

PRE-APPLICATION INSTRUCTIONS:

- The lottery application period is now closed, but we are accepting applications for our waitlist!
- Pre-application MUST be filled out in its entirety to be eligible for housing (only one pre-application per household).
- All Pre-applications MUST be submitted via US Mail to:

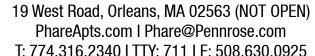
Pennrose, Attn: PHARE, 1301 N. 31st Street, Philadelphia, PA 19121

The following income restrictions apply: (Effective 4/2025, subject to change)

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent	
	1 person	\$48,069 - \$57,420	60%	\$1,402	
1 Bedroom	2 people	\$48,069 - \$65,640	60%	\$1,402	
1 Deditooni	1 person	\$65,657 - \$74,800	80%	\$1,915	
	2 people	\$65,657 - \$85,450	80%	\$1,915	
	2 people	\$57,257 - \$65,640			
	3 people	\$57,257 - \$73,860	60%	\$1,670	
2 Dadua	4 people	\$57,257 - \$82,020			
2 Bedroom	2 people	\$78,377 - \$85,450			
	3 people	\$78,377 - \$96,150	80%	\$2,286	
	4 people	\$78,377 - \$106,800			
	3 people	\$64,354 - \$73,860			
	4 people	\$64,354 - \$82,020	C00/	¢1 077	
3 Bedroom	5 people	\$64,354 - \$88,620	60%	\$1,877	
	6 people	\$64,354 - \$95,160			
	3 people	\$88,731 - \$96,150			
	4 people	\$88,731 - \$106,800	0.00/	¢2.500	
	5 people	\$88,731 - \$115,350	80%	\$2,588	
	6 people	\$88,731 - \$123,900			

^{*} There are (9) 30% AMI PBV and MRVP units available (5 one-bedrooms, 3 two-bedrooms, 1 three-bedroom). Rent is based on income for these units.





E EULL HOUSE



MAIL TO: 1301 N. 31st Street

Philadelphia, PA 19121

Phone: 774.316.2340 Fax: 508.630.0925

Email: Phare@pennrose.com

TTY: 711



To be completed by office staff:
Application Number
Date Application Rec'd
Time Application Rec'd
Initials of Staff Member

<u>Pre-Applications MUST BE Sent via U.S. Mail and Addressed to:</u> <u>Pennrose, Attn: PHARE, 1301 N. 31st Street, Philadelphia, PA 19121</u>

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How did you hear abo	out us?						STATE:			
			HOUSEHOLD	MEMBER	RS					
Name	DOB	M/F/D	Relationship	Soc.	Sec.	Number	DL State & I	Numb	er	
			NUAL HOUSE							
		(Gr	oss Income Bef	fore Deduc	tions				(Circle	
Gross Employment	-					\$		per	Year / N	
Social Security Inco						\$		per	Year / N	
Social Security Disa						\$		per	Year / N Year / N	
Public Assistance (Child Support	vveirare/TANF)					\$		per	Year / N	
Pension						\$		per per	Year / N	
Payments from Gig	Income (Liher L	vft. Instac	art Venmo Ca	sh Ann et	c)	\$		per	Year / N	
Assets (Approxima		•				\$		per	Year / N	
Other Income (Plea			<u> </u>	· /// GC	- /	\$		per	Year / N	/lonth







Preferences	for Determining	Waiting List Position	(if applicable)
r i e i e i e i i ce s		t waiting List rosition	(II applicable)

Do you or any member of your household have a DISABILITY?				
Do you or a member of your househo	old live, work, or have children th	nat go to school in Orleans, MA?	Υ	N
Do you or a member of your household live, work, or have children that go to school in Eastham, Chatham, Brewster, Wellfleet, Truro, Provincetown, or Harwich?				
Are you currently employed?			Υ	N
Are you a student or recent graduate	of an educational or training pr	ogram?	Υ	N
Do you have a portable section 8 voucher (HCVP)?				
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.)				
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?				
Pet policy: 2 pet maximum, 35 lb. limit each. Breed restrictions apply. Additional security deposit required.				
If yes to above, how many?				
How many bedrooms are you interested in? (1BR, 2BR, 3BR)	1 st Preference:	2 nd Preference	2:	

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 gro Section 1001 of the US Code.	ounds for expulsion from the program and/or prosecution under Title 18,
l,	, hereby give my permission for a credit and criminal background
check, which is part of the application process.	
l,	, hereby give my permission for a credit and criminal background
check, which is part of the application process.	
l,	, hereby give my permission for a credit and criminal background
check, which is part of the application process.	
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%	80%	
PBV/MRVP	30%		

May 2025





