Housing & Community Environment

Allegheny County Health Department

Housing and Community Environment Program
3190 Sassafras Way, Pittsburgh, PA 15201
412-350-4046 fax: 412-350-2792

Public Service Rooming House Application

(For Rooming Houses, Boarding Homes,
Personal Care Boarding Homes, and Nursing Homes)

Please fill out this form in its entirety to be considered for fee-exempt status. Attach any documentation and additional pages if needed to fully answer questions and mail to:
David Namey, Housing and Community Environment Program
3190 Sassafras Way, Pittsburgh, PA 15201
OR transmit via email to dnamey@achd.net OR fax to 412-350-2792 attn: David Namey.

Facility Information

Facility Name:

Client ID # (Found on permit):

Facility Address:

Facility Phone Number:

Facility Permit Holder/Owner Name:

Facility Permit Holder/Owner Mailing Address:

Facility Permit Holder/Owner Phone Number:

Please provide the name of the individual that can be contacted in case there are any questions regarding this application:

Contact Name:

Contact Mailing Address:

Contact Phone Number:

Contact Email Address:

Application Questions begin on Page 2.

Application Questions

Is this facility operated by one of the types of organizations listed below? Yes ☐ No ☐
If no, this facility does not qualify as a public service rooming house.
If yes, please check all that apply.

☐ School ☐ Benevolent ☐ Humane ☐ Scientific
☐ Hospital ☐ Educational ☐ Patriotic ☐ Eleemosynary (charitable or dependent on charity)
☐ Government ☐ Philanthropic ☐ Religious

Please explain, if necessary, in what manner this facility falls under one or more of these categories.
Please provide documentation of 501(c)(3) status and/or documentation evidencing the type of organization(s) you are claiming to be.

What services does this facility offer and at what rate? Are any services offered for free? If so, please list free services and provide proof.

If this facility charges for services, would you describe the amount charged as nominal, or greatly below the real value or cost? Please explain and provide documentation evidencing that charges are nominal.

Application Questions Continued

In what way does this facility act in relief of public burdens or for the advancement of the public good?

Are the benefits of this facility restricted to members of an association or organization or to a particular person or donor? Or are the benefits of this facility available to the public at large? If necessary, explain.

I certify that all of the information supplied in this application is true and complete to the best of my knowledge. I understand that any false statements made knowingly and willfully may subject me (the below signer) to any penalties prescribed by law and the facility I am applying for to disqualification from consideration for fee exempt status.

Print Name:	Title:
Signature:	
Date:	