

# 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 2006

Program	1 Person	2Persons	3 Persons	4 Persons
30%	\$12,050	\$13,750	\$15,500	\$17,200
50%	\$20,100	\$22,950	\$25,850	\$28,700
60%	\$24,120	\$27,540	\$31,020	\$34,440
80%	\$32,150	\$36,700	\$41,300	\$45,900

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:

Homestead Apartments  
Independent Housing Resources East  
Crafton Towers

Leetsdale High Rise  
Versailles/Archer Apts.  
Allegheny Independence House

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

How did you hear about us?

Which Newspaper? \_\_\_\_\_ Outside Agency? \_\_\_\_\_

Relative or Friend? \_\_\_\_\_ Resident Referral? \_\_\_\_\_

Other? \_\_\_\_\_

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	Social Security Number	Relationship to Head of Household	Sex	Date of Birth
		Head of Household		

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		\$	

Have you or any household members ever been convicted of a felony or drug related activity? 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: \_\_\_\_\_