

SUPPORTIVE HOUSING MANAGEMENT SERVICES

803 EAST PITTSBURGH PLAZA

EAST PITTSBURGH, PA 15112

(412) 829-3910

1-800-238-7555

Dear Applicant:

Supportive Housing Management Services, (SHMS), is the property management division of ACTION-Housing, Inc., whose mission is to empower people to build a more secure and self-sufficient life through the provision of decent, affordable housing, essential supportive services, asset building programs, and educational and employment opportunities. As a provider of safe, decent and affordable housing, Supportive Housing Management Services offers rental housing to families of varying incomes.

Listed below is a chart which indicates program income guidelines by family household size. Our property listings will indicate which program guidelines are in effect for each site. Please note that 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 Incomes for Year 2010

Program	1 Person	2 Persons	3 Persons	4 Persons
30%	\$13,250	\$15,150	\$17,050	\$18,900
50%	\$22,050	\$25,200	\$28,350	\$31,500
60%	\$26,460	\$30,240	\$34,020	\$37,800
80%	\$35,300	\$40,350	\$45,400	\$50,400

As you review our property listings, please take notice that several sites offer admissions priority to those eligible households whose family household incomes fall below 30% of the area median income. Those properties which offer this HUD-mandated priority are:

Independent Housing Resources East Leetsdale High Rise
Crafton Towers Versailles/Archer Apts.
Allegheny Independence House

*****Please do not send any important documents (Original or copy: Birth Cert, Soc.Sec. 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 that you may have questions as you review this application package. Please feel free to contact us with any questions you may have as you complete your application. 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,

Jill Harding

Jill Harding
Waiting List Coordinator



SUPPORTIVE HOUSING MANAGEMENT SERVICES, INC. (SHMS)

A Division of ACTION-Housing, Inc.

803 East Pittsburgh Plaza, East Pittsburgh, PA 15112/Phone: 1-800-238-7555 or (412) 829-3910

ALL * (ASTERICK) AREAS NEED TO BE COMPLETED OR APPLICATION WILL BE SENT BACK

How did you hear about us?

Which Newspaper? _____ Outside Agency? _____

Relative or Friend? _____ Resident Referral? _____

Other? _____

***ALL INFORMATION MUST BE PRINTED AND LEGIBLE-PLEASE**

*Applicant Name _____

*Address _____ City _____ State _____ Zip _____

*Home Phone No: _____ Cell Phone: _____

*Current Landlord's Name _____ Phone No: _____

*Address _____ City _____ State _____ Zip _____

*Lived there from _____ to _____ Reason for moving _____

* Name of Each Household Member Who is Applying	* Social Security Number	* Relationship to Head of Household	Sex	* Date of Birth
_____ Applicant's Name		Head of Household		
_____ Co-applicant/dependent				
_____ Dependent				
_____ Dependent				

Is there another responsible party with whom we should correspond, e.g., mailings, telephone (family member, agency, or caseworker)?

Name _____ Phone No. _____

Address _____

Is there any accommodation you or a member of your household needs accommodations for mobility impairment, visual impairment, or hearing impairment (grab bars, etc.)?

* Income	Monthly Amount	* Income	Monthly Amount
Gross Wages, Salaries	\$	Public Assistance	\$
Net Business Income	\$	Alimony/ Child Support	\$
Gross Social Security	\$	Unemployment/Workers Comp	\$
Gross Pension	\$	Other (insurance, IRA, etc)	
Net Family Assets		Approximate Value	
Checking	\$		
Savings	\$		
CD's	\$		
Money Market	\$		

Please circle yes or no to the following questions:

* Is any member of the household enrolled as a student at an Institute of Higher Education? Yes/No

* Have you or any household members ever been convicted of a felony or drug related activity? Yes/No

* Are you or any household member(s) subject to a State Lifetime Sex Offender Registration? Yes/No

If yes, please explain: _____

***IF YOU CHANGE YOUR ADDRESS, YOU MUST NOTIFY S.H.M.S. 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.**

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

* _____
Applicant

* _____
Co-Applicant

Date: _____

Date: _____



Equal Housing Opportunity



RECEIVED BY S.H.M.S.