Goodwill Neighborhood Residences

Address: 600 Beech Street
Scranton, PA 18505
Phone: 570-344-5007
Fax: 570-344-4429
Email: goodwill@pennrose.com
TTY: 800-545-1833 x648

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

HEAD OF HOUSEHOLD

NAME: _____ **SSN:** _____ M F

(First) (Middle Initial) (Last) **DOB:** _____

CURRENT ADDRESS: _____

(House #) (Street Name) (Apt. #) **HOME #:** _____

_____ **CELL #:** _____

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

EMAIL: _____

HOUSEHOLD MEMBERS

Name	DOB	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	Unit for visually impaired	Unit for hearing impaired
Grab bars	No steps	Other:

Describe: _____

How did you hear about us?:_____

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

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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	☐	50%	☐	60%	☐
ACC	☐	30%	☐	50%	☐

February 2018