

Rental Application

Property Name <u>Witherspoon Senior Apartments</u>	FOR OFFICE USE ONLY	Date Received _____
Contract Number <u>TC2016-831</u>		Time Received _____
Property Address <u>2050 South 58th Street</u>		Received By _____
Property City, State Zip <u>Philadelphia, PA 19143</u>		Apartment Size _____

How did you hear about our property? Referral by Tenant Referral by Friend Advertising Drive By
 Website Other _____

HOUSEHOLD SUMMARY INFORMATION *Please print legibly.* List each household member who will be residing in the unit.

Please complete a separate Applicant Information Addendum for each household member, regardless of age.

First Name	MI	Last Name	DOB MM/DD/YR	Relationship to Head of Household <small>Options: Spouse, Co-Head, Dependent, Other Family Member, Foster Child/Adult, Live-in Aide</small>	Sex <small>M, F, N/A (Not disclosed)</small>	Social Security Number OR Applicable Exemption Code from list below	Are you a U.S. Citizen?
				Head of Household			<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 Number Exemption Codes:

- 1** – Ineligible, non-citizen (not contending eligible immigration status) **2** – Under 6 years old and added to household within past 6 months
3 – Was 62 or older on 01/31/10 and was receiving assistance at another subsidized apartment building

Are any household members temporarily absent? Yes No
 If Yes, list the names _____

Are any members of the household enrolled as a **student at an Institution of higher education** as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002)? Yes No
 If Yes, list the names _____

Are there any unborn, adopted, or foster children you are in the process of adding to the household within the next 12 months? Yes No

Do any applicant household members appear on any state sex offender's lifetime registry? Yes No
 If Yes, list individual name(s) and state name(s): _____

I CERTIFY THAT ALL INFORMATION SUBMITTED IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

 Head of Household Signature Date

Check box if form is signed on behalf of head of household. If checked, indicate relationship to head of household Guardian Power of Attorney

 Print Name

FOR OFFICE USE ONLY

In compliance with TSP, check only those applicable:

Criminal <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable	<input type="checkbox"/> Application Accepted
Rental History <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable <input type="checkbox"/> N/A	<input type="checkbox"/> Application Rejected
Credit Check <input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable <input type="checkbox"/> N/A	Date rejection letter sent _____
HUD-approved residency preference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Total Estimated Annual Income _____ Income Limit Low Very Low Extremely Low

Notes _____

 Completed by Title Date



Rental Application – Applicant Information Addendum

Property Name Witherspoon Senior Apartments Contract Number TC2016-831
Household Member Name _____

To Be Completed For Each Household Member, Regardless Of Age
DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

All information on this form **MUST** be completed only for the member listed above.

MEMBER INFORMATION CHECK IF HEAD OF HOUSEHOLD

Is address different than Head of Household? Yes No

If Yes, please list address.

Current Full Address _____

Street

City/State/Zip

Mailing Full Address (if different) N/A _____

This member's current housing (*Check one*) Standard Substandard Homeless Fleeing/Attempting to flee violence Public Housing

Is this member displaced due to a Presidentially Declared Disaster? Yes No

Does this member need an accessible unit? Yes No Is this member a U.S. military veteran? Yes No

Cell Phone N/A (_____) Home Phone N/A (_____) Work Phone N/A (_____) _____

Email N/A _____

Demographic Information (for Head of Household only) Choose not to disclose

Race Hispanic Non-Hispanic

Ethnicity White

Black/African-American

Asian

American Indian/Alaska Native

Native Hawaiian/Pacific Islander

Other

List **all** states the member has ever lived in _____

ADULT STATUS

Is household member 18 years of age or older or an emancipated minor?

Yes *If Yes, please complete the following sections.*

No *If No, continue to the next page.*

RENTAL HISTORY SAME AS HEAD OF HOUSEHOLD NO RENTAL HISTORY

Lack of rental history will not be considered a negative factor.

Current Apartment Complex Name / Landlord Name _____

Current Apartment Landlord Address _____

Phone (_____) _____ Email _____

Length of residency as of application date # _____ Years # _____ Months

Do you live in a subsidized apartment building? Yes No If Yes, are you currently receiving housing assistance? Yes No

Do you live in a military housing? Yes No If Yes, does the military pay for all or some of your housing? All Some

NO PREVIOUS RENTAL HISTORY (IF BOX IS UNCHECKED, MUST COMPLETE THIS SECTION)

Previous Apartment Complex Name / Landlord Name _____

Previous Apartment Landlord Address _____

Phone (_____) _____ Email _____

Length of residency as of application date # _____ Years # _____ Months

BACKGROUND AND CRIMINAL HISTORY

A public records search may be conducted on each adult applicant/occupant.

Has this member been convicted of **any** felonies or misdemeanors? Yes No

Has this member been evicted from federally assisted housing in the last 3 years for drug-related criminal activity? Yes No

Is this member currently engaged in illegal drug use? Yes No

CREDIT HISTORY

Credit information on each applicant will be obtained through one or more Consumer Reporting Agencies. Credit History should positively reflect the applicant's ability and willingness to make payments as required by the Lease. Lack of credit history will not be considered a negative factor.

Have you ever filed bankruptcy? Yes No If Yes, Court & Case # _____

Are you party to any lawsuits? Yes No If Yes, please describe _____

Are there any judgments against you? Yes No If Yes, please describe _____

Rental Application – Applicant Information Addendum

Property Name Witherspoon Senior Apartments Contract Number TC2016-831
 Household Member Name _____

To Be Completed For Each Household Member, Regardless Of Age
DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

All information on this form MUST be completed only for the member listed above.

INCOME SOURCE(S) FOR THIS MEMBER

Employment Income Yes No If Yes, Full Time Part Time Start Date _____
 Employer _____ Employer Phone (____) _____
 Employer Address, including _____
 City, State, Zip _____
 Gross Annual Income Amount \$ _____ (Before taxes and withholdings)

Additional Employment Income Yes No If Yes, Full Time Part Time Start Date _____
 Employer _____ Employer Phone (____) _____
 Employer Address, including _____
 City, State, Zip _____
 Gross Annual Income Amount \$ _____ (Before taxes and withholdings)

Unemployment Yes No Start Date _____ Amount \$ _____ Weekly Bi-Weekly Monthly
Worker's Comp. Yes No Start Date _____ Amount \$ _____ Weekly Bi-Weekly Monthly
Long/Short Term Disability Yes No Start Date _____ Amount \$ _____ Weekly Bi-Weekly Monthly

Additional Estimated Annual Income

Social Security <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Dual Entitlement <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ If yes, SSA Benefit/Claim # _____ SSI-Supplemental Security Income (Federal) <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ SSI-State Portion <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ General Assistance (TANF) (Does not include food stamps) <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Do you have a court order for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Do you receive child support? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ If you aren't receiving court ordered support, have you taken action to collect? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____	Rental Income <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Source of Rental Income _____ Self-Employment <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Periodic Payments from Retirement/Annuity Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Pension <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Is anyone outside the household giving you money or paying your bills on a regular basis ? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Scholarships/Grants/Work Study <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Do you have a court order for alimony (maintenance)? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Do you receive alimony (maintenance)? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ Other Income? If Yes, identify source below: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____
--	---



Rental Application – Applicant Information Addendum

Property Name Witherspoon Senior Apartments Contract Number TC2016-831

Household Member Name

To Be Completed For Each Household Member, Regardless Of Age
DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

All information on this form MUST be completed only for the member listed above.

ASSETS FOR THIS MEMBER

Cash on Hand	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Amount: _____
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Direct Express Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Money Market	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
CD	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Stocks/Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Mutual Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Annuities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Whole Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint
Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable
Retirement Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Pensions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you own real estate (home, land, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Identify _____
If Yes, but you are not receiving rental income, please explain. _____		
Do you own a collection held as an investment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Identify _____
Have you made any donations/contributions to anyone? (Includes churches and not-for-profit organizations.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Identify _____

EXPENSES FOR THIS MEMBER

Medical/Disability

Is the Head, Spouse, or Co-Head of your household age 62 (or older) **OR** disabled?

- No **If No, go to the next question** regarding childcare
 Yes **If Yes, check any out-of-pocket expenses this member pays which are not reimbursed.**

Monthly Medicare Premiums	<input type="checkbox"/> Yes <input type="checkbox"/> No	Installment payments on outstanding medical bills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prescription Medicare Cost (Part D)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Insurance (other than Medicare)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prescription Copay Costs	<input type="checkbox"/> Yes <input type="checkbox"/> No	Doctor/Dentist Visits	<input type="checkbox"/> Yes <input type="checkbox"/> No

Childcare

Is this member a minor under the age of 13?

- No **If No, go to Page 4.**
 Yes **If Yes, answer the below questions.**

Are childcare expenses paid by a household member for the care of **this** child? Yes No

Does this childcare allow the adult family member(s) to Work Seek Employment or Further academic or vocational education
If yes, list adult family member(s): _____

Rental Application – Applicant Information Addendum

Property Name Witherspoon Senior Apartments Contract Number TC2016-831

Household Member Name

To Be Completed For Each Household Member, Regardless Of Age
DO NOT LEAVE ANY BLANKS ON THIS FORM OR IT WILL BE CONSIDERED INCOMPLETE

All information on this form **MUST** be completed only for the member listed above.

CERTIFICATION OF APPLICANTS - VERY IMPORTANT - READ CAREFULLY

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 is contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions is cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

PLEASE BE FURTHER ADVISED

The Department of Housing & Urban Development and/or the Contract Administrator will compare the information applicant families' supply with information federal, state and/or local agencies have on those same applicant families' income and household composition.

As required by federal law, applicants **must** provide all members' Social Security Numbers except those who have not yet been assigned a Social Security Number or who do not contend eligible immigration status. Households containing individuals who have not yet been assigned a Social Security Number **must** contact management immediately to discuss further.

Applicants on the waiting list may be contacted, via letter, to ensure continued interest and to update the original information provided at the time of initial application. Failure to respond to Management's request will result in the applicant being removed from the waiting list, which would require applicant household to reapply.

Under the Fair Housing Act, management does not take any of the following actions based on race, color, religion, gender identity, sexual orientation, familial status, or national origin: Deny anyone the opportunity to apply to rent housing, or deny to any qualified applicant the opportunity to lease housing suitable to his or her needs; Provide anyone housing that is different from that provided to others; Subject anyone to segregation, even if by floor or wing; Restrict anyone's access to any benefit enjoyed by others in connection with the housing program; Treat anyone differently in determining eligibility or other requirements for admission, in use of the housing amenities, facilities or programs, or in the terms and conditions of a lease; Deny anyone access to the same level of services; Deny anyone the opportunity to participate in a planning or advisory group that is an integral part of the housing program; Discriminate against someone because of that person's relation to or association with another individual; or Retaliate against, threaten, or act in any manner to intimidate someone because he or she has exercised rights under the Fair Housing Act. (HUD 4350.3 Change 4, 2-5B.)

By signing this application, I certify the information given in this application is accurate and complete. I further understand that any inaccuracies provided or information withheld may be the basis for immediate denial of my/our application by the Management. And by signing this application, I authorize Management to complete any and all background screening as required by HUD and as defined by the Management in the Tenant Selection Plan. I also understand that I have a right to request a copy of the Tenant Selection Plan.

Signature of Household Member/Applicant Check box if adult is signing for child (under 18 and not an emancipated minor) _____ Date _____

If you are 18 or older, is there another individual that can sign on your behalf? Yes No Guardian Power of Attorney

If Yes _____ ()
 Name (Please Print) _____ Phone _____
 Street _____ City/State/Zip _____

Owner, managing agent, or project employs less than 15 people, regardless of their location or duties, making the section below N/A

Management 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).

Questions and inquiries regarding applicant treatment relative to Section 504 of the Rehabilitation Act of 1973 should be addressed by mail to the following person, responsible for related policies.

504 Coordinator Contact Information

Name <u>Nyhema Thomas</u>	Title <u>Assistant Director of Affordable Housing</u>
Street Address <u>2000 Joshua Road</u>	City, State, Zip <u>Lafayette Hill, PA 19444</u>
Phone Number <u>610-260-1120</u>	TTY Number <u>711</u>

