



PRE-APPLICATION INSTRUCTIONS:

- The lottery application period is now closed, but we are accepting applications for our waitlist!
- Pre-application MUST be filled out in its entirety to be eligible for housing (only one pre-application per household).
- Pre-Applications can be sent via email, fax or U.S. Mail and Addressed to:
Pennrose, Attn: Golden Hill, 1301 N. 31st Street, Philadelphia, PA 19121
- The following income restrictions apply: *(Effective 6/2025, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
1 Bedroom	1 person	\$29,310 - \$41,950	50%	\$977
	2 people	\$29,310 - \$47,950		
	1 person	\$36,060 - \$50,340	60%	\$1,202
	2 people	\$36,060 - \$57,540		
	1 person	\$49,560 - \$67,120	80%	\$1,652
	2 people	\$49,560 - \$76,720		
2 Bedroom	2 people	\$59,610 - \$76,720	80%	\$1,987
	3 people	\$59,610 - \$86,320		
	4 people	\$59,610 - \$95,840		
3 Bedroom	3 people	\$68,190 - \$86,320	80%	\$2,273
	4 people	\$68,190 - \$95,840		
	5 people	\$68,190 - \$103,520		
	6 people	\$68,190 - \$111,200		

Contact Us:

2106 Fernway Road, Kingston, NY 02563 (NOT OPEN)

GoldenHillApts.com | GoldenHill@Pennrose.com

T: 845.585.1099 | TTY: 711 | F: 845.422.9948

MAIL TO: 1301 N. 31st Street
Philadelphia, PA 19121
Phone: 845.585.1099
Fax: 845.422.9948
Email: GoldenHill@pennrose.com
TTY: 711



To be completed by office staff:

Application Number _____
Date Application Rec'd _____
Time Application Rec'd _____
Initials of Staff Member _____

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M	F	D
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HEAD OF HOUSEHOLD

D = Do not wish to disclose

NAME: _____ SSN: _____
(First) (Middle Initial) (Last) ☐ I do not have a SSN

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/D	Relationship	Soc. Sec. Number	DL State & Number

ANNUAL HOUSEHOLD INCOME

(Gross Income Before Deductions)

(Circle One)

Gross Employment/Wages	\$	per	Year / Month
Social Security Income	\$	per	Year / Month
Social Security Disability Income	\$	per	Year / Month
Public Assistance (Welfare/TANF)	\$	per	Year / Month
Child Support	\$	per	Year / Month
Pension	\$	per	Year / Month
Payments from Gig Income (Uber, Lyft, Instacart, Venmo, Cash App, etc)	\$	per	Year / Month
Assets (Approximate Total Balance of Checking, Savings, 401(k), IRA, etc.)	\$	per	Year / Month
Other Income (Please Specify):	\$	per	Year / Month



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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 or any member of your household a survivor of domestic violence?			Y	N
Is the Head of Household or Spouse 62 years of age or older?			Y	N
Are you a current resident of the City of Kingston?			Y	N
Are you a former resident of the City of Kingston and can prove previous residency for at least three months at some point in the past three years?			Y	N
Do you work or are hired to work in the City of Kingston and will devote at least 75% of your working hours in Kingston?			Y	N
Are you currently employed?			Y	N
Are you a student or recent graduate of an educational or training program?			Y	N
Do you have a portable section 8 voucher (HCVP)?			Y	N
If yes above, through what agency?				
What year did you last file taxes?			Y	N
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:				

Additional Questions

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? (1BR, 2BR, 3BR)	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.

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Applicant Signature: _____ Date: _____

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Types of Program Assistance (For Office Use ONLY)

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

AMI ☐ 30% ☐ 40% ☐ 50% ☐ 60% ☐ 80%

October 2025



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