

Pennsylvania Interfaith Community Programs Inc.
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PENNSYLVANIA INTERFAITH COMMUNITY PROGRAMS, INC. APPLICATION FOR RENTAL ASSISTANCE

ANSWER EVERY QUESTION IN ITS ENTIRETY OR THIS APPLICATION WILL BE RETURNED TO YOU.

This application for rental assistance is for placement only on the waiting list(s) requested. Final determination of eligibility is determined at the time of your selection from the top of the waiting list. Please note that any household member's criminal record or past violations from other housing authorities or federally assisted housing programs may affect eligibility.

HEAD OF HOUSEHOLD: _____

Address _____ Home Phone _____

_____ Cellular Phone _____

Email Address _____

Mailing Address (if different from above) _____

PENNSYLVANIA INTERFAITH COMMUNITY PROGRAMS, INC. PROPERTIES: Please check the property name(s) for the waitlist(s) you would like your household added to.

_____ Gettysburg Interfaith Gardens – 1 bedroom units only

_____ McSherrystown Interfaith Gardens Number of Bedrooms Requested: _____ 0 (Efficiency/Studio) _____ 1 Bedroom

Applicants **MUST** be *at least* 62 years old **OR** require a unit with accessibility features specifically designed for persons with physical disabilities. The person requiring the accessibility features can be any age. If you do not meet these criteria your application will be denied.

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. **Social Security Number is required for every member.**

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										

ELDERLY STATUS: Is at least one member of your household 62 years of age or older? _____ Yes _____ No

DISABILITY STATUS: Is any member of your household classified as a person with a disability? _____ Yes _____ No

If yes, is this person head of household or spouse? _____ Yes _____ No

Do you wish to request a special accommodation for any of the following reasons?

_____ Hearing impairment _____ Vision impairment _____ Mobility impairment

_____ Other, please explain: _____

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).

CITIZENSHIP STATUS: Are you and all of the members of your household United States citizens? _____ Yes _____ No

If no, will any members of your household elect not to contend their eligible immigration status? _____ 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** 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

Please list all states where all household members have resided _____

HOUSING HISTORY: Are you or anyone in your household now living in Public Housing, Section 8 housing, any federally subsidized housing unit, or a unit with a housing voucher? _____ Yes _____ No

If yes, explain. _____

Have eviction charges ever been filed against you at a District Magistrate's Office for non-payment or late payment of rent to your landlord or for any other reason? _____ Yes _____ No

If yes, explain. _____

YOU MUST PROVIDE LANDLORD INFORMATION FOR THE PAST FIVE YEARS:

Name, address, phone of present landlord and current length of tenancy (must be provided):

Name, address, phone of most recent former landlord and current length of tenancy (must be provided):

TOTAL HOUSEHOLD INCOME:

Include all income earned or received by every member who will be living in the household. This includes wages from employment/self-employment, Unemployment/Workman's Compensation, all Social Security Benefits (federal and state), Military/Veteran's Administration Compensation, TANF, child/alimony support, regular in-kind cash contributions from a non-household member, education scholarships/grants/training programs, periodic payments from trust/annuity/inheritance, insurance policy/disability or death benefits, retirement/pension funds, rental income. **Only exclude earned income (i.e. employment) from members under 18 years of age.**

NAME	SOURCE OF INCOME	YEARLY AMOUNT
1 _____		
2 _____		
3 _____		
4 _____		

TOTAL YEARLY AMOUNT _____

TOTAL HOUSEHOLD ASSETS:

Check below what you or the members of your household own (or partially own):

- _____ Checking/Savings Accounts and/or Certificates of Deposit
- _____ IRA, Keogh or SEP Accounts
- _____ Treasury Bills or Series EE Government Savings Bond

