



PRE–APPLICATION INSTRUCTIONS:

- Pre-application **MUST** be filled out in its entirety, signed and dated to be eligible for housing (only one pre-application per household).
- Pre-applications can be submitted via email (Forge@pennrose.com), fax (413.241.7579), or US Mail addressed to: **Pennrose, Attn: FORGE, 1301 N. 31st Street, Philadelphia, PA 19121**
- The following income restrictions apply: *(Effective 5/2025, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
1 Bedroom	1 person	\$44,743 - \$51,600	60%	\$1,305
	2 people	\$44,743 - \$58,980		
	1 person	\$85,289 - \$103,200	120%	\$2,488
	2 people	\$85,289 - \$117,960		
2 Bedroom	2 people	\$53,829 - \$58,980	60%	\$1,570
	3 people	\$53,829 - \$66,360		
	4 people	\$53,829 - \$73,680		
	2 people	\$102,384 - \$117,960	120%	\$2,986
	3 people	\$102,384 - \$132,720		
	4 people	\$102,384 - \$147,360		
3 Bedroom	3 people	\$61,989 - \$66,360	60%	\$1,808
	4 people	\$61,989 - \$73,680		
	5 people	\$61,989 - \$79,620		
	6 people	\$61,989 - \$85,500		
	3 people	\$118,245 - \$132,720	120%	\$3,449
	4 people	\$118,245 - \$147,360		
	5 people	\$118,245 - \$159,240		
	6 people	\$118,245 - \$171,000		

* There are (9) 30% AMI MRVP units available (4 one–bedrooms, 3 two–bedrooms, 2 three–bedrooms).
Rent is based on income for these units.

Contact Us:

66 Brushwood Way, Lenox, MA 01240 (Managment Office Not Open)

ForgeatLenox.com | Forge@Pennrose.com

T: 413.623.4230 | TTY: 711 | F: 413.241.7579

MAIL TO: 1301 N. 31st Street
Philadelphia, PA 19121
Phone: 413.623.4230
Fax: 413.241.7579
Email: Forge@pennrose.com
TTY: 711



To be completed by office staff:

Application Number _____
Date Application Rec'd _____
Time Application Rec'd _____
Initials of Staff Member _____

Pre-Applications can be submitted via email, fax or U.S. Mail and Addressed to:
Pennrose, Attn: FORGE, 1301 N. 31st Street, Philadelphia, PA 19121

HEAD OF HOUSEHOLD

M	F	D
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D = Do not wish to disclose

☐ I do not have a SSN

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: _____

DRIVER LICENSE NUMBER: _____

HOUSEHOLD MEMBERS

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

ANNUAL HOUSEHOLD INCOME

(Gross Income Before Deductions)

(Circle One)

Gross Employment/Wages	\$	per	Year / Month
Social Security Income	\$	per	Year / Month
Social Security Disability Income	\$	per	Year / Month
Public Assistance (Welfare/TANF)	\$	per	Year / Month
Child Support	\$	per	Year / Month
Pension	\$	per	Year / Month
Payments from Gig Income (Uber, Lyft, Instacart, Venmo, Cash App, etc)	\$	per	Year / Month
Assets (Approximate Total Balance of Checking, Savings, 401(k), IRA, etc.)	\$	per	Year / Month
Other Income (Please Specify):	\$	per	Year / Month



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Preferences for Determining Waiting List Position (if applicable)

Do you or any member of your household have a DISABILITY?			Y	N
Do you or a member of your household live, work, or have children that go to school in Lenox, Adams, North Adams, Cheshire, Dalton, Great Barrington, Hinsdale, Housatonic, Lee, Lenoxdale, Pittsfield (City), Williamstown, New Ashford, Washington, Becket, Otis, Sheffield, Lanesborough, Stockbridge, or W. Stockbridge?			Y	N
Are you currently in shelter or have you recently been living in a shelter?			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 portable section 8 voucher (HCVP)?			Y	N
If yes above, through what agency?				
What year did you last file taxes?				
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:				

Additional Questions

Do you have any pets that will be residing with you? <i>Pet policy: 2 pet maximum, 35 lb. limit each. Breed restrictions apply. Additional security deposit required.</i>		Y	N
If yes to above, how many?			
How many bedrooms are you interested in? (1BR, 2BR, 3BR)	1 st Preference:	2 nd Preference:	

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 ☐ 60% ☐ 120% ☐
 PBV/MRVP ☐ 30% ☐ ☐

July 2025



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