area Median Income	A/C, range & refrig, roll-in showers, laundry room, elevator, on-site parking	1	
			2	
Towne Place Apartments 1600 Colwell Street Pittsburgh, PA 15219	ONLY for persons with <u>mental health disabilities</u> 50% Area Median Income	A/C, range & refrig, elevator, laundry, community room, on-site parking	1	

***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 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	Rent & Eligibility Criteria	Information	Bedrooms	*<input type="checkbox"/> Here
Bessemer Terrace 850 Main St. East Pittsburgh, PA 15112	Rent: 30% of adjusted income	A/C, range & refrig, laundry, community room, elevator, on-site parking	1	
	Age: 62 years or older			
	Income: Min: \$0 Max: 50% AMI			
Center Township Apartments 3671 Brodhead Rd. Monaca, PA 15061	Rent: 30% of adjusted income	Community room, pets, laundry, on bus line, elevator, smoking, on-site parking	1	
	Age: 62 years or older			
	Income: Min: \$0 Max: 50% AMI			
Greenfield Terrace 3909 Raff St. Pittsburgh, PA 15207	Rent: 30% of adjusted income	Community room, laundry, elevator, on-site parking, pets, smoking	1	
	Age: 62 years or older			
	Income: Min: \$0 Max: 50% AMI			
Leetsdale Hi-Rise 27 Spencer St. Leetsdale, PA 15056 No Wheelchair Access	Rent: 30% of adjusted income	Community room, pets, laundry, elevator, on-site parking on bus line, smoking	1	
	Age: 62 years or older			
	Income: Min: \$0 Max: 50% AMI			
Mount Oliver Elderly Apts. 113 Ormsby Ave. Pittsburgh, PA 15210	Rent: 30% of adjusted income	Community room, laundry, elevator, on-site parking, pets, smoking	1	
	Age: 62 years or older			
	Income: Min: \$0 Max: 50% AMI			
Second Baptist Senior Apts. 128 W. 12th Ave. Homestead, PA 15120	Rent: 30% of adjusted income	Community room, laundry, elevator, on-site parking, pets, smoking	1	
	Age: 62 years or older			
	Income: Min: \$0 Max: 50% AMI			
West Lake Apartments 1015 Crucible St. Pittsburgh, PA 15220	Rent: 30% of adjusted income	A/C, range & refrig, laundry, community room, elevator, on-site parking	1	
	Age: 62 years or older			
	Income: Min: \$0 Max: 50% AMI			

FAMILY NON-SUBSIDIZED HOUSING- Section 8 Voucher Welcome

Property Name & Address	Housing for:	Amenities	# of Bdrms	* Check Here
Dave Wright Apartments 1842 Washington Street Heidelberg, PA 15106 <i>Non-Smoking</i>	1 Bedroom \$881-\$1,083	Equipped kitchen, laundry room, parking, on bus line, A/C, Elevator.	1	
	2 Bedroom \$1,207-\$1,449 Plus Electric 50%, 60% Area Median Income		2	
Owner has established waiting list preference for half the apartments at Dave Wright Apartments for persons who have been diagnosed as being on the Autism Spectrum. Are you applying for this owner preference: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Flats on Forward 2605 Murray Ave. Pittsburgh, PA 15217 <i>Non-Smoking</i>	1 Bedroom Starting \$585	Equipped kitchen, laundry room, parking, on bus line, A/C, Elevator.	1	
	2 Bedroom Starting \$688 Plus Electric 50%, 60% Area Median Income		2	
Owner has established waiting list preference for half the apartments at Forest Hills Veterans and Senior Housing for US Military Veterans. Are you applying for this owner preference: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Krause Commons 2615 Murray Ave Pittsburgh, PA 15217 <i>Non-Smoking</i>	1 Bedroom Starting \$588	Equipped kitchen, laundry room, parking, on bus line, A/C, Elevator.	1	
	2 Bedroom Starting \$833 Plus Electric 50%, 60% Area Median Income		2	
Owner has established waiting list preference for half the apartments at Krause Commons for persons with an intellectual and/or mental health disability. Are you applying for this owner preference: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Mackey Lofts 1819 Forbes 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 50%, 60% Area Median Income		2	
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	

LOW INCOME RENT - NON-SUBSIDIZED HOUSING

UNSUBSIDIZED HOUSING APPLICATION FOR...VETERANS - 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 FOR...VETERANS - Section 8 Voucher Welcome

Property Name & Address	Housing for:	Amenities	Bedrooms	*<input checked="" type="checkbox"/> Here
Penn Mathilda 4816 Penn Ave. Pittsburgh, PA 15224 <i>Non-Smoking</i>	1 Bedroom \$1,006 - \$1,208	Equipped kitchen, laundry room, parking, on bus line, A/C, Elevator.	1	
	2 Bedroom \$1,207 - \$1,449		2	
All Utilities Included 50%, 60% Area Median Income				
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				
Forest Hills Veterans and Seniors 1844 Ardmore Blvd. Pittsburgh, PA 15221 <i>Non-Smoking</i>	1 Bedroom \$881-\$1,083	Equipped kitchen, laundry room, parking, on bus line, A/C, Elevator.	1	
	2 Bedroom \$1,040-\$1,208		2	
Plus Electric 50%, 60% Area Median Income				
Owner has established waiting list preference for half the apartments at Forest Hills Veterans and Senior Housing for US Military Veterans. Are you applying for this owner preference: ___ YES ___ NO				

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**

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

It is not possible to estimate wait times as they are entirely dependent on when residents move out and if applicants on the waiting are still interested.

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.