



**Pennsylvania Interfaith Community Programs, Inc.**

**40 E. High Street, Gettysburg, PA 17325**

**Phone (717) 334-1518 Fax (717) 334-8326**

**TDD/TTY Relay Service: 1-800-654-5984**

**www.adamscha.org**

July 2020

Dear Applicant,

**Misty Ridge Terrace Townhomes**, located in Cumberland Township, Gettysburg Areas School District, is currently accepting applications for its 2 and 3 bedroom units. Six of the units are fully accessible and three of the units are equipped for the audio-visually impaired. This **non-smoking townhouse style family property** features a basketball court, tot lot and common space for recreation. Other resident amenities include a community room, kitchenette and a computer room.

Property Management is provided by Pennsylvania Interfaith Community Programs, Inc. PICPI will also provide supportive services to the residents by coordinating with local service providers as well as providing on-site services and case management.

All of the apartments are available to persons who meet not only the traditional resident selection criteria, but also an income restriction. When determining an applicant’s eligibility, in addition to the standard credit and criminal background checks, we will look to ensure no applicant is paying more than 45% of their gross monthly income towards rent. Applicants may use a Housing Choice Voucher but this is not required. Per our Tenant Selection Criteria, tenants can pay no more than 45% of their monthly income towards rent. The minimum income guideline for Misty Ridge Terrace Townhomes is \$17,306 or housing choice voucher assistance.

Below you will find the current income limits as determined by the Pennsylvania Housing and Finance Agency for Adams County. All units are assigned an income tier percentage and are filled with applicants who fall into that particular tier only.

| INCOME TIER | 1 PERSON HOUSEHOLD | 2 PERSON HOUSEHOLD | 3 PERSON HOUSEHOLD | 4 PERSON HOUSEHOLD | 5 PERSON HOUSEHOLD | 6 PERSON HOUSEHOLD |
|-------------|--------------------|--------------------|--------------------|--------------------|--------------------|--------------------|
| 50%         | \$30,000           | \$34,300           | \$38,600           | \$42,850           | \$46,300           | \$49,750           |
| 60%         | \$36,000           | \$41,160           | \$46,320           | \$51,420           | \$55,560           | \$59,700           |

Each unit is equipped with central air conditioning, refrigerator, dishwasher, range, blinds, wall-to-wall carpet and will have its own garage, washer and dryer hook-ups and keyless entry system. Tenant must pay electric, gas (cable, internet and telephone if elected). Monthly rent is fixed and is anticipated to be as follows:

| BEDROOM SIZE   | 50%   | 60%   |
|----------------|-------|-------|
| 2 bedroom unit | \$649 | \$649 |
| 3 bedroom unit | \$809 | \$896 |

Completed applications can be mailed or hand delivered to the address above.



**This institution is an equal opportunity provider and employer.**





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 Gettysburg, PA 17325  
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"Embracing the Community Since 1969"

**Misty Ridge Terrace Townhomes RENTAL APPLICATION FORM**

2 bedroom  3 bedroom

|                                    |  |
|------------------------------------|--|
| Date and Time Application Received |  |
| Requested Accessible Unit:         |  |
| Tax Credit Set Aside:              |  |

**HOUSEHOLD COMPOSITION:** List the head of your household and all members who will live in your home. All questions must be answered. Enter the race & ethnicity codes by using the following definitions: Race Codes: 1. American Indian or Alaska Native, 2. Asian, 3. Black or African American, 4. Native Hawaiian or other Pacific Islander, 5. White, (choose all that apply), or enter a D if you do not wish to provide this information. Ethnicity Codes: Y if Hispanic or Latino, N if Not Hispanic or Latino, or enter a D if you do not wish to provide this information.

| Member No. | Full Name, including middle initial, if applicable | Relation to HOH | Race | Ethnicity | Disabled [Y/N] | Gender [M/F] | Date of Birth | Age | Full-Time Student [Y/N] | Social Security No. |
|------------|--|-----------------|------|-----------|----------------|--------------|---------------|-----|-------------------------|---------------------|
| 1          |  |                 |      |           |                |              |               |     |                         |                     |
| 2          |  |                 |      |           |                |              |               |     |                         |                     |
| 3          |  |                 |      |           |                |              |               |     |                         |                     |
| 4          |  |                 |      |           |                |              |               |     |                         |                     |
| 5          |  |                 |      |           |                |              |               |     |                         |                     |
| 6          |  |                 |      |           |                |              |               |     |                         |                     |

**STUDENT STATUS:** Are all of the residents full time students? [ ] Yes [ ] No  
**If yes:** Are/is the full-time adult student(s) married and filing a joint tax return? [ ] Yes [ ] No  
**If yes:** Is full-time adult student receiving assistance under Title IV of the Social Security Act: AFDC or TANF? [ ] Yes [ ] No  
**If yes:** Is full-time student enrolled in a job training program comparable to the Job Training Partnership Act? [ ] Yes [ ] No  
**If yes:** Is the full-time adult student a single parent residing with his/her minor child(ren), and such parent is not a dependent of another individual, and the child(ren) are not dependents of another individual other than the non-resident parent of the child(ren). [ ] Yes [ ] No  
**If yes:** Did the full-time student previous receive foster care assistance under Part B or E Title IV of the Social Security Act? [ ] Yes [ ] No

**RENTAL HISTORY:**

**Current Address:** \_\_\_\_\_ **Landlord's Name:** \_\_\_\_\_  
\_\_\_\_\_ **Landlord's Address:** \_\_\_\_\_

Rent: \$ \_\_\_\_\_ **Length of Residency:** \_\_\_\_\_

**If length of residency is less than five years, provide previous address and landlord's name:**

**Previous Address:** \_\_\_\_\_ **Landlord's Name:** \_\_\_\_\_  
\_\_\_\_\_ **Landlord's Address:** \_\_\_\_\_

Rent: \$ \_\_\_\_\_ **Length of Residency:** \_\_\_\_\_

**Is your household currently receiving rental assistance?**       Yes  No    If yes, please explain:

**CONTACT INFORMATION:**

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**EMPLOYMENT:**

**HEAD OF HOUSEHOLD:**

I am not employed at this time.

**Current Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Current Wages:** \$ \_\_\_\_\_ **per:** (circle one)    Hour   Week   Month   Year  
**Hours Worked Per Week:** \_\_\_\_\_ **Tips or Commissions per Week:** \$ \_\_\_\_\_ **Annual Bonus:** \$ \_\_\_\_\_  
**Do you have more than one job?**       Yes  No

**CO-APPLICANT OR ADULT MEMBER:**

I am not employed at this time.

**Current Employer:** \_\_\_\_\_ **Position:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Current Wages:** \$ \_\_\_\_\_ **per:** (circle one)    Hour   Week   Month   Year  
**Hours Worked Per Week:** \_\_\_\_\_ **Tips or Commissions per Week:** \$ \_\_\_\_\_ **Annual Bonus:** \$ \_\_\_\_\_  
**Do you have more than one job?**       Yes  No

**ANNUAL INCOME:** For each type of income that your household received, give the source of the income and the amount of income that can be anticipated from that source during the next 12 months:

| SOURCE                                  | APPLICANT | CO-APPLICANT | OTHER ADULT | TOTAL |
|---|-----------|--------------|-------------|-------|
| Gross Salary including any Overtime Pay |           |              |             |       |
| Commissions/Tips/Bonuses/Fees           |           |              |             |       |
| Unemployment Benefits                   |           |              |             |       |
| Worker's Compensation/Disability        |           |              |             |       |
| Social Security/SSI/SSP                 |           |              |             |       |
| Pensions/Retirement Funds, etc.         |           |              |             |       |

|                                     |  |  |               |  |
|-------------------------------------|--|--|---------------|--|
| <b>Alimony/Child Support</b>        |  |  |               |  |
| <b>Student Financial Assistance</b> |  |  |               |  |
| <b>TANF Payments</b>                |  |  |               |  |
| <b>Income from Business</b>         |  |  |               |  |
| <b>Recurring Income or Gifts</b>    |  |  |               |  |
|                                     |  |  | <b>TOTAL:</b> |  |

Does any member of your household who is not now working, expect to work for any period during the next twelve months?  Yes  No

**ASSETS:** Assets include cash (wherever held), all bank accounts, stocks, bonds, money market accounts, certificates of deposit, IRA's, annuities, retirement/pension funds, 401K's, 403B's, cash value of whole or universal life insurance policies, equity in real estate or capital investments, items held as an investment, (i.e., jewelry, art, coin/stamp collections), etc. You must also include the value of any assets disposed of in the past 24 months for less than fair market value.

| <b>ASSETS</b>                            | <b>CASH VALUE</b> | <b>INCOME FROM ASSETS</b> | <b>NAME OF FINANCIAL INSTITUTE</b> | <b>ACCOUNT NUMBER</b> |
|--|-------------------|---------------------------|------------------------------------|-----------------------|
| <b>Checking Account</b>                  |                   |                           |                                    |                       |
| <b>Savings</b>                           |                   |                           |                                    |                       |
| <b>Certificate of Deposit</b>            |                   |                           |                                    |                       |
| <b>Mutual Funds/ Stocks/Bonds</b>        |                   |                           |                                    |                       |
| <b>401K/IRA/Other Retirement Account</b> |                   |                           |                                    |                       |
| <b>Real Estate</b>                       |                   |                           |                                    |                       |
| <b>Life Insurance</b>                    |                   |                           |                                    |                       |
| <b>Savings Bonds</b>                     |                   |                           |                                    |                       |
| <b>Other</b>                             |                   |                           |                                    |                       |
| <b>TOTAL:</b>                            |                   |                           |                                    |                       |

I/We have no assets at this time.

Have you disposed of any assets at less than fair market value within the last 24 months?  Yes  No

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**EVICTION HISTORY:**

Have eviction charges ever been filed against you at a District Magistrate’s office for nonpayment and/or late payment of rent to your landlord or for any other reason? \_\_\_\_\_Yes \_\_\_\_\_No

**CRIMINAL HISTORY:**

To the best of your knowledge, has anyone in the household been charged, arrested, and/or convicted of **ANY** crime(s) **OR** been charged, arrested, and/or convicted for illegal use, possession, or distribution of drugs or abuse of alcohol within the last 10 years, or are there charges pending at this time? \_\_\_\_\_Yes \_\_\_\_\_No

If yes, please provide the details.

\_\_\_\_\_

Are you or anyone in your household subject to a required State lifetime sex offender registration program? \_\_\_\_\_Yes \_\_\_\_\_No

Have you or any other household member or person you wish to reside with you been released from jail in the past five (5) years? \_\_\_\_\_Yes \_\_\_\_\_No

**OTHER:**

Does any member of your household need a unit with accessibility features **specifically** designed for persons with physical disabilities? \_\_\_\_\_Yes \_\_\_\_\_No

Does any member of your household need a unit with accessibility features **specifically** designed for persons with hearing or vision disabilities? \_\_\_\_\_Yes \_\_\_\_\_No

(If yes, you must provide certification from a medical professional regarding the need for the features of the accessible unit prior to lease-up).

Are there any special housing needs or reasonable accommodations that the household will require to meet the needs of a disabled family member? (ie: grab bars, live-in aide) Please explain:

\_\_\_\_\_

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**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I/We certify that if selected, the unit I/we occupy will be my/our only residence. I/We understand the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which, may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law.

**Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.**

**ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:**

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Date: \_\_\_\_\_