

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: Tim Murphy, Housing and Community Environment Program, 3190 Sassafras Way, Pittsburgh, PA 15201 OR transmit via email to timothy.murphy@alleghenycounty.us OR fax to 412-350-2792 attn: Tim Murphy

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.

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Application Quest	ions		
Is this facility opera	ated by one of the t	ypes of organiza	itions listed below? Yes 🗆 No 🗆
If no, this facility d	oes not qualify as a	public service ro	ooming house.
If yes, please check	k all that apply.		
□ School	□ Benevolent	🗆 Humane	□ Scientific
Hospital	Educational	Patriotic	Eleemosynary (charitable or dependent
Government	Philanthropic	Religious	on charity)
		-	
Please explain, if n	ecessary, in what m	anner this facili	ty falls under one or more of these categories.
Please provide doo	cumentation of 501(c)(3) status and	/or documentation evidencing
the type of organiz	zation(s) you are clai	iming to be.	
	s this facility offer a rvices and provide p		? Are any services offered for free? If so,
If this facility charg	zes for services, wou	Id vou describe	the amount charged as nominal, or greatly
		•	de documentation evidencing that charges
are nominal.			
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Application Questions Continued	f of public burdens or for the advancement of the public
good?	of public burdens of for the duvancement of the public
Are the benefits of this facility restricted	to members of an association or organization or to a
	enefits of this facility available to the public at large?
If necessary, explain.	· · · · · · · · · · · · · · · · · · ·
I certify that all of the information suppli	ied in this application is true and complete to the best of
my knowledge. I understand that any fal	se statements made knowingly and willfully may subject
	rescribed by law and the facility I am applying for to
disqualification from consideration for fe	
Print Name:	Title:
Signaturo	
Signature:	
Date:	

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