



# Pre - Application

Please complete and return to:  
**Philadelphia Housing Authority**  
 Attn: Admissions  
 712 North 16th Street  
 Philadelphia, PA 19130

Date Stamp (PHA office use only)
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**Please print neatly in ink. All fields are required.**

Are you a current or prior PHA resident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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HEAD OF HOUSEHOLD			
Last Name:	First Name:	Middle Initial:	Social Security Number (SSN): <div style="border: 1px solid black; display: flex; justify-content: space-between; width: 100%;"> <span>[ ][ ] - [ ][ ] - [ ][ ][ ][ ]</span> </div>
Address (include Apt. # (best place for PHA to reach you by mail):  			
City:	State:	Zip:	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/ Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> Other			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Primary Phone:		Alternate Phone:	
Email:			

EMERGENCY CONTACT	
First Name:	Last Name:
Primary Phone:	Alternate Phone:
Email:	Relationship to Head of Household:

HOUSEHOLD COMPOSITION								
First Name	M.I.	Last Name	SSN ###-##-####	Household Role	Relationship to Head of Household	Date of Birth mm/dd/yyyy	Gender (M or F)	Monthly Gross Income
1				Head of Household				
2				Co-Applicant				
3				Household Member				
4				Household Member				
5				Household Member				
6				Household Member				
7				Household Member				
8				Household Member				
9				Household Member				

Is any member of your household expecting a child?    Yes    No   If yes, what is the Due Date? \_\_\_\_\_

Primary Language Spoken:    English    Spanish    Russian    Chinese    Other: \_\_\_\_\_

### NOTICE OF NONDISCRIMINATION

The Philadelphia Housing Authority does not discriminate on the basis of race, religion, sex, color, national origin, age, disability or familial status. We provide equal access to persons with disabilities to our programs, services and activities.

### REASONABLE ACCOMMODATIONS

If you or a family member are disabled and require accessibility features or another reasonable accommodation, please complete this section. If you do not require an accommodation, skip this section.

Household Member	Mobility (M)	Hearing (H)	Vision (V)	Other (D)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you or a family member has multiple disabilities types, please select only one unit type, the highest one on the list. All mobility units either already have grab bars and other equipment such as hand held showers, raised toilets and tub seats, or the equipment you require can be added upon request. The hearing or vision-impaired features needed can be added to a unit with mobility impaired features.

- Ground Floor Unit
- Mobility Improved Unit
- Vision-Impaired Unit
- Hearing-Impaired Unit
- Wheelchair VISIBLE Unit

#### Assistive Equipment Used

Please select all that apply. This information is required for units with lifts.

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Electric Wheelchair | <input type="checkbox"/> Electric Scooter | <input type="checkbox"/> Pediatric Wheelchair |
| <input type="checkbox"/> Walker            | <input type="checkbox"/> Cane                | <input type="checkbox"/> Crutches         | <input type="checkbox"/> Braces               |
| <input type="checkbox"/> Oxygen Tanks      |  |   |   |

Please describe in detail any other accommodations that you require.

### APPLICATION CERTIFICATION

***I understand that this form is not an offer of housing.*** Based on this form, I understand that I should not make any plans to move or end my present tenancy. I understand it is my responsibility to inform the Philadelphia Housing Authority of any change in address, income, and/or household composition. I acknowledge that not doing so may affect my placement on the waiting list and could result in cancellation of my application. I certify that the information I have given on this document is true and correct. I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that false statement or information are grounds for rejection of my application or termination of tenancy or program participation.

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

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_