May 8th 2019

OPDC is thrilled to announce that we are currently accepting applications for Oakland Affordable Living at Allequippa Place and 2520 Wadsworth in the West Oakland neighborhood.

Allequippa Place, consisting of two- and three-bedroom units, has been fully occupied but we will be maintaining a waitlist for future move ins.

2520 Wadsworth, comprised of one three (3)-bedroom unit and 24 one-bedroom units, some with accessibility features, is scheduled to be available March-June 2019.

In order to obtain a spot on our waitlist, ***every question*** must be answered on the enclosed Application for Residency. Likewise, we must have all members of the household who are 18 years and older sign and date the application. Any application that is not complete will be returned.

We are calling applicants in for interviews to determine their eligibility based off order of application receipt. At the time of scheduling, please bring all of the items listed in the attached list.

All applicants 18 years and older will be charged a $19.00 application fee. This fee covers the cost of the credit and criminal background checks. Background checks will be completed on all members in the household who are 18 years and older. This fee is not due until your interview, please do not send with the application.

Because this is an Affordable Housing Community, all households must have a verified gross annual income that does not exceed 60% of the Area Median Income (AMI) for Allegheny County based on household size as listed in the following income limit chart:

Household Size	Income Limit (60% Area Median Income)
1	$33,600.00
2	$38,400.00
3	$43,200.00
4	$47,940.00
5	$51,780.00
6	$55,620.00

In addition to meeting the income limit per family size guidelines, there are further restrictions for students. If a household is comprised entirely of **full-time students,** one of the following exceptions must be met in order to meet the student eligibility criteria:

1. The students are married and entitled to file a joint tax return.
2. At least one student is a single parent with child (ren), this parent is not a dependent of someone else, and the child (ren) is/are not dependent(s) of someone other than the student applicant.
3. At least one student is receiving Temporary Assistance to Needy Families (TANF).
4. At least one student participates in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state or local laws.
5. The household consists of at least one student who was previously under foster care.

Rent Amounts are based on your income bracket. Although this is low income housing it is not a HUD subsidized property. Rent is not determined individually as 30% of your income, but set at these rates. We do accept Housing Choice (Section 8) Vouchers and other types of rental assistance.

	20% - Mobility, Hearing Visual Accessibility	50%	60%
1BR	$194.00	$595.00	$707.00
2BR		$640.00	$713.00
3BR	$255.00	$799.00	$900.00

Please feel free to contact the Property Manager, Jodi Lincoln, with any questions at 412-621-7863 ext. 10 or via email using jlincoln@opdc.org.

Thank you for expressing interest in the housing available at Oakland Affordable Living!

Enclosures:

Rental Application
List of items to bring to interview (do not need to submit with application)

Property: Oakland Affordable Living

Return application to:

OPDC, 235 Atwood Street, Pittsburgh, PA 15213

412.621.7863 x10

jlincoln@opdc.org

800-654-5984 TTY

EQUAL HOUSING OPPORTUNITY

RESIDENCY APPLICATION

For Affordable Housing Programs

Date Received: _____ **Time Received**: _____ **AM/PM** **Staff Initial** _____

*** Management Use Only ***

You must answer all questions on this application. Information you provide will be used strictly to determine your eligibility for housing in this Community. All information you provide will be handled confidentially. **Incomplete applications will not be accepted.** The Resident Selection Plan and Screening Criteria which provides specific detail regarding application processing as well as additional guidance regarding waiting list preferences, if any, is posted in the rental office. Copies are available upon request.

What size of apartment do you wish to apply for? ___1BR ___2BR ___3BR ___4BR

HEAD OF HOUSEHOLD INFORMATION

(Use Legal Name)

Last Name: _____ First: _____ Middle: _____

Present Telephone #: _____ Alternate Telephone #: _____

Current Address: _____

_____

Driver License No._____ I am: ☐ Married ☐ Widowed ☐ Divorced

State Issued: _____ ☐ Single ☐ Separated

Do you own a vehicle? ☐ Yes ☐ No If yes, _____Make _____Model_____Tag #

How did you hear about our Community? _____

We are required to report the Race and Ethnic Origin of the Head of Household for each applicant. Please assist us in supplying accurate information by answering the following questions. This question is optional and your response will have **NO** bearing on your eligibility and shall not be used to discriminate against you in any way. If you choose not to furnish it, enter **(D)** in the appropriate spaces below and the owner will notate your file that you did not wish to complete.

KEY CODES: (**D)**-Do not wish to Disclose
RACE: (**W)**-White, (**B)**-Black, (**I)**-American Indian/Alaskan Native, (**P)**-Native Hawaiian/Other Pacific Islander, (**A)**-Asian
ETHNICITY: **(H)-**Hispanic, **(NH)-**Non Hispanic

HOUSEHOLD COMPOSITION

(List below the legal names of all persons who will reside in the apartment)

Legal Name (First, MI, Last)	Sex	Birth Date	Relationship to Head of Household	Social Security Number	Race (key letter above)	Ethnicity (key letter above)

Check all that apply:
A member of the Household: ☐ Receives Medicare Benefits ☐ Receives Medicaid Benefits:
☐ Is a Person with a Disability*
**A definition for disability can be provided by a staff member*

Please list any special housing accommodations that the household will require (*e.g. unit for mobility impaired, visually impaired, hearing impaired, live-in attendant, grab bars, wheel in showers, no steps, etc.)*

_____

_____

Are there any absent household members who under normal conditions would live with you, or plan on living with you in the future? ☐ Yes ☐ No
Name &
Relationship: _____

Explanation: _____

Are there any family members confined to a nursing home or hospital on a permanent basis? ☐ Yes ☐ No
Name &
Relationship: _____

Will you or any ADULT household member require a live-in care attendant to live independently? ☐ Yes ☐ No
Name &
Relationship: _____

Explanation: _____

RESIDENCE HISTORY / REFERENCES

Please list your address(es) of residency for the <u>past three (3) years</u>, plus list all states that you have ever resided
Use backside of this page if you need more space

<u>RENTAL HISTORY</u>:

Present Landlord			
Name of Apartments			
Address			
City, State, Zip			
Contact Name (if known)			
Phone Number			
Dates of Residency	From: To: Mort./Rent: $		
Reason for leaving			
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)*		☐ Yes	☐ No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?		☐ Yes	☐ No

Previous Landlord #1			
Name of Apartments			
Address			
City, State, Zip			
Contact Name (if known)			
Phone Number			
Dates of Residency	From: To: Mort./Rent: $		
Reason for leaving			
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)*		☐ Yes	☐ No
Did you owe the previous landlord any money when you left or do you currently have any outstanding balances owed to this landlord?		☐ Yes	☐ No

<u>UTILITY PROVIDERS</u>: You must be able to establish utility service in the unit.

Do you have any current outstanding balances owed to any utility provider?	☐ Yes	☐ No
Will you be able to establish utilities in your unit?		
Electric……..	☐ Yes	☐ No
Gas……	☐ Yes	☐ No
Water……	☐ Yes	☐ No

PLEASE LIST ALL STATES RESIDED IN BY ALL HOUSEHOLD MEMBERS

_____

_____

INCOME INFORMATION

(Include all income received and anticipated for all household members including minors in the next 12 months)

Do YOU or ANYONE in your household receive OR EXPECT to receive income from:

- Employment wages or salaries? ☐ Yes ☐ No
  (include overtime, tips, bonuses, commissions and payments received in cash)

Household Member	Name of Employer	Amount
_____	_____	_____ per _____
_____	_____	_____ per _____

- Self-employment? ☐ Yes ☐ No
  (include overtime, tips, bonuses, commissions and payments received in cash)

Household Member	Type of Business	Amount
_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular pay from the Armed Forces/Military/Veterans Administration? ☐ Yes ☐ No

Household Member	Branch	Amount
_____	_____	_____ per _____
_____	_____	_____ per _____

- Unemployment Benefits/Worker Compensation? ☐ Yes ☐ No

Household Member	Name of Check Issuer	Amount
_____	_____	_____ per _____
_____	_____	_____ per _____

- Cash Assistance from Dept. of Public Welfare ☐ Yes ☐ No

Household Member	Welfare Address	Amount
_____	_____	_____ per _____
_____	_____	_____ per _____

Child support payments that are received shall be included as income whether or not there is yet a court order awarding payment.

Child support amounts awarded by the courts but not received can be excluded only when the applicant / resident certifies that the payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payments, have been taken.

As part of the qualification process required by the federal and / or state housing programs with jurisdiction over this development, the following information is needed:

Do you have full custody of your child(ren)? ☐ Yes ☐ No

1. Have you been awarded child support by court order? ☐ Yes ☐ No

2. County and State where court ordered _____
   Provide copy of entire court document.

3. Is payment being received as awarded? ☐ Yes ☐ No

*PLEASE NOTE*** If payment is not received or is received in a lessor amount than awarded, we will be required to count the amount of the court ordered support, unless you can provide details and documentation of collection efforts.*

CHILD SUPPORT INFORMATION

Child's Name (First and Last)	**$ Amount**	**How Often**	**Source** (Name of Court/Agency or Person)	**Court Ordered**	**Payment received as agreed**
1. _____	$ _____	_____	_____	____Yes ____No	____Yes ____No
2. _____	$ _____	_____	_____	____Yes ____No	____Yes ____No
3. _____	$ _____	_____	_____	____Yes ____No	____Yes ____No
4. _____	$ _____	_____	_____	____Yes ____No	____Yes ____No
5. _____	$ _____	_____	_____	____Yes ____No	____Yes ____No
6. _____	$ _____	_____	_____	____Yes ____ No	____Yes ____ No

- Social Security, SSI or any other payments form the Social Security Administration? ☐ Yes ☐ No

Household Member	SSA Office	Amount	
_____	_____	_____	per _____
_____	_____	_____	per _____

- Pension, retirement benefit or annuity payments? ☐ Yes ☐ No

Household Member	Source	Amount	
_____	_____	_____	per _____
_____	_____	_____	per _____

- Regular payments from an accident settlement, insurance settlement or any other settlement? ☐ Yes ☐ No

Household Member	Source	Amount	
_____	_____	_____	per _____
_____	_____	_____	per _____

- Regular gifts or payments from anyone outside of your household? ☐ Yes ☐ No

Household Member	Source	Amount	
_____	_____	_____	per _____
_____	_____	_____	per _____

- Regular payments from rental property or other types of real estate transactions? ☐ Yes ☐ No

Household Member	Source	Amount	
_____	_____	_____	per _____
_____	_____	_____	per _____

- Any other income sources or types not listed? (Severance, alimony, lottery winnings, inheritance) ☐ Yes ☐ No

Household Member	Source	Amount	
_____	_____	_____	per _____
_____	_____	_____	per _____

- Do you or any other household members expect any changes to your income in the next 12 months? ☐ Yes ☐ No

Household Member	Source/Increase/Decrease	Amount	
			per
			per

☐ Yes ☐ No

- Are you or any other ADULT household members claiming zero income?

Household Member (s): _____

_____

Explanation: _____

_____

ASSET INFORMATION

(Include all assets currently held and anticipated to be received in the next 12 months by all household members INCLUDING minor children. Please include the anticipated income derived from current or future asset)

Do YOU or ANYONE in your household hold:

- Checking or Savings Account? ☐ Yes ☐ No

Household Member	Financial Institution	Value	Income	
				per
				per

- Certificates of Deposits, Money Market accounts or Treasury Bills? ☐ Yes ☐ No

Household Member	Financial Institution	Value	Income	
				per
				per

- Stocks, Bonds or Securities? ☐ Yes ☐ No

Household Member	Financial Institution	Value	Income	
				per
				per

- Trust Funds? ☐ Yes ☐ No

Household Member	Financial Institution	Value	Income	
				per
				per

- IRA, 401(k), Keogh or other retirement accounts? ☐ Yes ☐ No

Household Member	Financial Institution	Value	Income	
				per
				per

- Personal Property held as an investment? ☐ Yes ☐ No

(This includes paintings, coin or stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing)

Household Member	Financial Institution	Value	Income	
				per
				per

- Whole Life Insurance Policy? ☐ Yes ☐ No

Household Member	Financial Institution	Value	Income	
				per
				per

- A Safe Deposit Box? ☐ Yes ☐ No

Household Member	Financial Institution	Value	Income	
				per
				per

- Real Estate, rental property, land contracts/contract for deeds or other real estate holdings? ☐ Yes ☐ No

(This includes your personal residence, mobile homes, vacant land, farms, vacation homes, timeshares, or commercial property)

Household Member	Financial Institution	Value	Income	
				per
				per

- Have you or has anyone in your household disposed of any business or asset for LESS than fair market value during the past two (2) years? ☐ Yes ☐ No

Household Member	Value of Disposed Asset	Date of Disposition

STUDENT STATUS

- Are you or any other household member enrolled as a FULL TIME student at an institute of higher education? ☐ Yes ☐ No
- Were you or any other household member a FULL TIME student At any time in the current calendar year? ☐ Yes ☐ No
- Do you or any other household member expect to be a FULL TIME student at any time in the current calendar year? ☐ Yes ☐ No

Do you or any other household members (INCLUDING MINORS) expect to be a full time student in the next 12 months? ☐ Yes ☐ No

ADDITIONAL REQUIRED INFORMATION

Are you currently receiving assistance from HUD? (tenant based or project based) ☐ Yes ☐ No

Will this be your sole place of residency? ☐ Yes ☐ No

Does your household have any pets? If yes, Type_____ Weight_____ ☐ Yes ☐ No

Are you or any member of your household subject to a lifetime state sex offender registration program in any state? ☐ Yes ☐ No
(failure to respond to this question may jeopardize the approval of your application)

Has applicant or any household member been evicted in the last 3 years from federally assisted housing for drug related criminal activity? ☐ Yes ☐ No

Has applicant or any household member ever been evicted or otherwise involuntarily removed from rental housing? ☐ Yes ☐ No

Have you or has anyone in your household ever committed fraud or been requested to repay money for knowingly misrepresenting information in a federally assisted housing program? ☐ Yes ☐ No

Does any applicant household member have a pattern of alcohol abuse? ☐ Yes ☐ No

Is anyone in your household a current user of or addicted to an illegal or controlled substance? ☐ Yes ☐ No

Has anyone in your household ever been arrested for or convicted of the manufacture, distribution, or sale of a controlled substance? ☐ Yes ☐ No

Has anyone in your household ever been arrested for, charged with or convicted of a felony or misdemeanor crime? ☐ Yes ☐ No

If yes to any of the above Additional Information questions, please provide details:_____

_____

_____

- I/We understand that management is relying on this information to prove my household's eligibility for the Housing Program(s) applicable to this Community. I/We will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I/We understand that my occupancy is contingent on meeting management's resident selection criteria and the Program requirements applicable to this Community.

- I/We consent to release the necessary information to determine eligibility. I/We authorize management to obtain one or more "consumer reports": AS DEFINED IN THE Fair Credit Reporting Act, 15 U.S.C. Section 168 a (d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living.

- I/We understand that it is our responsibility to contact the Management Office if any of the information provided on this application changes, including but not limited to, changes in mailing address, phone numbers, household composition, income, or asset information.

- I/We declare that all of the above information and representations contained herein are to the best of my/our knowledge and belief true and correct. I/We understand that providing false information or making false statements may be grounds for denial of my application and may result in criminal penalties.

- I/We understand that any Lease Agreement I/We enter into for an apartment may be cancelled at any time without liability by the Owner or its Agent if any information or representation upon which they relied and made in the application is misleading, incorrect or untrue regardless of my/our intent.

- I/We certify that if approved for occupancy, the unit I/we occupy shall be my/our only residence.

- **All Household Members 18 years of age or older must review this application and then sign below:**

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

If, upon preliminary review, your application appears to be eligible based upon the information you have provided, you will be placed on the waiting list. This does not indicate that you will be offered an apartment. When we expect an apartment to be available in the near future, we will process your application in accordance with the Resident Selection Criteria. If this establishes that your household is not eligible or not qualified, your application will be denied.

We do business in Accordance with the Federal Fair Housing Law. We will not discriminate against any person because of race, color, religion, sex, handicap, familial status, elderliness or national origin, (The Fair Housing Amendment Act of 1988).

In compliance with Section 504 regulations, we do not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in, our federally assisted programs and activities. Management will consider requests from individuals with disabling conditions or mobility impairments for reasonable accommodations in policies, practices or facilities.

WARNING! TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Management Agent/Owner

Oakland Planning and Development Corporation *does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.*

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

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Information Needed for Appointments
(Do not submit with application)

- Completed Rental Application
- $19 application fee made payable to *Quippa LP* (no cash will be accepted – bring check or money order)
- 3 months most current bank statements from each account that you currently have opened
- 6 consecutive current paystubs
- Document to verify age – Driver's license, Birth Certificate, Visa and/or Passport
- Social Security Card(s)
- Copy of 2017 Tax Return if you still file taxes
- Current statement of Social Security Benefits
- Contact information & Recent Statements for the following:
    1. Pensions
    2. Income / Social Security
    3. IRA
    4. 401K
    5. Annuity
    6. Life Insurance
    7. Other investment accounts
    8. Realtor (Home value)
    9. Current Landlord
    10. Divorce/Separation Paperwork