



82 W. Queen Street-Chambersburg, PA 17201
 (717)-977-3900 Fax (717) 655-2685
 www.valleyhousing.net

NAME: _____ EMAIL: _____

PHONE: _____ CURRENT ADDRESS: _____

Eligibility is based on your income along with your credit, criminal and past landlord report history. To see if you qualify according to your annual income, see the charts below and note the household size, and check which development (s) for which you wish to apply:

SUNSET COURT

Apartment and townhouses
**GROSS MAXIMUM INCOME
 GUIDELINES**

- 1 person= \$32,100
- 2 person= \$36,720
- 3 person= \$41,280
- 4 person= \$45,840
- 5 person= \$49,560
- 6 person= \$53,220

CHOOSE

- 2 Bedroom
- 3 Bedroom

WAYNE GARDENS

Must be 62 years or older
**GROSS MAXIMUM INCOME
 GUIDELINES**

- ONE PERSON
\$32,100
- TWO PERSONS
\$36,720

- 1 Bedroom
- 2 Bedroom

REDWOOD

**GROSS MAXIMUM INCOME
 GUIDELINES**

- 1 person= \$32,100
- 2 person= \$36,720
- 3 person= \$41,280
- 4 person= \$45,840
- 5 person= \$49,560
- 6 person= \$53,220

CHOOSE

- 2 Bedroom
- 3 Bedroom
- 4 Bedroom

**VALLEY TERRACE
 TOWNHOMES**

**GROSS MAXIMUM INCOME
 GUIDELINES**

- 1 person = \$32,100
- 2 person= \$36,720
- 3 person= \$41,280
- 4 person= \$45,840
- 5 person= \$49,560
- 6 person= \$53,220

CHOOSE

- 2 Bedrooms
- 3 Bedroom

Check here if referred
 by the 811 Program:

**DO YOU REQUIRE A
 HANDICAP ACCESSIBLE
 UNIT? ___yes___no**

**MOUNT VERNON
 TERRACE**

**GROSS MAXIMUM INCOME
 GUIDELINES**

- 1 person= \$32,100
- 2 person= \$36,720
- 3 person= \$41,280
- 4 person= \$45,840
- 5 person= \$49,560
- 6 person= \$53,220

CHOOSE

- 1 Bedroom
- 2 Bedroom
- 3 Bedroom



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DOUBLE CHECK YOUR APPLICATION

- We require a **non-refundable** \$25 per adult application fee with application. We accept money order or check. **NO CASH.** (For Section 811 applicants fee is waived.)
- Please read and answer **every** question on the application. If there are questions that do not pertain to you, check no or write **N/A** for “not applicable.” **INCOMPLETE applications will be returned.**
- **Do not** use white out. Use only black or blue pen to fill out the application. All information provided will need documentation and will be verified.

For **each** member on the application we will need **copy** of:

<u>Identity Verification</u>	<u>Income Verification</u>	<u>Asset Verification</u>	<u>Miscellaneous</u>
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Paystubs: Past 2 months	<input type="checkbox"/> Bank Statements for past 2 months (must include all pages)	<input type="checkbox"/> Landlord Information
<input type="checkbox"/> Photo ID: (drivers license, passport, military ID)	<input type="checkbox"/> Social Security Awards letter (current year)	<input type="checkbox"/> SSP Information	<input type="checkbox"/> Each Adult Sign Consent Form
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> SSI information (current year)	<input type="checkbox"/> 401K	\$ <input type="checkbox"/> 25.00 non-refundable application fee per adult
	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Life Insurance Policy	<input type="checkbox"/> Application fee does not apply to 811 applicants
	<input type="checkbox"/> Information on Bonuses	<input type="checkbox"/> Savings Bonds	
	<input type="checkbox"/> TANF Documents	<input type="checkbox"/> Unemployment Awards letter	
	<input type="checkbox"/> Child Support Court Order		
	<input type="checkbox"/> Recurring income info		

811 Applicants: Please request and sign a supplemental form #92006

All information provided will need documentation and will be verified.

RECEIVED AND CHECKED BY : _____
 NAME OF VCHC STAFF:

Household Race/Ethnicity/Disability Reporting Form

The following information is needed in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U. S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although we would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it.

Property Name: (TBD)

Unit #: (TBD)

The following Race codes should be used when completing the table below:

- 1 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 2 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 3 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian or “Negro” also apply.
- 4 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.

Note: Multiple racial categories may be indicated as such: 1-5 – American Indian/Alaska Native & White, 2-5 – Asian & White, etc.

The following Ethnicity codes should be used when completing the table below:

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish origin” also apply.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Enter “Y” if any member of the household is disabled according to the Fair Housing Act definition for disability (or handicap):

- A physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment or being regarded as having such an impairment. For the Fair Housing definition of “physical or mental impairment” and other terms used, please see [24 CFR 100.201](#).
- “Disability” **does not include current**, illegal use of or addiction to a controlled substance.

Enter both Race and Ethnicity codes for each household member (code # definitions are provided above).

DEMOGRAPHIC PROFILE						
Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Do not wish to furnish (initial)

Resident/Applicants’ Signatures & Dates:

RESIDENTIAL/RENTAL HISTORY for past 36 months for each adult applicant:

Please list each place each adult has lived for the past 36 months, starting with the most recent. Include the property owner's name and contact information. Use additional paper if necessary.

From _____ (month & year) to _____ Applicant who lived there _____
ADDRESS: _____ Rent: \$ _____ Landlord/Owner: _____
Relationship to you: _____ Landlord's Address & phone: _____

From _____ (month & year) to _____ Applicant who lived there _____
ADDRESS: _____ Rent: \$ _____ Landlord/Owner: _____
Relationship to you: _____ Landlord's Address & phone: _____

From _____ (month & year) to _____ Applicant who lived there _____
ADDRESS: _____ Rent: \$ _____ Landlord/Owner: _____
Relationship to you: _____ Landlord's Address & phone: _____

From _____ (month & year) to _____ Applicant who lived there _____
ADDRESS: _____ Rent: \$ _____ Landlord/Owner: _____
Relationship to you: _____ Landlord's Address & phone: _____

I CERTIFY THAT I/we HAVE NOT HAD ANY LANDLORDS FROM WHOM I'VE/ we've RENTED IN THE PAST 36 MONTHS (if true). Please still list the past 36 month history of where all adults have lived, even if there was no lease in place.

Signature of Applicants to whom this applies: _____
(Title 18, Section 1001 of U.S. Code states that *a person is guilty of a felony for knowingly and willingly making false or fraudulent statements here or anywhere on the application.*)

Emergency Contact: _____ Phone: _____
Relationship to you: _____ Email: _____

If any adult applicant has lived in any other states not listed above, please provide name and states:

DO YOU HAVE A HCV/SECTION 8/Rental Assistance? _____ Describe: _____

OTHER things we should know:

OTHER:

-Have eviction charges ever been filed against you at a District Magistrate’s office or other court for nonpayment and/or late payment of rent or for any other reason? ___yes___no

-Have you or any other household member or person with which you wish to reside ever been convicted of a crime? (DUI is considered a crime.) (Omit only minor Traffic Violations.)___yes___no

-Are any applicants or household members subject to any state or federal lifetime sex offender registration in this or any other state?___yes___no Who? _____

-Have you or any other household member or person you wish to reside with you been released from jail in the past five (5) years?___yes___no

-Is or has anyone on this application been known by any other names?___yes___no Please list:

-Are there special housing needs or reasonable accommodations (i.e.: mobility impaired, vision impaired, live-in aide, etc.) that the household will require to meet the needs of a disabled family member?

___yes___no If yes, please list: _____

I certify that if selected, the unit I occupy will be my only residence. I understand the above information is being collected to determine my eligibility. I authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which may be released to appropriate federal, state, or local agencies. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that providing false statements or information is punishable under federal law.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Head of Household Signature:_____Date:_____

Co-Head or Adult Member:_____Date:_____

Adult Member:_____Date:_____

Adult Member:_____Date:_____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.

FOR MANAGEMENT USE ONLY:

Received Social Security Cards [] Received Income Verification [] Passed Criminal []
Received Birth Certificates [] Received Asset Verification [] Passed Credit []
Received Photo Ids [] Received Rental Verification []

HOUSEHOLD ELIGIBILITY QUESTIONNAIRE

Proceed to "I. HOUSEHOLD COMPOSITION"- This Section For Management Use Only - Time & Date all received: _____

Property Name: _____ Unit # _____

<i>Certification Type</i>	<i>Program</i>
_____ Move-In/Initial Certification	_____ Low Income Housing Tax Credit
_____ Re-Certification	_____ HOME
_____ Other: _____	_____ Other: _____

I. HOUSEHOLD COMPOSITION

- Unless assistance is requested; form should be completed by applicant/tenant.
- List each person who will reside in the unit along with the relationship to the head of household, date of birth and social security number.
- Do not include minors who will be present less than 50% of the time.
- List Full-Time student status for any member who is currently enrolled, expects to become enrolled or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12, college, university, technical, trade, mechanical, and on-line schools.

HOUSEHOLD MEMBER NAME	RELATIONSHIP	DOB	Social Security #	FT STUDENT?
1.	Head			[] YES [] NO
2.				[] YES [] NO
3.				[] YES [] NO
4.				[] YES [] NO
5.				[] YES [] NO
6.				[] YES [] NO
7.				[] YES [] NO
8.				[] YES [] NO

Are any household changes expected in the next 12 months? [] YES [] NO

If 'YES' explain: _____

Are any student changes expected in the next 12 months? [] YES [] NO

If 'YES' explain: _____

II. STUDENT STATUS (For properties that have LIHTC funding)

Is every member of the household a Full-Time student as defined above? • If NO, continue to Section III • If YES, please complete the following questions:	[] YES [] NO
Does a student receive assistance under Title IV of the Social Security Act? (i.e. TANF or AFDC, but not SS or SSI?)	[] YES [] NO
Was a student previously a foster child?	[] YES [] NO
Is a student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program?	[] YES [] NO
Is a student married and eligible to file a joint tax return?	[] YES [] NO
Is a student a single parent who is not claimed as a dependent by another individual?	[] YES [] NO
Are the minors in the household claimed as a dependent by a parent?	[] YES [] NO

NOTE: If property has HOME or PennHOMES funding; additional student information may need to be provided.

INCOME INSTRUCTIONS:

- *List gross amounts anticipated to be received in the 12-month period following effective date of certification.*
- *For minors include unearned income such as benefits, SS, SSI, gifts, child support, income from assets.*
- *For adults include both earned income from jobs and unearned income.*
- *Answer each 'YES' – 'NO' question. For each 'YES' include the gross amount and frequency.*

DO NOT LEAVE ANY UNANSWERED QUESTIONS:

III. HOUSEHOLD INCOME						
<i>Use an extra copy of pages 2 & 3, as needed, if more than 2 adult household members. All adults must sign the form.</i>						
Type of Income	Head of Household			Co-Head and/or Other Member		
	Check One	Amount	Frequency	Check one	Amount	Frequency
1. Income from employment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. Overtime or Shift Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. Bonus/commission/etc?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Cash Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. Self-employment Income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Do you have a 2 nd job	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. Periodic gift income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Non-cash contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Formal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. Is child support awarded but not paid?	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
12. Informal child support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. Formal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. Is spousal support awarded by not paid?	<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> YES <input type="checkbox"/> NO		
15. Informal spousal support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. SSP	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. TANF/AFDC/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. Unemployment benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Severance pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Pension Income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Retirement acct payment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
24. Investment acct payment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
25. Worker's Comp payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
26. Annuity acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
27. Trust acct payments	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
28. Disability/death benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
29. Student financial aid	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
30. Military pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
31. Real estate rental income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
32. Veterans/VA income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
33. Other income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
34. Other income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
	TOTAL INCOME			TOTAL INCOME		
Are any income changes expected in the next 12 months? <input type="checkbox"/> YES <input type="checkbox"/> NO If 'YES', please describe:						

For each source of income in Section III checked 'YES', please complete the following:

Income #	HH Member	Name of Source	Contact Info of Source (Address/Phone/Email)

(If necessary, please use an additional sheet to list additional income sources.)

ASSET INSTRUCTIONS:

- List assets for all household members, including minors.
- Cash value is market value minus any costs/penalties/fees required to convert to cash.

IV. HOUSEHOLD ASSETS						
Type of Asset	Head of Household			Co-Head and/or Other Member		
	Check One	Approx Cash Value	Income from Asset	Check one	Approx Cash Value	Income from Asset
1. Checking Account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
2. 2 nd Checking Account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
3. Savings Account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
4. 2 nd Savings Account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
5. Debit/direct deposit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
6. 2 nd prepaid debit card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
7. Cash on Hand	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
8. Certificate of Deposit(s)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
9. Other bank account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
10. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
11. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
12. Portfolio/brokerage	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
13. IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
14. 2 nd IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
15. Treasury bills/bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
16. Co. Retirement Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
17. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
18. Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
19. Revocable trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
20. Life Insurance (not term)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
21. Real estate	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
22. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
23. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	
	TOTALS			TOTALS		
Imputed Income. If total assets are more than \$5,000 multiply by .06%: \$ _____ imputed income						
Has anyone received any lump sum amounts in the past 2 years (i.e., lottery/gambling/inheritance)? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Has anyone disposed of any assets for less than fair market value in the past 2 years? <input type="checkbox"/> YES <input type="checkbox"/> NO						
If you answered 'YES' to either question above, please explain:						

For each asset in Part IV checked 'YES', please complete the following:

Asset #	HH Member	Name of Asset Institution/Source	Contact Info of Source (Address/Phone/Email)

(If necessary, please use an additional sheet to list additional asset sources.)

MANAGEMENT USE ONLY:

HOUSEHOLD INCOME TOTAL

Total Household Income: \$ _____	Total Assets: \$ _____
Total Asset Income (greater of actual or imputed): \$ _____	Total Inc from Assets: \$ _____
TOTAL HOUSEHOLD INCOME: \$ _____	Total Imputed Inc from Assets: \$ _____

Under penalties of perjury, I/we certify that the information presented on this form is true and accurate to the best of my/our knowledge. False, misleading or incomplete information may result in the termination of this application/lease.

Head of Household Signature

Printed Name

Date

Co-Head and/or Other Member Signature

Printed Name

Date

Management Signature

Date

VALLEY COMMUNITY HOUSING CORPORATION

APPLICANT/TENANT CONSENT

Purpose: As part of the screening process to determine eligibility, Valley Community Housing Corporation must conduct a background check for all adult members of households applying for housing. This process includes obtaining a detailed consumer credit record, a criminal background check, and rental history. The administrative staff of VCHC will also contact any sources of information or references, such as past landlords, listed on the application necessary to determine eligibility.

Sources of Information Obtained: VCHC administrative staff obtains credit, criminal, and rental records through FIRST Advantage SafeRent, Inc. PA state criminal records are obtained online through the P.A.T.C.H. (or similar) system and the PA Judicial Dockets website. Local, county and state agencies, along with out-of-state law agencies will also be contacted if applicable.

If a member of a household has engaged in drug related or violent criminal activity within the past 10 years, alcohol and drug treatment centers and parole/probation agencies will be contacted to verify compliance and successful completion prior to eligibility determination.

If a crime is committed by a tenant while a resident, the staff of VCHC will research the incident by contacting state and local law agencies and a determination will be made whether to continue assistance.

Consent: I hereby authorize Valley Community Housing Corporation administrative staff to obtain detailed consumer credit records, criminal history, and housing history as outlined above for the determination of eligibility for housing assistance or for continuation of housing assistance. I also release any and all sources of information from any and all liability from disclosure of factual information.

Applicant/Tenant Signature

Date

Other Adult Household Member

Date

Other Adult Household Member

Date

Other Adult Household Member

Date



VALLEY COMMUNITY HOUSING CORPORATION

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I/We the undersigned hereby give my permission for Valley Community Housing Corporation, and the administrative authority of VCHC, to request verification of my salary or wages from current or previous employers, to request information from my financial institutions concerning my unearned income (i.e. interest and dividends); and to request wage and unemployment compensation claim information from the state agency responsible for keeping that information.

I also authorize Valley Community Housing Corporation administrative staff to request certain tax return information from the United States Social Security Administration and the U.S. Internal Revenue Service.

I understand that income information obtained from these sources will be used to verify information that I provide in determining my eligibility for housing.

In addition, I give my permission to the administrative staff of Valley Community Housing Corporation to release and obtain information concerning me that is consistent with the mission and purpose of the VCHC.

I understand that income information obtained with this consent form cannot be used to deny, reduce or terminate assistance without prior independent verification of what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

Print Applicant/Tenant Name	Signature	Date
Other family member over age 18	Signature	Date
Other family member over age 18	Signature	Date
Other family member over age 18	Signature	Date

