

Certificate of Qualification of Housing Petition

Once completed, this petition must be filed in your local Common Pleas Court.

Personal Information

Legal First Name	Middle Name	Last Name

Date of Birth:	Social Security Number:

List all aliases and Social Security Numbers associated with those aliases.
 Aliases include court name, maiden name or any other name associated with your identity.
 If you do not have any aliases, check here ☐

First	Middle	Last	Social Security Number

Contact Information

Current Street Address:	City:	State:	Zip Code:

County:	Phone Number:

Email Address:

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Certification Request

Please write a general statement for why you are requesting a Certificate of Qualification for Housing.

Provide a description of how you intend to use the Certificate of Qualification of Housing if granted.

Please check this box if you have additional criminal offenses that is a disqualification from housing, employment or licensing in an occupation or profession. ☐

Certification Rationale

Explain the reason(s) you believe the certificate of qualification for housing should be granted. To include any special programming, training or education you may have taken (i.e. Thinking for a Change, job training, renters education training, etc.).

Explain why a certificate will materially assist you in obtaining safe, sustainable, affordable housing.

Describe why granting the petition would not pose an unreasonable risk to the safety of the public or any individual.

[illegible]

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Employment History

Please indicate your employment history. *Start with your most recent employer first.*

Click here if you have no employment prior to completing this petition. ☐

Employment Dates		Employer Name	Street Address	City	State	County
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Professional References

Please list two (2) professional references.		
First Name:	Last Name:	Relationship:
Address:		Phone Number:
Email Address:		

First Name:	Last Name:	Relationship:
Address:		Phone Number:
Email Address:		

Personal References

Please list two (2) immediate family members or other persons with whom you have a close relationship and who support your reentry plan.		
First Name:	Last Name:	Relationship:
Address:		Phone Number:
Email Address:		

First Name:	Last Name:	Relationship:
Address:		Phone Number:
Email Address:		