



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 3 is located in Cumberland Township, Gettysburg Areas School District. This **non-smoking property** has six one bedroom apartments with central air-conditioning, on-site laundry facilities and off-street parking. There is a community room with coordinated activities plus a basketball court and tot lot playground.

Property Management is provided by Pennsylvania Interfaith Community Programs, Inc.

This property has six units with the following occupancy restrictions:

- Five units designated for disabled households.
- One unit designated for disabled households in need of accessibility features for mobility impairment.

All of the apartments are available to persons who meet not only the traditional resident selection criteria, but also an income restriction. The Tenant Selection Criteria stipulates that no household can pay more than 45% of their gross monthly income towards rent. Housing Choice Vouchers are accepted but not required. The minimum household income needed is \$15,413 or housing choice voucher assistance.

Below you will find the current income limits for this property as determined by HUD for Adams County.

INCOME TIER	1 PERSON HOUSEHOLD	2 PERSON HOUSEHOLD
50% Area Median Income (AMI)	\$30,000	\$34,300

Monthly rent is a fixed rate and includes trash removal and water/sewer. Tenant pays electric and gas. (Tenant also pays cable, internet and telephone, if elected).

1 bedroom unit (50% tier)	\$598
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Completed applications can be faxed, mailed or hand delivered to the address above.



This institution is an equal opportunity provider and employer.



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"Embracing the Community Since 1969"

“Misty Ridge Terrace 3” rental application form

1 bedroom
 (One household member must be disabled)

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										

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

DISABILITY STATUS:

Is any member of your household classified as a person with a disability? Yes No

Does any member of your household need a unit with accessibility features **specifically** designed for persons with physical 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 other special housing needs or reasonable accommodations that the household will require to meet the needs of a disabled family member? For example, hearing/vision features, interpreter, live-in aide, etc.
 Yes No If yes, please list: _____

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.				
Alimony/Child Support				

Student Financial Assistance				
TANF Payments				
Income from Business				
Recurring Income or Gifts				
			TOTAL:	

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.

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

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

EVICTED 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

Please list any States where household members have previously resided: _____



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: _____