



# Penn Ridge

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Crum Lynne, PA 19022

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To be completed by office staff:

Application Number \_\_\_\_\_

Date Application Rec'd \_\_\_\_\_

Time Application Rec'd \_\_\_\_\_

Initials of Staff Member \_\_\_\_\_

## HEAD OF HOUSEHOLD

NAME: \_\_\_\_\_

(First) (Middle Initial) (Last)

SSN: \_\_\_\_\_

|   |   |
|---|---|
| M | F |
|---|---|

CURRENT ADDRESS: \_\_\_\_\_

(House #) (Street Name) (Apt. #)

HOME #: \_\_\_\_\_

CELL #: \_\_\_\_\_

WORK #: \_\_\_\_\_

(City) (State) (Zip Code)

EMAIL: \_\_\_\_\_

## HOUSEHOLD MEMBERS

| Name | M/F | Relationship | Soc. Sec. Number |
|------|-----|--------------|------------------|
|      |     |              |                  |
|      |     |              |                  |
|      |     |              |                  |
|      |     |              |                  |
|      |     |              |                  |
|      |     |              |                  |
|      |     |              |                  |

## ANNUAL HOUSEHOLD INCOME

|                                   |    |
|-----------------------------------|----|
| EMPLOYMENT / WAGES                | \$ |
| SOCIAL SECURITY INCOME            | \$ |
| SOCIAL SECURITY DISABILITY INCOME | \$ |
| PUBLIC ASSISTANCE (WELFARE/TANF)  | \$ |
| CHILD SUPPORT                     | \$ |
| PENSION                           | \$ |
| OTHER INCOME (PLEASE SPECIFY):    | \$ |



**Preferences for Determining Waiting List Position (if applicable)**

Do you or any member of your household have a DISABILITY? Y N

Is the Head of Household or Spouse 62 years of age or older or disabled? 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 a natural disaster? Y N

Are you homeless? Y N

Do you require a unit with special features? Y N

*(e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)*

If yes above, please circle features required:

Unit for mobility impaired  
Grab bars

Unit for visually impaired  
No steps

Unit for hearing impaired  
Other:

Describe: \_\_\_\_\_

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: \_\_\_\_\_

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 | <input type="checkbox"/> | 50% | <input type="checkbox"/> | 60% | <input type="checkbox"/> |
| ACC        | <input type="checkbox"/> | 30% | <input type="checkbox"/> | 50% | <input type="checkbox"/> |

March 2017

