



**Allegheny County**  
**Department of**  
**Human Services**

**Office of Community Services**

Human Services Building  
 One Smithfield Street, Suite 200  
 Pittsburgh, PA 15222-2221

Sara Innamorato, *Allegheny County Executive*  
 Erin Dalton, *Director*

p: 412-350-5701

[www.alleghenycounty.us/dhs](http://www.alleghenycounty.us/dhs)

# Allegheny County Homeless Preference Referral

## Applicant Name:

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Date of birth:

Social security #:

Phone number:

Alternate phone:

Shelter name and address:

City:

State:

Zip:

Applicant E-mail address:

Additional Household Members

Relationship

Social security #

Date of birth

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Monthly Income:

Income Source:



## Submission Review

Does the applicant owe money to any housing authority?                      Yes                      No

Does the applicant believe they will pass the housing authority background check?                      Yes                      No

Does the applicant have the following documents? *(Select N/A if not applicable)*

Social Security Card(s)	Yes	No	N/A
Birth Certificate	Yes	No	N/A
Photo ID	Yes	No	N/A
Proof of Income	Yes	No	N/A
Proof of Immigration Status	Yes	No	N/A
Marriage Certificate	Yes	No	N/A
Proof of Assets	Yes	No	N/A
Proof of Permanent Custody of Children	Yes	No	N/A
Full time Student Status	Yes	No	N/A
Proof of Pregnancy	Yes	No	N/A



***Housing Opportunity Review***

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Number of bedrooms requested  
 (Select all viable sizes)

0

1

2

3

4

ADA Unit

Hearing Impaired

On Bus line

No Steps

Vision Impaired

Service Animal/Pets

Other (specify)

***Housing Opportunity Areas***

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Pittsburgh (within City Limits)

Allegheny County (Outside of Pittsburgh)

Downtown

North Hills

South East

Northside

Allegheny Valley

South Hills

East End

East Allegheny

West South

Southside

Mon Valley

West Ohio

West End

***Special Considerations***

*Please list anything specific that is not captured by previous questions (medical conditions/treatment needs, strong neighborhood preference, etc.) that could have an impact on future housing opportunities.*



**Referral Source Information:**

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**Referring Agency and Program Name:**

**Staff member making referral:**

**Title:**

**Signature:**

**Date:**

**E-mail:**

**Phone:**

**Release of Information**

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By signing this form, I authorize the Housing Authority to obtain and release any information relevant to my Housing Choice Voucher application to the Allegheny County Department of Human Services and their contracted service providers.

**Signature**

**Date**

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*Please submit the completed referral with a copy of social security card, birth certificate, photo ID, and proof of income for all household members to the Allegheny County Department of Human Services:*

**For individuals:**

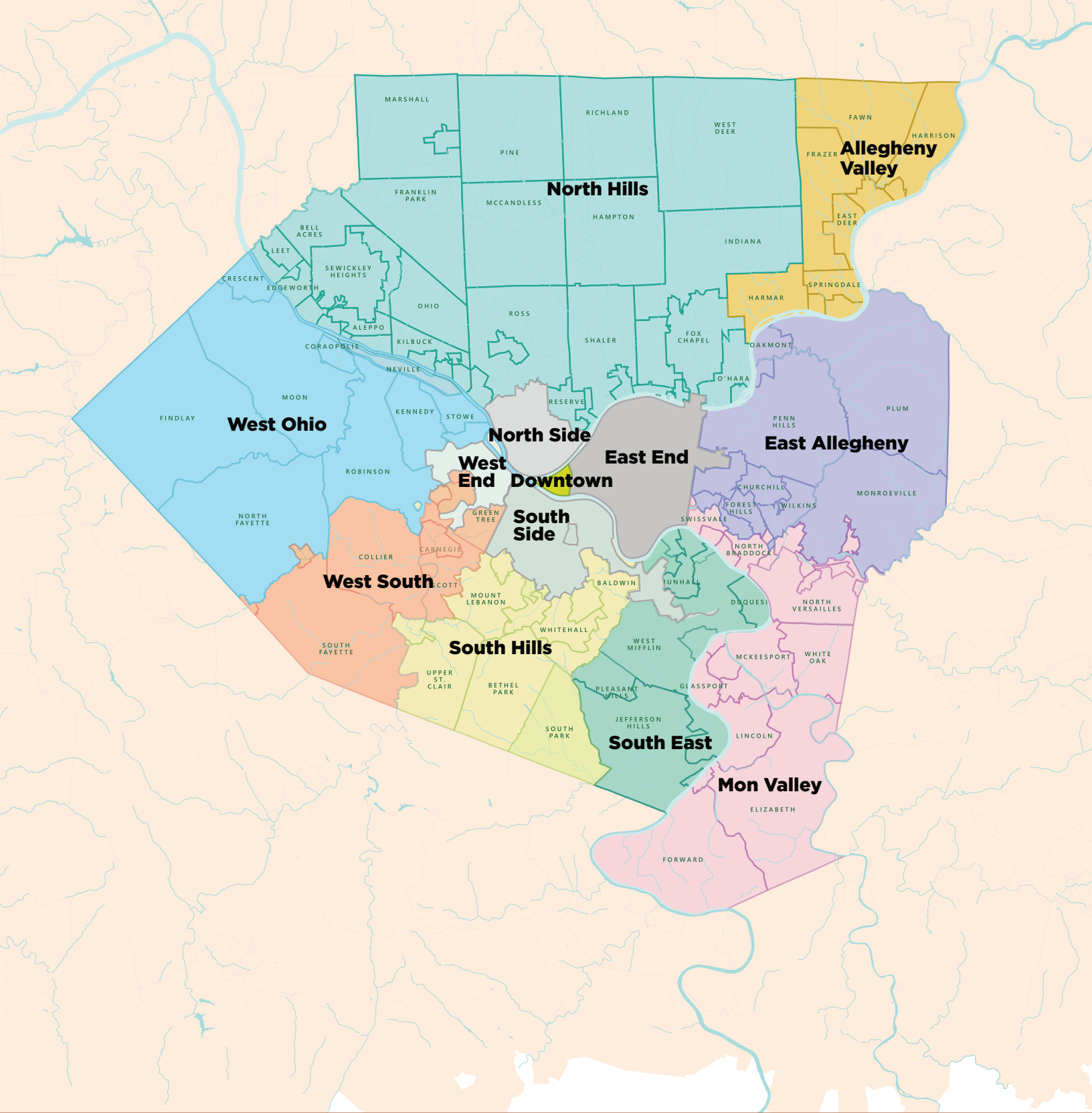
Kayleigh Whitacre

[Kayleigh.Whitacre@AlleghenyCounty.US](mailto:Kayleigh.Whitacre@AlleghenyCounty.US)

**For families:**

Remy Harris

[Remy.Harris@AlleghenyCounty.US](mailto:Remy.Harris@AlleghenyCounty.US)





**AUTHORIZATION FOR RELEASE OF CRIMINAL RECORD,  
CREDIT REPORTS, AND LANDLORD REFERENCE  
INFORMATION**

I, \_\_\_\_\_, do hereby authorize the Allegheny County Housing Authority to access\obtain my personal information from any person, agency or service, regarding my background which may include: 1.) criminal background check, 2.) credit reports, 3.) landlord reference check.

I understand that this information will be used to determine my eligibility for public housing. I understand that signing this authorization in no way guarantees my eligibility for public housing.

*My full name is :*

\_\_\_\_\_

*Any alias names used:*

\_\_\_\_\_

*Date of birth:*

\_\_\_\_\_

*Any alias date of birth:*

\_\_\_\_\_

*Social Security number:*

\_\_\_\_\_

*Any alias social security number:*

\_\_\_\_\_

*Address, city, state, and zip code:*

\_\_\_\_\_

\_\_\_\_\_

The information provided is true and correct to the best of my knowledge; information, and belief. I understand that any false statement made, therein, are subject to the penalties of 18 PA, C.S.S. 4904 relating to unsworn falsification to authorities. I understand that I may be required to provide verification of any information requested regarding a criminal history.

Signed: \_\_\_\_\_

Printed: \_\_\_\_\_

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

**ALL ADULTS 18 AND OVER MUST SIGN AN  
AUTHORIZATION FORM  
ONE FORM PER ADULT**

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Board Members

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Derek E. Uber

Sydney Hayden

YOU'LL BE GLAD TO CALL IT HOME.