

**Pennsylvania Interfaith Community Programs, Inc.**

40 East High Street  
 Gettysburg, PA 17325  
 Voice: (717) 334-1518 or (717) 334-2911  
 Fax (717) 334-8326  
 TDD/TTY Relay Service: 1-800-654-5984  
[www.adamscha.org](http://www.adamscha.org)



**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 made when once you have reached 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) \_\_\_\_\_

Please check the property name(s) for the waitlist(s) you would like your household added to.

- \_\_\_\_\_ Bonneauville Interfaith Gardens
- \_\_\_\_\_ New Oxford Interfaith Gardens

Number of Bedrooms Requested:      \_\_\_\_\_ 1    \_\_\_\_\_ 2    \_\_\_\_\_ 3    \_\_\_\_\_ 4

**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. A Social Security Number is required for every member. **IF YOU DO NOT HAVE A SOCIAL SECURITY CARD AND/OR A BIRTH CERTIFICATE AT YOUR FULL APPLICATION INTERVIEW, THIS WILL HOLD UP YOUR APPLICATION.** Therefore, we encourage you to apply for one as soon as possible.

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										

**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



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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 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: \_\_\_\_\_  
\_\_\_\_\_

**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** 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

**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. \_\_\_\_\_  
\_\_\_\_\_

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

**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 _____	_____	_____
<b>TOTAL YEARLY AMOUNT</b>		_____

**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	_____	Stocks or Bonds
_____	IRA, Keogh or SEP Accounts	_____	Personal Property held for Investments
_____	Treasury Bills or Series EE Government Savings Bond	_____	Life Insurance Policies (with a cash value)
_____	Real Estate, Land Contracts, or Mobile Homes		

**TOTAL HOUSEHOLD ALLOWANCES:**

Do you pay for childcare for a child(ren) 12 or younger while a household member works? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you pay for a care attendant or any equipment for a household member with disabilities to enable that person or another household member to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have Medicare or pay premiums and/or co-payments for any other kind of medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you pay any out-of-pocket expenses for medically necessary supplies and/or equipment that are not covered by your Medicare or medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

**HEAD OF HOUSEHOLD CERTIFICATION:**

Please initial each of the following:

\_\_\_\_\_ I/we certify that all the information provided in this application is accurate and complete to the best of my/our knowledge and belief.

\_\_\_\_\_ I/we understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal and State criminal law.

\_\_\_\_\_ I/we understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denial or termination of housing assistance.

**SIGNATURE OF HEAD OF HOUSEHOLD AND EACH HOUSEHOLD MEMBER AGE 18 OR OVER:**

	NAME	DATE SIGNED
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____

**WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agencies of the United States Government.**

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