

LOTTERY PRE-APPLICATION INSTRUCTIONS:

- Lottery Pre-applications are now available (one pre-application per household). Please review the income qualifications below before submitting an application.
- Lottery Pre-applications must be submitted via email with your FULL NAME in the subject line (HeightsVPR@pennrose.com), or postmarked by 9/11/25 in order to be entered into the lottery. Mail to address: Pennrose, Attn: Heights at VPR, 1301 N. 31st Street, Philadelphia, PA 19121
- The lottery will be conducted via Microsoft Teams at 10:00 am on 9/22/25. A link to virtually attend will be available at HeightsatVPR.com. It is not necessary to attend the live virtual lottery as your placement in the lottery will be mailed to you.
- Applicants not selected by the lottery will be added to the waitlist.
- If you are on the Village at Park River waitlist and are also interested in The Heights at Village at Park River, you will need to submit a lottery application as this new phase does not share a waitlist with Phases I–V of the Village at Park River. You may join and remain on both waitlists.
- Eligible applicants selected by the lottery for an apartment will be asked to pay \$25 per adult household member to complete the third-party credit and background screening.
- The following income restrictions apply: *(Effective 6/2025, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
1 Bedroom	1 person	\$35,610 - \$44,350	50%	\$1,187
	2 people	\$35,610 - \$50,650		
	1 person	\$42,750 - \$53,220	60%	\$1,425
	2 people	\$42,750 - \$60,780		
	1-2 people	Minimum \$45,000	Market	Starting at \$1,500
2 Bedroom	1 person	\$42,750 - \$44,350	50%	\$1,425
	2 people	\$42,750 - \$50,650		
	3 people	\$42,750 - \$57,000		
	4 people	\$42,750 - \$63,300		
	1 person	\$51,300 - \$53,220	60%	\$1,710
	2 people	\$51,300 - \$60,780		
	3 people	\$51,300 - \$68,400		
	4 people	\$51,300 - \$75,960		
	1-4 people	Minimum \$54,000	Market	Starting at \$1,800

Contact Us:

34 Park River Drive, Hartford, CT 06112 (OFFICE NOT YET OPEN)

HeightsatVPR.com | HeightsVPR@Pennrose.com

T: 959.201.1463 | TTY: 711

MAIL TO: 1301 N. 31st Street
Philadelphia, PA 19121
Phone: 959.201.1463
Email: HeightsVPR@pennrose.com
TTY: 711



To be completed by office staff:

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

**Lottery Pre-Applications can be sent via email or U.S. Mail and Addressed to:
Pennrose, Attn: Heights at VPR, 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
Are you homeless?			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.

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Applicant Signature: _____ Date: _____

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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"/>	60%	<input type="checkbox"/>	30%	<input type="checkbox"/>
PBV/RAP	<input type="checkbox"/>	50%	<input type="checkbox"/>	Market	<input type="checkbox"/>

August 2025



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