****

To be completed by office staff:

Application Number

Date Application Rec’d

Time Application Rec’d

Initials of Staff Member

**Completed Applications MUST be**

**returned to:**

Address: 1133 Hyatt Street

Chester, PA 19013

Phone: 610.876.9801

Fax: 610.876.9705

Email: Jefferis@pennrose.com

TTY: 800.545.1833 x648

**RESIDENCY APPLICATION**

**Affordable Housing Programs**

**CONSUMER NOTICE FOR TENANTS**

**THIS IS NOT A CONTRACT**

(*Not to be used when licensee is subagent for the landlord, agent for the tenant, or transaction licensee*)

Licensee hereby states that with respect to this property, licensee is acting in the following capacity: (check one)

* Owner/Landlord of the Property;
* A direct employee of the Owner/Landlord; OR
* An agent of the Owner/Landlord pursuant to a property management or exclusive listing agreement.

I acknowledge I have received this Notice:

(Consumer) (Date)

(Consumer) (Date)

We certify that we have provided this Notice: *Pennrose Management Company*

(Date)

* **For acceptance of this Residency Application, every question below must be answered with detail in the space provided.**
* **Information you provide will be used strictly to determine your eligibility for housing in this Community and will be handled confidentially.**
* **The Resident Selection Plan and Screening Criteria, which provides specific detail regarding application processing as well as**

**additional guidance regarding waiting preferences, if any, is posted in the rental office. A copy is also available upon request.**

What size of apartment do you wish to apply for? □ Eff □ 1BR □ 2BR □ 3BR □ 4BR □ 5BR □ 6BR

**HEAD OF HOUSEHOLD INFORMATION**

(Use Legal Name)

Last Name: First: Middle:

Home Telephone #: Alternate Telephone #:

Cell Telephone #: Email address:

Current Address:

(Street)

(City/State/Zip)

Marital Status: □ Married □ Widowed □ Divorced □ Single □ Separated

Driver License #: State Issued:

How did you hear about our community? □ Signage □ Newspaper □ Property Website □ Internet □ Other

We are required to report the Race and Ethnic Origin of all household members. 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 (F/M) | Birth  Date | Relationship | Social Security Number | Race  (key code letter from above) | Ethnicity  (key code letter from above) |
|  |  |  |  |  |  |  |
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Do you or does any applicant household member:

1. Have the ability to meet the requirements of tenancy? □ Yes □ No
2. Qualify for a dwelling available only to persons with handicaps □ Yes □ No

or to persons with a particular type of handicap?

1. Qualify for a priority available to persons with handicaps or to □ Yes □ No

persons with a particular type of handicap?

***You may make a request for a reasonable accommodation and/or reasonable modification with the Management office, which shall be evaluated in accordance with relevant law.***

Are there any absent household members who under normal conditions would live with □ Yes □ No

you or plan on living with you in the future?

Name & Relationship:

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 □ Yes □ No

to live independently?

Name & Relationship:

Do you anticipate any changes to your household composition in the next 12 months? □ Yes □ No

Name & Relationship:

**RESIDENCE HISTORY/REFERENCES**

***Please list your address(es) of residency for the past five (5) years.***

***Use backside of this page if you need more space.***

**RESIDENCE HISTORY**:

|  |  |
| --- | --- |
| **Present Residence** | Rent □ Own □ |
| Name of Apartments or Landlord Name |  |
| Address |  |
| City, State, Zip |  |
| Contact Name and Phone Number |  |
| Dates of Residency | From: To: Rent/Mortgage $ |
| Reason for leaving |  |
| **Previous Residence** | Rent □ Own □ |
| Name of Apartments or Landlord Name |  |
| Address |  |
| City, State, Zip |  |
| Contact Name and Phone Number |  |
| Dates of Residency | From: To: Rent/Mortgage $ |
| Reason for leaving |  |
| **Previous Residence** | Rent □ Own □ |
| Name of Apartments or Landlord Name |  |
| Address |  |
| City, State, Zip |  |
| Contact Name and Phone Number |  |
| Dates of Residency | From: To: Rent/Mortgage $ |
| Reason for leaving |  |

Please list all states resided in by all household members:

**INCOME INFORMATION**

*(Include all GROSS income received and/or 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 and/or salaries?   *(include overtime, tips, bonuses, commissions and/or payments received in cash)* | | | | | | | □ | Yes | □ | No |
| Household Member |  | Name of Employer | Amount | | | |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Self-employment?   *(include overtime, tips, bonuses, commissions and/or payments received in cash)* | | | | | | | □ | Yes | □ | No |
| Household Member |  | Type of Business | Amount | | | |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Regular pay from the Military? | | | | | | | □ | Yes | □ | No |
| Household Member |  | Branch | Amount | | | |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Unemployment Benefits, Worker Compensation, and/or VA Benefits? | | | | | | | □ | Yes | □ | No |
| Household Member |  | Name of Check Issuer | Amount | | | |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Cash Assistance from Dept. of Public Welfare? | | | | | | | □ | Yes | □ | No |
| Household Member |  | Name of Check Issuer | Amount | | | |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Regular payments from an accident settlement, insurance settlement, and/or any other settlement? | | | | | | | □ | Yes | □ | No |
| Household Member |  | Source | Amount | | | |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Regular, recurring gifts – cash or noncash- and/or payments made on your behalf from anyone outside of your household? | | | | | | | □ | Yes | □ | No |
| Household Member |  | Source | Amount | | | |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |

***Child support payments that are received shall be included as income whether or not there is 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.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. | Do you have full or at least 50% custody of your child/children? | □ | Yes | □ | No |
| 2. | Have you been awarded child support by court order or paid directly to you? | □ | Yes | □ | No |

If yes, please complete the following:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child's Name (First and Last)** | **$ Amount** | **Frequency** | **Source**  **(Name of Court/Agency or Person)** | **Court Ordered** | **Payment received as agreed** | **If No, have legal actions been taken** |
|  |  |  |  | □ Yes □ No | □ Yes □ No | □ Yes □ No |
|  |  |  |  | □ Yes □ No | □ Yes □ No | □ Yes □ No |
|  |  |  |  | □ Yes □ No | □ Yes □ No | □ Yes □ No |
|  |  |  |  | □ Yes □ No | □ Yes □ No | □ Yes □ No |
|  |  |  |  | □ Yes □ No | □ Yes □ No | □ Yes □ No |
|  |  |  |  | □ Yes □ No | □ Yes □ No | □ Yes □ No |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Social Security, SSI, and/or any other payments from the Social Security Administration? | | | | | | | □ | Yes | □ | No |
| Household Member |  | SSA Office | Amount | | | |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Retirement benefits, Pension benefits, and/or Periodic Annuity Payments? | | | | | | | □ | Yes | □ | No |
| Household Member |  | Source | Amount | | | |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Do you or any other household members expect any changes to your income in the next 12 months? | | | | | | | □ | Yes | □ | No |
| Household Member |  | Source | Amount | | | |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Are you or any other ADULT household members claiming zero income? | □ | Yes | □ | No |

*(You will be required to certify how you pay for living expenses and other items)*

If yes, please list household members claiming zero income

|  |
| --- |
| **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 Account, Direct Express Card, and/or EBT Card? (*answer “no” if card is used exclusively for food stamps*) | | | | | | | | | | □ | Yes | □ | No |
| Household Member |  | Item |  | Average 6 mo. Bal. |  | | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Savings Account | | | | | | | | | | | □ | | Yes | □ | | No | |
| Household Member |  | Item |  | Value |  | | | | | |  | |  | |  | |  |
|  |  |  |  |  |  |  | |
|  |  |  |  |  |  |  |  | |  |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Certificates of Deposits, Money Market accounts, Annuities and/or Treasury Bills? | | | | | | | □ | Yes | □ | No |
| Household Member |  | Source | Amount | | | |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Stocks, Bonds, Securities, and/or Trust Fund? | | | | | | | □ | Yes | □ | No |
| Household Member |  | Source | Amount | | | |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * IRA, 401(k), Keogh, and/or other retirement accounts? | | | | | | | □ | Yes | □ | No |
| Household Member |  | Source | Amount | | | |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |
|  |  |  |  |  | per |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Personal Property held as an investment? | | | | | | | | | □ | Yes | □ | No |
| *(This includes paintings, coin or stamp collections, artwork, collector or show cars and antiques, and does not include*  *your personal belongings. such as your car, furniture, or clothing.)* | | | | | | | | | | | | |
| Household Member |  | Property |  | Value |  | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Whole Life and/or Universal Life Insurance Policy? (*answer “no” if Term Life Insurance only)* | | | | | | | | | □ | Yes | □ | No |
| Household Member |  | Financial Institution |  | Value | Income | | | |  |  |  |  |
|  |  |  |  |  |  |  | per |  |  |  |  |  |
|  |  |  |  |  |  |  | per |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * A Safe Deposit Box and/or Cash on Hand? | | | | | | | | | □ | Yes | □ | No |
| Household Member |  | Financial Institution |  | Value |  | | | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| * Real Estate, rental property, land contracts/contract for deeds, and/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 |  | Mortgagor |  | 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?   *(Given away or sold something of value for less than its worth)* | □ | Yes | □ | No |

**STUDENT STATUS**

**Please identify the student status of each household member 18 years of age or older:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name  (First, Last) | Student Y/N | Full Time or Part Time? F/P | ***Previous*** in THIS Calendar Year  (List Dates of Attendance) | ***Current*** in THIS Calendar Year  (List Dates of Attendance) | ***Future*** in THIS Calendar Year  (List Dates of Attendance) | Name of School |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

**ADDITIONAL REQUIRED INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Did you or any household member file a federal or state tax return last year? | □ | Yes | □ | No |

If yes, who? (list all)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Is your household currently receiving assistance from HUD? (tenant based or project based) | □ | Yes | □ | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Will this be your sole place of residency? | □ | Yes | □ | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * Are you or any member of your household subject to a lifetime state sex offender   registration program in any state?  (Failure to respond to this question may jeopardize the approval of your application.) | □ | Yes | □ | No |

If, upon preliminary review, your application appears to be eligible based upon the information you have provided, you will be contacted when we believe we may have an apartment available. This does not indicate that you will be offered an apartment. We 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.***

***Pennrose Management Company 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).***

Kathi Garrone - 504 Coordinator

1301 North 31st Street

Philadelphia PA 19121

Email: kgarrone@pennrose.com

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 authorize management to obtain one or more “consumer reports” and/or “investigative consumer reports” as defined in the Fair Credit Reporting Act about me/us from a consumer reporting agency or other source for tenancy or rental purposes. These reports may contain information about me/us relating to my/our criminal history, credit history, social security verification, rental history, or other background checks. These reports will be used only for tenancy or rental purposes.

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, asset, or student information.

I/We declare that all 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.

**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 of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

* **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: |  |