



Thank you for your interest in residing at State Street Crossing.
1-, 2-, 3-, & 4-Bedroom Apartment Homes

PRE-APPLICATION INSTRUCTIONS:

- Pre-application MUST be filled out in its entirety to be eligible for housing (one pre-application per household).
- All Pre-applications MUST be submitted via US Mail to:
State Street Crossing, Mgmt Office, 380 North State Street, York, PA, 17403
- Please include a \$25 money order for each adult (including live-in aide) with your pre-application payable to: State Street Crossing.
- Pre-applications are processed in the order they are received. The State Street Crossing leasing office will reach out to schedule an appointment with qualified applicants.
- The following income restrictions apply: *(Effective 1/21, subject to change)*

| Unit Size | Household Size | Qualifying Household Income Range | % AMI | Monthly Rent |
|-----------|----------------|-----------------------------------|-------|-------------------|
| 1 Bedroom | 1 person | \$29,246 - \$34,560 | 60% | \$853 |
| | 2 people | \$29,246 - \$39,480 | | |
| 2 Bedroom | 2 people | \$35,246 - \$39,480 | 60% | \$891 - \$1,028 |
| | 3 people | \$35,246 - \$44,400 | | |
| | 4 people | \$35,246 - \$49,320 | | |
| 3 Bedroom | 3 people | \$40,594 - \$44,400 | 60% | \$1,132 - \$1,184 |
| | 4 people | \$40,594 - \$49,320 | | |
| | 5 people | \$40,594 - \$53,280 | | |
| | 6 people | \$40,594 - \$57,240 | | |
| 4 Bedroom | 4 people | \$37,097 - \$41,100 | 50% | \$1,048 - \$1,082 |
| | 5 people | \$37,097 - \$44,400 | | |
| | 6 people | \$37,097 - \$47,700 | | |
| | 7 people | \$37,097 - \$51,000 | | |
| | 8 people | \$37,097 - \$54,300 | | |





Address: 380 North State Street
 York, PA 17403
 Phone: 717.306.9550
 Fax: 717.779.1564
 Email: StateStreet@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 _____

**All Pre-Applications Must be Sent via U.S. Mail and Addressed to:
 State Street Crossing, Mgmt Office, 380 North State Street, York, PA 17403**

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.): | \$ |



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.

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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%

PBV 20%

May 2021

