



Imani Village

Thank you for your interest in residing at Imani Village.

1-, 2-, 3-, & 4-Bedroom Apartment Homes

PRE-APPLICATION INSTRUCTIONS:

- Pre-application MUST be filled out in its entirety to be eligible for housing (one pre-application per household).
- All Pre-applications MUST be submitted via US Mail to:
Imani Village, PO BOX 9507, Wilmington, DE 19809
- Please include a \$25 money order for each adult (including live-in aide) with your pre-application payable to: Imani Village. *(not applicable for returning residents)*
- Pre-applications are processed in the order they are received. The Imani Village leasing office will reach out to schedule an appointment with qualified applicants.

INCOME LIMITATIONS & RENTS

(Effective 4/2022 and subject to change)

Unit Size	% AMI	Monthly Rent	Income Minimum Required
1 Bedroom	30%	Based on Income	N/A
	Market	\$1,000	\$34,286
2 Bedroom	30%	Based on Income	N/A
	50%	Based on Income	N/A
	Market	\$1,200	\$41,143
3 Bedroom	30%	Based on Income	N/A
	50%	Based on Income	N/A
	Market	\$1,300	\$44,572
4 Bedroom	30%	Based on Income	N/A
	50%	Based on Income	N/A
	Market	\$1,400	\$48,000

Income Maximum Limits by Household Size:

% AMI	1 Person	2 people	3 people	4 people	5 people	6 people	7 people	8 people
30%	\$19,850	\$22,700	\$25,550	\$28,350	\$31,040	\$35,580	\$40,120	\$44,660
50%	\$36,900	\$42,200	\$47,450	\$52,700	\$56,950	\$61,150	\$65,350	\$69,600

Mail to: PO BOX 9507
Wilmington, DE 19809
Phone: 302.499.2646
Fax: 302.397.2071
Email: ImaniVillage@pennrose.com
TTY: 711



To be completed by office staff:

Application Number _____

Date Application Rec'd _____

Time Application Rec'd _____

Initials of Staff Member _____

All Pre-Applications Must be Sent via U.S. Mail and Addressed to:
Imani Village, PO BOX 9507, Wilmington, DE 19809

HEAD OF HOUSEHOLD

M	F
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NAME: _____ SSN: _____
(First) (Middle Initial) (Last)

CURRENT ADDRESS: _____ HOME #: _____
(House #) (Street Name) (Apt. #)

CELL #: _____

(City) (State) (Zip Code) WORK #: _____

EMAIL: _____ D.O.B: _____

How did you hear about us? _____ DRIVER LICENSE STATE: _____
DRIVER LICENSE NUMBER: _____

HOUSEHOLD MEMBERS

Name	DOB	M/F	Relationship	Soc. Sec. Number	DL State & Number

ANNUAL HOUSEHOLD INCOME

Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Please Specify):	\$



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Preferences for Determining Waiting List Position (if applicable)

Do you or any member of your household have a DISABILITY?			Y	N
Are you currently employed?			Y	N
Are you a student or recent graduate of an educational or training program?			Y	N
Were you involuntarily displaced due to Hurricane Ida?			Y	N
Are you a current or former resident of Riverside with a right to return?			Y	N
If yes above, are you in good standing with Wilmington Housing Authority?			Y	N
Do you have a portable section 8 voucher (HCV)?			Y	N
If yes above, through what agency?				
Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)			Y	N
If yes above, please circle features required:				
Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired		
Grab bars	No steps	Other:		
Describe:				

Do you have any pets that will be residing with you? <i>Pet policy: 2 pet maximum, 35 lb. limit each. Breed restrictions apply. Additional security deposit required.</i>			Y	N
If yes to above, how many?				
How many bedrooms are you interested in?	1 st Preference:	2 nd Preference:		

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I, _____, hereby give my permission for a credit and criminal background check, which is part of the application process.

I, _____, hereby give my permission for a credit and criminal background check, which is part of the application process.

I, _____, hereby give my permission for a credit and criminal background check, which is part of the application process.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Types of Program Assistance (For Office Use ONLY)

****Important: You must notify us promptly should any information on this application change**

Tax Credit ☐ 50% ☐ 60% ☐
 PBV ☐ 30% ☐ Market ☐

May 2022



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