

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 _____



Rev.1/22

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 notate your file 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:

- Have the ability to meet the requirements of tenancy? ☐ Yes ☐ No
- Qualify for a dwelling available only to persons with disabilities or to persons with a particular type of disability? ☐ Yes ☐ No
- 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:

Present Residence	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	
Previous Residence	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	
Previous Residence	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:

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

<u>Household Member</u>	<u>Name of Employer</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Self-employment?
(include overtime, tips, bonuses, commissions and/or payments received in cash) ☐ Yes ☐ No

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular pay from the Military? ☐ Yes ☐ No

<u>Household Member</u>	<u>Branch</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Unemployment Benefits, Worker Compensation, and/or VA Benefits? ☐ Yes ☐ No

<u>Household Member</u>	<u>Name of Check Issuer</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Cash Assistance from Dept. of Human Services? ☐ Yes ☐ No

<u>Household Member</u>	<u>Name of Check Issuer</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular payments from an accident settlement, insurance settlement, and/or any other settlement? ☐ Yes ☐ No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular, recurring gifts – cash or noncash- and/or payments made on your behalf from anyone outside of your household? ☐ Yes ☐ No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ 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	Frequenc y	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
Household Member SSA Office Amount

_____ per _____
_____ per _____

- Retirement benefits, Pension benefits, and/or Periodic Annuity Payments? ☐ Yes ☐ No
Household Member Source Amount

_____ per _____
_____ per _____

- Do you or any other household members expect any changes to your income in the next 12 months? ☐ Yes ☐ No

Household Member Source Amount
_____ 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

<u>Household Member</u>	<u>Item</u>	<u>Average 6 mo. Bal.</u>
_____	_____	_____
_____	_____	_____

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

<u>Household Member</u>	<u>Item</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____

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

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

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

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

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

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ 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.)

<u>Household Member</u>	<u>Property</u>	<u>Value</u>
_____	_____	_____

- 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	<i>Previous</i> in THIS Calendar Year (List Dates of Attendance)	<i>Current</i> in THIS Calendar Year (List Dates of Attendance)	<i>Future</i> 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 31st Street
Philadelphia PA 19121
Email: 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: _____