

Address: 380 North State Street
 York, PA 17403
Phone: 717.306.9550
Fax: 717.779.1564
Email: StateStreet@pennrose.com
TTY: 711



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

HEAD OF HOUSEHOLD

M	F
---	---

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:** _____

How many bedrooms are you interested? (1 or 2): _____ **DRIVER LICENSE NUMBER:** _____

HOUSEHOLD MEMBERS

A non-refundable \$25 application fee per adult household member is required.

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

ANNUAL HOUSEHOLD INCOME

Gross Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Please Specify, i.e. interest, dividends, etc.):	\$



PENNROSE
 Bricks & Mortar | Heart & Soul



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
Do you have a Section 8 voucher?			Y	N
If yes above, with 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?*: _____ If so, how many?: _____ (2 pet max., 25 lb. limit)

**Breed restrictions apply. Additional security deposit required.*

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 ☐ 20% ☐

May 2021



PENNROSE
Bricks & Mortar | Heart & Soul

