



Swifts Landing

1-, 2-, & 3-Bedrooms for Families & Seniors (62+)

PRE-APPLICATION INSTRUCTIONS:

- Pre-application MUST be filled out in its entirety to be eligible for housing (only one pre-application per household).
- If all members of the household are 62 years of age or older, you may choose to apply to both Family & Senior waitlists. Please note, the age-restricted apartments are all 1-bedrooms.
- All Pre-applications MUST be submitted via US Mail to:
Swifts Landing, PO BOX 56033, Philadelphia, PA 19130
- The following income restrictions apply: *(Effective 7/2024, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
1 Bedroom	1 person	\$60,720 - \$68,520	60%	\$1,771
	2 people	\$60,720 - \$78,360		
1 Bedroom SENIOR 62+	1 person	\$53,130 - \$68,520	60%	\$1,771
	2 people	\$53,130 - \$78,360		
2 Bedroom	2 people	\$72,720 - \$78,360	60%	\$2,121
	3 people	\$72,720 - \$88,140		
	4 people	\$72,720 - \$97,920		
	2 people	\$89,143 - \$156,720	120%	\$2,600
	3 people	\$89,143 - \$176,280		
	4 people	\$89,143 - \$195,840		
3 Bedroom	3 people	\$83,829 - \$88,140	60%	\$2,445
	4 people	\$83,829 - \$97,920		
	5 people	\$83,829 - \$105,780		
	6 people	\$83,829 - \$113,640		

CONTACT US:

E: SwiftsLanding@Pennrose.com

T: 774.326.4232 | TTY: 711

SwiftsLanding.com

Address: PO Box 56033
 Philadelphia, PA 19130
 Phone: 774.326.4232
 Fax: 508.689.7680
 Email: SwiftsLanding@penrose.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 MUST BE Sent via U.S. Mail and Addressed to:
Swifts Landing, PO Box 56033, Philadelphia, PA 19130

HEAD OF HOUSEHOLD

NAME: _____ SSN: _____
 (First) (Middle Initial) (Last)

CURRENT ADDRESS: _____ HOME #: _____
 (House #) (Street Name) (Apt. #)

(City) (State) (Zip Code) WORK #: _____

EMAIL: _____ D.O.B: _____

How did you hear about us? _____ DRIVER LICENSE STATE: _____
 DRIVER LICENSE NUMBER: _____

GENDER IDENTITY: Male Female Non-Binary Other: _____ Choose Not to Share

HOUSEHOLD MEMBERS

Name	DOB	M/F	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



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 Wareham, MA?		Y	N
Is the Head of Household or Spouse 62 years of age or older?		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?		Y	N
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

Swifts Landing is comprised of two phases (family apartments + age-restricted apartments for seniors 62+). Please circle which community you would like to apply for. <i>You may choose both if all members of the household are 62 years of age or older.</i>		Family	Senior (1 BR)
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 60% 100%

PBV 30%

Sept. 2024

