

Address: 251 South 13th Street
Philadelphia, PA 19107
Phone: 267-428-0269
Fax: 267-234-7419
Email: johncanderson@pennrose.com
TTY: 800-654-5984

To be completed by office staff:
Application Number _____
Date Application Rec'd _____
Time Application Rec'd _____
Initials of Staff Member _____

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)

- All household members 18 years of age and older must sign this application.
- The use of Liquid Paper (White-Out), pencil or erasable ink will void this application.
- To make a correction, draw a single line through the incorrect information, replace with correct information and initial the change.
- 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. Copy is also available upon request.

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

HEAD OF HOUSEHOLD INFORMATION

(Use Legal Name)

Last Name: _____ First: _____ Middle: _____

Present Telephone #: _____ Alternate Telephone #: _____

Cell Telephone #: _____ Email address: _____

Current Address: _____

Driver License No. _____ I am: Married Widowed Divorced

State Issued: _____ Single Separated

How did you hear about our Community? _____

We are required to report the Race and Ethnic Origin of the Head of Household for each applicant. 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	Birth Date	Relationship to Head of Household	Social Security Number	Race (key letter above)	Ethnicity (key letter above)

Check all that apply:

A member of the Household: Receives Medicare Benefits Receives Medicaid Benefits 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.)

Are there any absent household members who under normal conditions would live with you or plan on living with you in the future?

Name & Relationship: _____ Yes No

Explanation: _____

Are there any family members confined to a nursing home or hospital on a permanent basis? 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: _____

RESIDENCE HISTORY/REFERENCES

*Please list your address (es) of residency for the past five (5) years, plus list all states you have ever resided
Use backside of this page if you need more space*

RESIDENCE HISTORY:

Present Residence	Rent <input type="checkbox"/>	Own <input type="checkbox"/>
Name of Apartments, if applicable		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
Dates of Residency	From:	To: Rent/Mtg. \$
Reason for leaving		



Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you owe the landlord any money, or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previous Residence	Rent <input type="checkbox"/>	Own <input type="checkbox"/>
Name of Apartments, if applicable		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
Dates of Residency	From: _____ To: _____	Rent/Mtg. \$ _____
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe any money to the landlord when you left, or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

UTILITY PROVIDERS: You must be able to establish utility service in the apartment.

Do you have any current outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish and pay for utilities in your apartment?		
Electric.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

PLEASE LIST ALL STATES RESIDED IN BY ALL HOUSEHOLD MEMBERS

INCOME INFORMATION

(Include all GROSS income received and 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 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
(include overtime, tips, bonuses, commissions and payments received in cash)

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular pay from the Armed Forces/Military/Veterans Administration? Yes No

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

- Unemployment Benefits/Worker Compensation? Yes No

<u>Household Member</u>	<u>Name of Check Issuer</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Cash Assistance from Dept. of Public Welfare Yes No

<u>Household Member</u>	<u>Name of Check Issuer</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

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

As part of the qualification process required by the federal and / or state housing programs with jurisdiction over this development, the following information is required:

Do you have full or at least 50% custody of your child/childrenn)? Yes No

1. Have you been awarded child support by court order? Yes No



2. County and State where court ordered _____
Provide copy of entire court document.

3. Is payment being received as awarded? Yes No

4. If payment is NOT being received as awarded, have reasonable legal actions
Been taken to collect amounts due? Yes No

CHILD SUPPORT INFORMATION

Child's Name (First and Last)	\$ Amount	How Often	Source (Name of Court/Agency or Person)	Court Ordered	Payment received as agreed
1. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
2. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
3. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
4. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
5. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
6. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No

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

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

• Retirement benefits? Yes No

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

• Periodic Annuity Payments? 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>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular, recurring gifts – cash or noncash- or payments made on your behalf from anyone outside of your household? 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</u>	<u>Amount</u>
_____	_____	_____ 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)

Household members (s): _____

Explanation: _____

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? Yes No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Average 6 mo. Bal.</u>	<u>Income</u>
_____	_____	_____	_____



_____ per _____
 _____ per _____

- Savings Account? Yes No

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

- Credit Union Account? Yes No

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

- Direct Express Card or EBT Card? Yes No

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

- Stocks, Bonds or Securities? Yes No

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

- Trust Funds? Yes No

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

- Yes No



- Annuities?

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

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

<u>Household Member</u>	<u>Source</u>	<u>Amount</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 your car, furniture or clothing)

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

- Whole Life Insurance Policy? 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, timeshares, 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
(Given away or sold something of value for less than its worth)



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

STUDENT STATUS

- Are you or any other **adult** household member currently enrolled as a FULL TIME student at an institute of higher education? Yes No
- Were you or any other **adult** household member enrolled as a FULL TIME student at any time in the current calendar year? Yes No
- Do you or any other **adult** household member expect to be enrolled as a FULL TIME Student at any time during the current calendar year? Yes No
- Do you or any other household members (INCLUDING MINORS) expect to be enrolled as a FULL TIME student in the next 12 months? Yes No
- Are you or any other **adult** household member currently enrolled as a PART TIME student at an institute of higher education? Yes No

ADDITIONAL REQUIRED INFORMATION

- Did you or any family member file a federal or state tax return last year? Yes No
- If yes, who? (list all) _____
- Are you currently receiving assistance from HUD? (tenant based or project based) Yes No
- Will this be your sole place of residency? Yes No
- Does your household have any pets? Yes No
- Are you or any member of your household subject to a lifetime state sex offender registration program in any state? Yes No
(failure to respond to this question may jeopardize the approval of your application)
- Has applicant or any household member been evicted in the last 3 years from federally assisted housing for drug related criminal activity? Yes No
- Has applicant or any household member 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
- Does any applicant household member have a pattern of alcohol abuse? 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 convicted of the manufacture, distribution, or sale of a controlled substance? Yes No
- Has anyone in your household ever been convicted of a felony or misdemeanor crime? Yes No

If yes to any of the above questions, please provide details: _____

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, 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
 Office: 724-365-8282
 TTY: 800-654-5984
 Email: kgarrone@pennrose.com

IMPORTANT! READ BEFORE SIGNING!

- 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 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 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, or asset information.
- I/We declare that all of 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.

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

- **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: _____

