

**Completed Applications MUST be****returned to:**

Address: 939 Wheaton Street  
 Phone: 912.629.1180  
 Fax: 912.527.5488  
 Email: RiverPointe@pennrose.com  
 TTY: 711



To be completed by office staff:

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

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

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

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

## RESIDENCY APPLICATION

### Affordable Housing Programs

#### CONSUMER NOTICE FOR TENANTS

#### THIS IS NOT A CONTRACT

*(Not to be used when licensee is subagent for the landlord, agent for the tenant, or transaction licensee)*  
 Licensee hereby states that with respect to this property, licensee is acting in the following capacity: (check one)

- Owner/Landlord of the Property;
- A direct employee of the Owner/Landlord; OR
- An agent of the Owner/Landlord pursuant to a property management or exclusive listing agreement.

I acknowledge I have received this Notice:

(Consumer)

(Date)

(Consumer)

(Date)

We certify that we have provided this Notice: Pennrose Management Company

(Date)

- For acceptance of this Residency Application, every question below must be answered with detail in the space provided.
- Information you provide will be used strictly to determine your eligibility for housing in this Community and will be handled confidentially.
- The Resident Selection Plan and Screening Criteria, which provides specific detail regarding application processing as well as additional guidance regarding waiting preferences, if any, is posted in the rental office. A copy is also available upon request.

What size of apartment do you wish to apply for?  Eff     1BR     2BR     3BR     4BR     5BR     6BR

#### HEAD OF HOUSEHOLD INFORMATION

(Use Legal Name)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

Cell Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Street)

(City/State/Zip)

Marital Status:     Married     Widowed     Divorced     Single     Separated

State ID or Driver License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

How did you hear about our community?     Signage     Newspaper     Property Website     Internet  
 Other \_\_\_\_\_

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We are required to report the Race and Ethnic Origin of all household members. Please assist us in supplying accurate information by answering the following questions. This question is optional, and your response will have **NO** bearing on your eligibility and shall not be used to discriminate against you in any way. If you choose not to furnish it, enter **(D)** in the appropriate spaces below and the owner will note that you did not wish to complete.

**KEY CODES:** **(D)**-Do not wish to Disclose

**RACE:** **(W)**-White, **(B)**-Black, **(I)**-American Indian/Alaskan Native, **(P)**-Native Hawaiian/Other Pacific Islander, **(A)**-Asian

**ETHNICITY:** **(H)**-Hispanic, **(NH)**-Non Hispanic

### HOUSEHOLD COMPOSITION

*(List below the legal names of all persons who will reside in the apartment)*

Legal Name (First, MI, Last)	Sex (F/M/ D)	Birth Date	Relationship	Social Security Number	Race (key code letter from above)	Ethnicity (key code letter from above)

Do you or does any applicant household member:

1. Have the ability to meet the requirements of tenancy?  Yes  No
2. Qualify for a dwelling available only to persons with disabilities or to persons with a particular type of disability?  Yes  No
3. Qualify for a priority available to persons with handicaps or to persons with a particular type of handicap?  Yes  No

*You may make a request for a reasonable accommodation and/or reasonable modification with the Management office, which shall be evaluated in accordance with relevant law.*

Are there any absent household members who under normal conditions would live with you or plan on living with you in the future?  Yes  No

Name & Relationship: \_\_\_\_\_

Are there any family members confined to a nursing home or hospital on a permanent basis?  Yes  No

Name & Relationship: \_\_\_\_\_

Will you or any ADULT household member require a live-in care attendant to live independently?  Yes  No

Name & Relationship: \_\_\_\_\_

Do you anticipate any changes to your household composition in the next 12 months?  Yes  No

Name & Relationship: \_\_\_\_\_

## RESIDENCE HISTORY/REFERENCES

*Please list your address(es) of residency for the past three (3) years.*

*Use backside of this page if you need more space.*

### RESIDENCE HISTORY:

<b>Present Residence</b>	Rent <input type="checkbox"/>	Own <input type="checkbox"/>
Name of Apartments or Landlord Name		
Address		
City, State, Zip		
Contact Name and Phone Number		
Dates of Residency	From:	To: Rent/Mortgage \$
Reason for leaving		
<b>Previous Residence</b>	Rent <input type="checkbox"/>	Own <input type="checkbox"/>
Name of Apartments or Landlord Name		
Address		
City, State, Zip		
Contact Name and Phone Number		
Dates of Residency	From:	To: Rent/Mortgage \$
Reason for leaving		
<b>Previous Residence</b>	Rent <input type="checkbox"/>	Own <input type="checkbox"/>
Name of Apartments or Landlord Name		
Address		
City, State, Zip		
Contact Name and Phone Number		
Dates of Residency	From:	To: Rent/Mortgage \$
Reason for leaving		

Please list all states resided in by all household members:

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## INCOME INFORMATION

(Include all GROSS income received and/or anticipated for all household members, including minors, in the next 12 months.)

Do YOU or ANYONE in your household receive OR EXPECT to receive income from?

- Employment wages and/or salaries?

(include overtime, tips, bonuses, commissions and/or payments received in cash)

Yes  No

Household Member

Name of Employer

Amount

per \_\_\_\_\_

per \_\_\_\_\_

- Self-employment?

(include overtime, tips, bonuses, commissions and/or payments received in cash)

Yes  No

Household Member

Type of Business

Amount

per \_\_\_\_\_

per \_\_\_\_\_

- Regular pay from the Military?

Yes  No

Household Member

Branch

Amount

per \_\_\_\_\_

per \_\_\_\_\_

- Unemployment Benefits, Worker Compensation, and/or VA Benefits?

Yes  No

Household Member

Name of Check Issuer

Amount

per \_\_\_\_\_

per \_\_\_\_\_

- Cash Assistance from Dept. of Human Services?

Yes  No

Household Member

Name of Check Issuer

Amount

per \_\_\_\_\_

per \_\_\_\_\_

- Regular payments from an accident settlement, insurance settlement, and/or any other settlement?

Yes  No

Household Member

Source

Amount

per \_\_\_\_\_

per \_\_\_\_\_

- Regular, recurring gifts – cash or noncash- and/or payments made on your behalf from anyone outside of your household?

Yes  No

Household Member

Source

Amount

per \_\_\_\_\_

per \_\_\_\_\_

**Child support payments that are received shall be included as income whether or not there is a court order awarding payment. Child support amounts awarded by the courts but not received can be excluded only when the applicant/resident certifies that the payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payments, have been taken.**

1. Do you have full or at least 50% custody of your child/children?  Yes  No
2. Have you been awarded child support by court order or paid directly to you?  Yes  No  
If yes, please complete the following:

Child's Name (First and Last)	\$ Amount	Frequency	Source (Name of Court/Agency or Person)	Court Ordered	Payment received as agreed	If No, have legal actions been taken
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Social Security, SSI, and/or any other payments from the Social Security Administration?  Yes  No  

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____
- Retirement benefits, Pension benefits, and/or Periodic Annuity Payments?  Yes  No  

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____
- Do you or any other household members expect any changes to your income in the next 12 months?  Yes  No  

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____
- Are you or any other ADULT household members claiming zero income?  Yes  No  
(*You will be required to certify how you pay for living expenses and other items*)

If yes, please list household members claiming zero income \_\_\_\_\_

## ASSET INFORMATION

*Include all assets currently held and anticipated to be received in the next 12 months by all household members INCLUDING minor children.  
Please include the anticipated income derived from current or future asset)*

Do YOU or ANYONE in your household hold:

- Checking Account or EBT Card? (answer "no" if card is used exclusively for food stamps)  Yes  No

Average 6  
Household Member      Item      mo. Bal.  


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- Savings Account or Direct Express Card/Net spend/Cash App?  Yes  No

Household Member      Item      Value  


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- Certificates of Deposits, Money Market accounts, Annuities and/or Treasury Bills?  Yes  No

Household Member      Source      Amount  


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      \_\_\_\_\_ per \_\_\_\_\_  


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      \_\_\_\_\_ per \_\_\_\_\_

- Stocks, Bonds, Securities, and/or Trust Fund?  Yes  No

Household Member      Source      Amount  


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      \_\_\_\_\_ per \_\_\_\_\_  


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      \_\_\_\_\_ per \_\_\_\_\_

- IRA, 401(k), Keogh, and/or other retirement accounts?  Yes  No

Household Member      Source      Amount  


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      \_\_\_\_\_ per \_\_\_\_\_  


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      \_\_\_\_\_ per \_\_\_\_\_

- Personal Property held as an investment?  Yes  No

*(This includes paintings, coin or stamp collections, artwork, collector or show cars and antiques, and does not include your personal belongings. such as your car, furniture, or clothing.)*

Household Member      Property      Value  


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- Whole Life and/or Universal Life Insurance Policy? (answer "no" if Term Life Insurance only)  Yes  No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	per _____
_____	_____	_____	per _____

- A Safe Deposit Box and/or Cash on Hand?  Yes  No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

- Real Estate, rental property, land contracts/contract for deeds, and/or other real estate holdings?  Yes  No

*(This includes your personal residence, mobile homes, vacant land, farms, vacation homes, timeshares, or commercial property)*

<u>Household Member</u>	<u>Mortgagor</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	per _____
_____	_____	_____	per _____

- Have you or has anyone in your household disposed of any business or asset for LESS than fair market value during the past two (2) years?  Yes  No

*(Given away or sold something of value for less than its worth)*

### STUDENT STATUS

Please identify the student status of each household member 18 years of age or older:

Name (First, Last)	Student Y/N	Full Time or Part Time? F/P	<b>Previous</b> in THIS Calendar Year (List Dates of Attendance)	<b>Current</b> in THIS Calendar Year (List Dates of Attendance)	<b>Future</b> in THIS Calendar Year (List Dates of Attendance)	Name of School

### ADDITIONAL REQUIRED INFORMATION

- Did you or any household member file a federal or state tax return last year?  Yes  No

If yes, who? (list all) \_\_\_\_\_

- Is your household currently receiving assistance from HUD? (tenant based or project based)  Yes  No

- Has any member of your household been evicted from assisted housing within the last 3 years for drug related criminal activity?  Yes  No
- Are you or any member of your household subject to a lifetime state sex offender registration program in any state?  Yes  No  
(Failure to respond to this question may jeopardize the approval of your application.)
- Will this be your sole place of residency?  Yes  No

If, upon preliminary review, your application appears to be eligible based upon the information you have provided, you will be contacted when we believe we may have an apartment available. This does not indicate that you will be offered an apartment. We will process your application in accordance with the Resident Selection Criteria. If this establishes that your household is not eligible or not qualified, your application will be denied.

**We do business in Accordance with the Federal Fair Housing Law. We will not discriminate against any person because of race, color, religion, sex, disability, familial status, elderliness or national origin (The Fair Housing Amendment Act of 1988). In compliance with Section 504 regulations, we do not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in, our federally assisted programs and activities. Management will consider requests from individuals with disabilities for reasonable accommodations in policies, practices or facilities.**

**Pennrose Management Company does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).**

Kathi Garrone - 504 Coordinator  
1301 North 31<sup>st</sup> Street  
Philadelphia PA 19121  
Email: [kgarrone@pennrose.com](mailto:kgarrone@pennrose.com)

I/We understand that management is relying on this information to prove my household's eligibility for the Housing Program(s) applicable to this Community. I/We will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I/We understand that my occupancy is contingent on meeting management's resident selection criteria and the Program requirements applicable to this Community.

I/We authorize management to obtain one or more "consumer reports" and/or "investigative consumer reports" as defined in the Fair Credit Reporting Act about me/us from a consumer reporting agency or other source for tenancy or rental purposes. These reports may contain information about me/us relating to my/our criminal history, credit history, social security verification, rental history, or other background checks. These reports will be used only for tenancy or rental purposes. I/We understand that it is our responsibility to contact the Management Office if any of the information provided on this application changes, including but not limited to, changes in mailing address, phone numbers, household composition, income, asset, or student information.

I/We declare that all above information and representations contained herein are to the best of my/our knowledge and belief true and correct. I/We understand that providing false information or making false statements may be grounds for denial of my application and may result in criminal penalties.

I/We understand that any Lease Agreement I/we enter into for an apartment may be cancelled at any time without liability by the Owner or its Agent if any information or representation upon which they relied and made in the application is misleading, incorrect or untrue regardless of my/our intent.

I/We certify that if approved for occupancy, the unit I/we occupy shall be my/our only residence.

**WARNING: "Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

- All Household Members 18 years of age or older must review this application and then sign below:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_