

**Pennsylvania Interfaith Community Programs, Inc.**

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"Embracing the Community Since 1969"

**FAHNESTOCK HOUSE rental application form**

☐ 0 bedroom ☐ 1 bedroom

(Head of household must be 55 years of age or older and/or 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 previously 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.				
Alimony/Child Support				
Student Financial Assistance				
TANF Payments				
Income from Business				
Recurring Income or Gifts				
			<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.

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				
<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

#### **EVICTON 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.

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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 all states where all household members have resided: \_\_\_\_\_

**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: \_\_\_\_\_

The information solicited on this application is requested by the apartment manager in order to assure the Federal Government and the Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin, ethnicity and gender of individual applicants on the basis of visual observation or surname.

Please check all that apply: **Race:** \_\_\_\_\_ White \_\_\_\_\_ Black or African-American \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_ Pacific Islander/Native Hawaiian **Ethnicity:** \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Non- Hispanic or Latino