

Property:

ST. JOHN NEUMANN PLACE APARTMENTS
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Philadelphia, PA 19145
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Professionally Managed by:

PRESBY'S
INSPIRED *Life*
At the heart of experience and vision.
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RESIDENCY APPLICATION

For LIHTC/HOME/Rural Development/Section 8 Properties



Date Received: _____	Time Received: _____ AM/PM	Applicant #: _____
*** Management Use Only ***		

You must answer all questions on this application. Information you provide will be used strictly to determine your eligibility for housing in this Community. All information you provide will be handled confidentially. Incomplete applications will not be accepted. The Resident Selection Plan and Screening Criteria which provides specific detail regarding application processing as well as additional guidance regarding waiting list preferences, if any, is posted in the rental office. Copies are available upon request.

HEAD OF HOUSEHOLD INFORMATION

(Use Legal Name)

Last Name: _____ First: _____ Middle: _____

Present Telephone #: _____ Alternate Telephone #: _____

Current Address: _____

Birth Date: _____ Sex: _____ Marital Status: _____ Social Security #: _____

We are required to report the Race and Ethnic Origin of the Head of Household for each applicant. 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, the owner is required to note the Race and Ethnic Origin on the **Head of Household** information for each applicant. Please assist us in supplying accurate information of visual observation or surname.

	RACE		ETHNIC ORIGIN
_____ White	_____ Black	_____ Hispanic	
_____ Hispanic	_____ Asian or	_____ Non-Hispanic	
_____ American Indian or	_____ Pacific Islander	_____ Do not wish to	
_____ Alaskan Native	_____ Do not wish to answer	_____ answer	

HOUSEHOLD COMPOSITION

(List below the legal names of all persons who will reside in the apartment with the Head of Household)

<u>Legal Name (First, MI, Last)</u>	<u>Sex</u>	<u>Birth Date</u>	<u>Relationship to Applicant</u>	<u>Social Security #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list any special housing accommodations that the household will require (e.g. unit for mobility impaired, visually impaired, hearing impaired, live-in attendant, grab bars, wheel in showers, no steps, etc.)

What size of apartment do you wish to apply for? _____

Are there any absent household members who under normal conditions would live with you? Yes No

Name &
Relationship: _____
Explanation: _____

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

Name &
Relationship: _____
Explanation: _____

Do you plan to have anyone living with you in the future, who is not listed above? Yes No

Name &
Relationship: _____
Explanation: _____

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

Name &
Relationship: _____
Explanation: _____

Do you have full custody of your child(ren)? Yes No

(If no, obtain proof of amount of time child(ren) will be living in unit).

Explanation: _____

RESIDENCE HISTORY / REFERENCES

(Last three (3) years - use backside of this page if you need more space)

1. Present Address

Dates of residency: From _____ To _____ Rent/Mortgage Payment \$ _____ Per month
(circle one)

Present Landlord/Mortgage holder information

(circle one)

Name: _____ Telephone Number: _____

Mailing Address: _____

Reason for leaving: _____

2. Previous Address

Dates of residency: From _____ To _____ Rent/Mortgage Payment \$ _____ Per month
(circle one)

Previous Landlord/Mortgage holder information

(circle one)

Name: _____ Telephone Number: _____

Mailing Address: _____

Reason for leaving: _____

VEHICLE IDENTIFICATION

(List all motor vehicles you own including motorcycles and vehicles provided by your employer for your use)

1. Make/Model: _____ Year: _____ Color: _____
License Number: _____ State: _____
2. Make/Model: _____ Year: _____ Color: _____
License Number: _____ State: _____

INCOME INFORMATION

(Include all income anticipated for next 12 months)

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

- Employment wages or salaries? Yes No
(include overtime, tips, bonuses, commissions and payments received in cash)

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

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

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

- Regular pay as a member of the Armed Forces/Military? Yes No

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

- Unemployment benefits? Yes No

<u>Household Member</u>	<u>Caseworker/ID Numbers</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Worker's Compensation payments? Yes No

<u>Household Member</u>	<u>Caseworker/ID Number</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families? Yes No

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

Child support payments that are received shall be included as income whether or not there is yet 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.

As part of the qualification process required by the federal and / or state housing programs with jurisdiction over this development, the following information is needed:

- A. Do you receive alimony/child support? Yes No

B. I receive:

1. Payment amount: \$ _____
2. Frequency: _____
3. Child(ren's) names: _____

4. Name of source: _____
(Complete multiple affidavit forms if there are multiple sources)

C. 1. Have you been awarded alimony/child support by court order? Yes No

2. Provide copy of entire document, enter amount of award.
\$ _____, and frequency _____

3. Is payment being received as awarded? Yes No

a. Indicate the manner by which payment is received and sign form.

i. Enforcement agency _____
Name agency and provide agency printout.

ii. Court of Law _____
Name court

iii. Direct from responsible party _____
Name source and provide affidavit or statement from the source.

iv. Other _____
Explain

If payment not received or if amount received is less than amount awarded provide details and documentation of collection efforts.

• Social Security, SSI or any other payments from the Social Security Administration? Yes No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

• Payments from a Veteran's benefit? Yes No

<u>Household Member</u>	<u>Caseworker/ID Numbers</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

• Pension, retirement benefit or annuity payments? Yes No

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

• Regular payments from a severance package? Yes No

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

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

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

- Regular gifts or payments from anyone outside of your household? Yes No

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

- Regular payments from lottery winnings or inheritances? Yes No

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

- Regular payments from rental property or other types of real estate transactions? Yes No

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

- Any other income sources or types not listed? 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/Increase/Decrease</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Are you or any other ADULT household members claiming zero income? Yes No

Household Member:

Explanation:

ASSET INFORMATION

(Include all assets held and income derived from the asset. Include all assets held by all household members including minor children)

Do YOU or ANYONE in your household hold:

- Checking or Savings Account? Yes No

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

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

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

- Stocks, Bonds or Securities? Yes No

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

- Trust Funds? Yes No

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

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

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</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. This does not include your personal belongings such as our car, furniture or clothing)

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

- Whole Life Insurance Policy? Yes No

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

- A Safe deposit box? Yes No

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

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

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

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

Household Member Value of Disposed of Asset Date of Disposition

STUDENT STATUS

Are you enrolled as a student in an institute of higher education? Yes No

Household Member: _____

School Attending: _____

Are you a full time student? Yes No

Are you married filing a joint tax return? Yes No

Are you a single parent with dependent children? (provide tax return to prove) Yes No

Are you 24? Yes No

Are you a US Veteran? Yes No

Are both of your parents eligible for or receiving assistance under Section 8 of the United States Housing Act of 1937? Yes No

Are you receiving any financial assistance (scholarships, grants, etc.) to assist in funding for this education? Yes No

Are you receiving any financial assistance from any other source (i.e. parents, grandparents, associations, etc.)? Yes No

Do you or any other household members (INCLUDING MINORS) expect to be a full time student in the next 12 months? Yes No

Household Member: _____

School Expected to Attend: _____

EXPENSE INFORMATION

(TO BE COMPLETED FOR SECTION 8 OR PUBLIC HOUSING ASSISTANCE ONLY)

Are any members of your household over the age of 62 years, disabled or handicapped and have recurring medical expenses in EXCESS of 3% of your income which are not compensated by another party? Yes No

Are you or anyone in your household disabled or handicapped and pay for Attendant Care or Auxiliary Apparatus? Yes No

Do you or does anyone in your household pay for childcare in order to attend school or be employed? Yes No

ADDITIONAL REQUIRED INFORMATION

Does your household have any pets? Yes No

Will your household be receiving Section 8 rental assistance at time of move-in? Yes No

Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months? Yes No

Has anyone in your household ever been evicted or otherwise involuntarily removed from rental housing? Yes No

Have you or has anyone in your household ever committed fraud or been requested to repay money for knowingly misrepresenting information in a federally assisted housing program? Yes No

Is anyone in your household a current user of or addicted to an illegal or controlled substance? Yes No

Has anyone in your household ever been arrested for or convicted of the manufacture, distribution, or sale of a controlled substance? Yes No

Has anyone in your household ever been arrested for, charged with or convicted of a felony or misdemeanor crime? Yes No

- 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, 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 consent to release the necessary information to determine eligibility. I/We authorize management to obtain one or more "consumer reports": AS DEFINED IN THE Fair Credit Reporting Act, 15 U.S.C. Section 168 a (d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living.
- I/We understand that it is our responsibility to contact the 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, or asset information.
- I/We declare that all of the 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.
- **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: _____

If, upon preliminary review, your application appears to be eligible based upon the information you have provided, you will be placed on the waiting list. This does not indicate that you will be offered an apartment. When we expect an apartment to be available in the near future, 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, handicap, familial status 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 disabling conditions or mobility impairments for reasonable accommodations in policies, practices or facilities.