

Mellon's Orchard South II

5820 Station Street
Suite 102
Pittsburgh, PA 15206
412-688-6024

Trek Development Group

130 7th Street
Pittsburgh, PA 15222
412.688.7200
800.654.5984 TT Number
412.688.0588

RESIDENCY APPLICATION
For LIHTC/HOME/Rural Development/Section 8 Properties



Date Received: _____	Time Received: _____	AM/PM _____	Applicant #: _____
*** Management Use Only ***			

You must provide all information requested 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.

HEAD OF HOUSEHOLD INFORMATION

(Use Legal Name)

Last Name: _____ First: _____ Middle: _____

Present Telephone #: _____ Alternate Telephone #: _____

Current Address: _____

Birth Date: _____ Sex: _____ Marital Status: _____
(Single, Married, Divorced, Separated, Widowed)

Social Security #: _____ E-mail Address _____

(List below the legal names of all persons in addition to yourself who will reside in the apartment with you)

We are required to report the Race and Ethnic Origin of every applicant's household members. Please assist us in supplying accurate information by following the key codes to complete the table below. 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, the owner is required to note the Race and Ethnic Origin of the Head of Household by visual observation or surname.

KEY CODES

Race-- W-White B-Black I-American Indian or Alaskan Native P-Native Hawaiian or Other Pacific Islander A- Asian
Ethnicity—H-Hispanic NH- Non-Hispanic

	Legal Name (First, MI, Last)	Sex	Date of Birth	Relationship to you	Social Security Number	Race (key letter above)	Ethnicity (key letter above)	Do not wish to answer
1	HOH	n/a	n/a	n/a	n/a			
2								
3								
4								
5								
6								
7								
8								

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.)

What size of apartment do you wish to apply for? _____

Are there any absent household members who under normal conditions would live with you? 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: _____
 Explanation: _____

Do you plan to have anyone living with you in the future, who is not listed above? Yes No

Name / Relationship: _____
 Explanation: _____

Will you or any ADULT household member require a live-in care attendant to live independently? Yes No

Name / Relationship: _____
 Explanation: _____

Do you have full custody of your child(ren)? Yes No
 (If no, obtain proof of amount of time child(ren) will be living in unit).

Explanation: _____

RESIDENCE HISTORY / REFERENCES

(Last three (3) years - use backside of this page if you need more space)

1. **Present Address:** _____
Dates of residency: From _____ To _____ Rent/Mortgage Payment \$ _____ Per month
(circle one)

Present Landlord/Mortgage holder information:
(circle one)

Name: _____ Telephone Number: _____
Mailing Address: _____
Reason for leaving: _____

2. **Previous Address:** _____
Dates of residency: From _____ To _____ Rent/Mortgage Payment \$ _____ Per month
(circle one)

Previous Landlord/Mortgage holder information:
(circle one)

Name: _____ Telephone Number: _____
Mailing Address: _____
Reason for leaving: _____



Have you ever resided at Penn Plaza Apartments? Yes No

Mailing Address _____

Reason for Leaving: _____

Dates of Residency From _____ To _____

Proof of previous residency will be required at time of eligibility interview



Primary Transportation Mode (Answer for Head of Household):

Motor Vehicle _____ Public Transportation _____ Other _____

VEHICLE IDENTIFICATION

(List all motor vehicles you own including motorcycles and vehicles provided by your employer for your use)

1. Make/Model: _____ Year: _____ State: _____ Color: _____
License Number: _____

2. Make/Model: _____ Year: _____ State: _____ Color: _____
License Number: _____

INCOME INFORMATION

(Include all income anticipated for 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)

<u>Household Member</u>	<u>Name of Employer</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Self-employment? Yes No

_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular pay as a member of the Armed Forces/Military? Yes No

<u>Household Member</u>	<u>Branch</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Unemployment or worker's compensation benefits? Yes No

<u>Household Member</u>	<u>Caseworker/ID Numbers</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families? (Do not include food stamps) Yes No

<u>Household Member</u>	<u>Caseworker</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- **Child support payments that are received shall be included as income whether 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 take**

- A. Have you been awarded alimony/child support by court order? Yes No

- i. Enforcement agency

Name agency and provide agency printout.

ii. Court of Law

Name court

Case # _____ \$ _____ monthly weekly bi-weekly

Child(ren's) names: _____

Case # _____ \$ _____ monthly weekly bi-weekly

Child(ren's) names: _____

B. Is payment being received as awarded by the courts? Yes No

If payment not received or if amount received is less than amount awarded, please provide details and documentation of collection efforts below.

C. Do you receive payments in lieu of court ordered alimony/child support? Yes No

i. Direct from responsible party

Name of payment provider

ii. Other

Explain

• Social Security, SSI or any other payments from the Social Security Administration? Yes No

Household Member

SSA Office

Amount

_____ per _____

_____ per _____

• Payments from a Veteran's benefit? Yes No

Household Member

Caseworker/ID Numbers

Amount

_____ per _____

_____ per _____

• Pension, retirement benefit or annuity payments? Yes No

Household Member

Source

Amount

_____ per _____

_____ per _____

- Regular payments from a severance package? Yes No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
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per _____

per _____

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

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
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per _____

per _____

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

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
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per _____

per _____

- Regular payments from lottery winnings or inheritances? Yes No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
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per _____

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

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
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per _____

per _____

- Any other income sources or types not listed? Yes No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
-------------------------	---------------	---------------

per _____

per _____

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

<u>Household Member</u>	<u>Source/Increase/Decrease</u>	<u>Amount</u>
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_____ per _____
 _____ per _____

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

Household Member: _____

Explanation: _____

ASSET INFORMATION

(Include all assets held and income derived from the asset. Include all assets held by all household members including minor children)

Do YOU or ANYONE in your household hold:

- Yes No

- Checking or Savings Account?

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	per _____
_____	_____	_____	per _____

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

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	per _____
_____	_____	_____	per _____

- Stocks, Bonds or Securities? Yes No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	per _____
_____	_____	_____	per _____

- Trust Funds? Yes No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	per _____
_____	_____	_____	per _____

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

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	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 our car, furniture or clothing)

<u>Household Member</u>	<u>Description of Property</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- Whole Life Insurance Policy? (This does not mean Term Life Insurance) Yes No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- A Safe deposit box? Yes No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ 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 or commercial property)

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ 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

<u>Household Member</u>	<u>Value of Disposed of Asset</u>	<u>Date of Disposition</u>
_____	_____	_____
_____	_____	_____

STUDENT STATUS

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

- Do you or any other household member expect to be a FULL-TIME student any time in the current calendar year? Yes No

Name of HH Member	School Attending
_____	_____
_____	_____
_____	_____
_____	_____

**TO BE COMPLETED FOR:
PROJECT BASED SECTION 8 OR PUBLIC HOUSING ASSISTANCE ONLY**

- Are any members of your household over the age of 62 years, disabled or handicapped and have recurring medical expenses in EXCESS of 3% of your income which are not compensated by another party? Yes No
- Are you or anyone in your household disabled or handicapped and pay for Attendant Care or Auxiliary Apparatus? Yes No
- Do you or does anyone in your household pay for childcare to attend school or be employed? Yes No

ADDITIONAL REQUIRED INFORMATION

- Does your household have any pets? Yes No
- Will your household be receiving Section 8 rental assistance at time of move-in? Yes No
- Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Yes No
- Has anyone in your household 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
- 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
- Is there any additional information that you wish to disclose? Please explain: Yes No

- **All Household Members 18 years of age or older must review this application, read each statement on the next page and then sign and date the rental application.**
- 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, 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 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 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.

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 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.