



The Residences at Hayes

Thank you for your interest in residing at The Residences at Hayes

PRE-APPLICATION INSTRUCTIONS:

- Pre-application **MUST** be filled out in its entirety to be eligible for housing.
- Pre-application **MUST** be returned **VIA US MAIL** and should be addressed to:

**Residences at Hayes
P.O. Box 6832
Washington, DC 20020**

- The following income restrictions apply:

Unit Size	% AMI	Monthly Rent	Household Size	Qualifying Household Income Range
Studio	60%	\$1,165	1	\$39,943 - \$49,260
	60%	\$1,165	2	\$39,943 - \$56,280
1 Bedroom	60%	\$1,251	1	\$42,891 - \$49,260
	60%	\$1,251	2	\$42,891 - \$56,280
2 Bedroom	60%	\$1,494	2	\$51,223 - \$56,280
	60%	\$1,494	3	\$51,223 - \$63,380
	60%	\$1,494	4	\$51,223 - \$70,320

FOR MORE INFORMATION:

ResidencesatHayes.com | Hayes@Pennrose.com
T: 202.869.2477 | TDD: 800.545.1833 x647



Residences at Hayes

Address: 5201 Hayes Street
Washington, DC 20019

Phone: 202.869.2477

Fax: 202.330.5725

Email: Hayes@pennrose.com

TTY: 800-545-1833 x647

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
---	---

DOB: _____

CURRENT ADDRESS: _____

(House #) (Street Name)

(Apt. #)

HOME #: _____

CELL #: _____

(City)

(State)

(Zip Code)

WORK #: _____

EMAIL: _____

How did you hear about us? _____

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):	\$



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

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

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	<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

