



**Pennsylvania Interfaith Community Programs, Inc.**

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

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**www.adamscha.org**

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Dear Applicant,

**Anthony’s Place**, located in Cumberland Township, Gettysburg Areas School District, is currently accepting applications for its 1 and 2 bedroom units. This **non-smoking property** has one and two bedroom apartments with central air-conditioning, on-site laundry facilities and off-street parking.

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

This property has 10 units designated for disabled households.

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. Housing Choice Vouchers are accepted but 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 Anthony’s Place is \$17,200 for a 1-bedroom apartment and \$20,667 for a 2-bedroom apartment. If you are using a housing choice voucher you do not need to meet the minimum income requirements.**

Below you will find the current income limits, 50% of Area Median Income, for this property as determined by HUD for Adams County.

INCOME TIER	1 PERSON HOUSEHOLD	2 PERSON HOUSEHOLD	3 PERSON HOUSEHOLD	4 PERSON HOUSEHOLD
50%	\$30,000	\$34,300	\$38,600	\$39,700

All utilities are included in the rent. (Tenant pays cable, internet and telephone). Monthly rent is fixed and is anticipated to be as follows:

1 bedroom unit	\$645
2 bedroom unit	\$775

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





1 bedroom  2 bedroom

Date and Time Application Received	
Requested Accessible Unit:	

## RENTAL APPLICATION FORM

**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										

\*\*At least one household member must be classified as disabled in order to qualify for Anthony's Place.\*\*

**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

**CITIZENSHIP STATUS:** Are you and all the members of your household United States citizens?

Please check one:  Yes  No

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

Please check one:  Yes  No

### PREFERENCES:

**Preference #1:** Are you a mobility-impaired person who requires a handicapped-accessible unit?

Please check one:  Yes  No If yes, you must provide a certificate from a knowledgeable professional regarding your need for the unit.

**Preference #2:** Are you a person with disabilities that significantly interfere with your ability to obtain and maintain himself/herself in housing; who, without appropriate supportive services, will not be able to maintain themselves in housing; and from whom such services cannot be provided in a non-segregated setting?

Please check one:  Yes  No If yes, you must provide a certificate from a Health Choices caseworker regarding your need for the unit.

**Preference #3:** Are you currently homeless or have satisfactorily participated in a transitional housing program for a period of at least five months; or will you potentially max out your transitional program participation period which, at this time, is twenty-four (24) months.?



**Please check one:**     **Yes**     **No** If yes, proof of temporary residency at a shelter in Adams County or proof of enrollment/graduation from a transitional housing program in Adams County must be submitted with application.

**Preference #4:** Is any member of your household classified as a person with disabilities?

**Please check one:**     **Yes**     **No** If yes, do you wish to request special accommodations in the facilities, communications or policies?

**Please check one:**     **Yes**     **No** Please list the desired accommodation (grab bars, live-in aide, etc.):

\_\_\_\_\_

\_\_\_\_\_

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

**YOUR CONTACT INFORMATION:**

Home Phone: \_\_\_\_\_

Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

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**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

**EVICITION 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

Please list all states where all adult household members have resided: \_

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



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

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

