

Thank you for applying to Kate's Place Apartments.

When you submit your application please provide **photocopies** the following items below. If you are unable to submit any of the items below at the time of submission please contact the Management office to discuss your specific situation.

- Birth Certificate
- Social Security Card
- Valid State Issued Photo Identification Card
- Proof of income dated within the last 60 days (examples: **6 consecutive** paystubs, Current Social Security Statement, Current Pension letter, Current Department of Public Welfare or other award letters)
- Proof of assets:
 - Checking Account – 6 most recent bank statements (must be consecutive)
 - Savings Account – Current Statement
 - Prepaid Cards (this includes Direct Express, Nex Cards, etc.) – be sure to bring a current receipt of balance and the prepaid card

Thank you for your interest in Kate's Place Apartments.

If you require special assistance to complete this process due to a disability, please contact the Property Manager.

Rev: 12/18/18

A02



HOUSING APPLICATION

FOR OFFICE USE ONLY

Date Application Taken	Time of Application	Application Taken By:	Address - Apt. Number
Apt. Preferences	Apt. Size	Application Number:	Date Deposit Received

A. PLEASE TELL US ABOUT YOURSELF

	Applicant	Co-Applicant/ Co-Signer
Full Name (first, middle, maiden, last)		
Social Security Number		
Driver's License Number & State		
Date of Birth		
Daytime Phone <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other		
Evening Phone <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other		
E-mail address		
Please check the race of the Head of Household (for statistical purposes only):		Please check the ethnicity of the Head of Household (for statistical purposes only):
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> Hispanic or Latino Not <input type="checkbox"/> Hispanic or Latino What language do you prefer for communication with PHA? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Other (please specify): _____
Do you expect a change in your family size? <input type="checkbox"/> No <input type="checkbox"/> Yes If so, when? _____		
Briefly describe change: _____		

Please list all family members who will reside in the unit.

Last, First, MI	Relationship To Head	DOB Ex. 01/23/1999	Marital Status: Single=S Married=M Divorced=D Widowed=W	Check all that apply:		Social Security No.
				Full-Time Student 18+	Disabled	
	HEAD			<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	
				<input type="checkbox"/>	<input type="checkbox"/>	





HOUSING APPLICATION

B. RESIDENCY HISTORY FOR THE PAST 3 YEARS

Current Address	Applicant	Co-Applicant/ Co-Signer
Street Address		
City, State, Zip Code		
Month & Year Moved In Month & Year Moved Out		
	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other
Reason for Leaving		
Landlord/ Mortgage Company Name		
Landlord/Mortgage Company Phone No.		
Landlord/Mortgage Co. Street Address		
City, State and Zip Code		
Previous Address	Applicant	Co-Applicant/ Co-Signer
Street Address		
City, State, Zip Code		
Month & Year Moved In Month & Year Moved Out		
	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other
Reason for Leaving		
Landlord/Mortgage Company Name		
Landlord/Mortgage Company Phone No.		
Landlord/Mortgage Co. Street Address		
City, State and Zip Code		
Previous Address	Applicant	Co-Applicant/ Co-Signer
Street Address		
City, State, Zip Code		
Month & Year Moved In Month & Year Move Out		
	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other
Reason for Leaving		
Landlord/Mortgage Company Name		
Landlord/Mortgage Company Phone No.		
Landlord/Mortgage Co. Street Address		
City, State, Zip Code		





HOUSING APPLICATION

Previous Address	Applicant	Co-Applicant/ Co-Signer
Street Address		
City, State, Zip Code		
Month & Year Moved In		
Month & Year Move Out		
	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other
Reason for Leaving		
Landlord/ Mortgage Company Name		
Landlord/Mortgage Company Phone No.		
Landlord/Mortgage Co. Street Address		
City, State, Zip Code		

C. EMERGENCY CONTACT INFORMATION

Name:	Relationship:	Telephone #:
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D. BACKGROUND INFORMATION

1. Are you currently homeless? Yes No

2. Are you currently a member or a veteran of the United States military? Yes No

3. Are you or any member of your household subject to a lifetime state sex offender registration program in any state? Yes No

If yes, state the household member name and the state in which the household member is subject to a lifetime state sex offender program:

_____ State _____

Name of Household Member _____

4. Have you or another member of your household ever been convicted of the manufacture or production of methamphetamine on the premises of Federally-assisted housing? Yes No

If yes, name of household member: _____ Date: _____

5. Have you or any member of your household been evicted from Federally-assisted housing due to violent or drug-related criminal activity? Yes No

If yes, name of household member: _____ Date: _____

6. Have you or any member of your household been evicted due to alcohol abuse which threatened the health, safety, or right to peaceful enjoyment of the premises by other residents or neighbors in the vicinity of your residence? Yes No

If yes, name of household member: _____

7. Have you or a member of your household ever used a Social Security Number other than the ones listed on this application? Yes No

If yes, name of household member: _____

8. Have you or a member of your household ever been convicted of a felony? Yes No

If yes, name of household member: _____ Date: _____

Offense: _____





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E. STUDENT STATUS

- Does the household consist of all persons who are all full-time students (examples: college, university, trade school, etc.)?
 Yes No
- Does the household consist of all persons who have been a full-time student in the previous 5 months? Yes No
- Does your household anticipate becoming a full-time student household in the next 12 months? Yes No
- If you answered yes to either of the previous three questions are you:
 - Receiving assistance under Title IV of the Social Security Act (AFDC/TANF)? Yes No
 - Enrolled in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program? Yes No
 - Married and filing a joint tax return? Yes No
 - Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual?
 Yes No
 - Previously enrolled in the Foster Care Program? Yes No

F. EMPLOYMENT INFORMATION

Current Employment Status	Applicant	Co-Applicant/ Co-Signer
	<input type="checkbox"/> employed full-time <input type="checkbox"/> employed part-time <input type="checkbox"/> retired <input type="checkbox"/> unemployed <input type="checkbox"/> full-time student <input type="checkbox"/> part-time student	<input type="checkbox"/> employed full-time <input type="checkbox"/> employed part-time <input type="checkbox"/> retired <input type="checkbox"/> unemployed <input type="checkbox"/> full-time student <input type="checkbox"/> part-time student
Employer's Name		
Employer's Address		
Dates Employed (<i>start date and end date</i>)		
Employed as (position)		
Income	\$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	\$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly
Supervisor		
Supervisor's Phone Number		
Previous Employer	Applicant	Co-Applicant/ Co-Signer
Employer's Name		
Employer's Address		
Dates Employed (<i>start date and end date</i>)		
Employed as (position)		
Income	\$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly	\$ <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly <input type="checkbox"/> monthly
Supervisor		
Supervisor's Phone Number		





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G. REASONABLE ACCOMMODATIONS

Reasonable Accommodations: If you or anyone in your family is a person with disabilities, and requires a reasonable accommodation in order to fully utilize our programs and services, please complete the questions below.

- 1. Do you or anyone in your family need a reasonable accommodation because of a disability? Yes No
- 2. Do you or anyone in your family need an accessible unit (zero step entry, accommodates a wheelchair or other device) because of a disability? Yes No
- 3. Do you or anyone in your family need any special adaptable features in a unit because of a disability? Yes No

If yes, indicate type of accommodation needed:

- Limited Steps Unit
- Bathroom Mobility Equipment
- Hearing Impaired Unit
- Vision Impaired Unit

Please identify any additional needs your family has: _____

H. MISCELLANEOUS – THESE QUESTIONS APPLY TO ALL HOUSEHOLD MEMBERS

- 1. Are there any special requests you would like us to consider? _____
- 2. Are you a veteran? Yes No
Are you requesting consideration for any of the following listed below? Yes No
 - Homelessness/ chronic homelessness
 - Disability (mental or physical)
 - Serious mental illness, and/or
 - Chronic problems with alcohol, drugs or both, and/or
 - HIV+/Acquired Immune Deficiency Syndrome (AIDS) or other related diseases
 - Survivors of domestic violence
 - Repeat users of emergency shelters or have been discharged from the Philadelphia prison system
 - Other (please specify) _____
- 3. How did you hear about our community?
 - Newspaper – please specify _____ apartment magazine internet
 - Friend/family – please specify _____ billboard/ bus/ sign drove by
 - CSN, AAS, Philadelphia Department of Behavioral Health
 - Other – please specify _____
- 4. Have you ever applied and/or lived at another Project H.O.M.E. site? Yes No If yes, where and when _____

- 5. Do you own a pet? Yes No If yes: dog cat other Please identify type of pet _____





HOUSING APPLICATION

I. HOUSEHOLD INCOME

Review all income types and enter information if anyone in the household receives income. Attach additional pages if needed.

EMPLOYMENT

No one in my household receives Employment Income

Household Member Name	Date of Hire	Employer's Name & Address	Employer's Phone #	Amount Received Per Pay Period
				\$ Per

SOCIAL SECURITY / SUPPLEMENTAL SECURITY INCOME (SSI)

No one in my household receives Social Security / SSI

Household Member Name	Benefit Type(s) (Social Security, SSI, etc.)	Name of person for whom benefits are paid:	Amount Received Per Month
			\$
			\$
			\$
			\$
			\$

DEPARTMENT OF PUBLIC WELFARE / STATE SUPPLEMENTAL PAYMENT (SSP)

No one in my household receives Dept. of Public Welfare / SSP benefits

Household Member Name	Benefit Type(s)	Case Number	Amount Received Per Month

UNEMPLOYMENT

No one in my household receives Unemployment Compensation

Household Member Name	Amount Received Per Month





HOUSING APPLICATION

MILITARY PAY OR VETERANS BENEFITS

No one in my household receives Military Pay or Veteran's Benefits

Household Member Name	Branch of Service	Monthly Pay/Benefit Rate	Exposed to hostile fire? <input type="checkbox"/> Yes <input type="checkbox"/> No

CHILD SUPPORT / ALIMONY

No one in my household receives Child Support or Alimony

SELF CERTIFICATION OF CHILD SUPPORT/ ALIMONY

Applicants who have minor children living in the household, where one or both parents/legal guardians ARE NOT living in the household, must provide certification of receipt and amount of any child support payment(s). Applicants who are divorced must provide certification of receipt and amount of any alimony payment(s).

Head of Household

I certify that I DO receive child support Amount: \$ _____ Frequency: _____

I certify that I DO receive alimony Amount: \$ _____ Frequency: _____

Check if child support/alimony is received from source(s) outside of Philadelphia Family Court.

Other Household Member(s).

Household member Name: _____

I certify that I DO receive child support Amount: \$ _____ Frequency: _____

I certify that I DO receive alimony Amount: \$ _____ Frequency: _____

Check if child support/alimony is received from source(s) outside of Philadelphia Family Court.

OTHER INCOME / ADDITIONAL INCOME

No one in my household has any additional income (skip to question 4)

Household Member Name	Type of Income	Amount Received Per Month

1. Do you have a Section 8 voucher (tenant-based only)? Yes No

If yes, what is the name of the issuing agency? _____

2. Does anyone in the family receive student financial aid (public or private, not including student loans)? Yes No

If yes, list names of family members who receive such financial aid and the monthly amount of the financial aid.

_____	_____	_____	_____
Name of Family Member	Monthly Amount	Name of Family Member	Monthly Amount

3. Does anyone in the family receive monetary or non-monetary gifts or contributions on a regular basis from someone who does not live in the household? Yes No

If yes, list names of family members who receive such contributions, the type of contribution and the monthly amount of the contribution.

_____	_____	_____
Name of Family Member	Type of Contribution	Monthly Amount

_____	_____	_____
Name of Family Member	Type of Contribution	Monthly Amount



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J. ASSETS

HOUSEHOLD ASSETS (attach additional pages if necessary)

No one in my household has any assets

Description	Check if Applicable	Name of Household Member	Value of Asset	Annual Income from Asset
Checking Account	<input type="checkbox"/>			
	<input type="checkbox"/>			
Savings Account	<input type="checkbox"/>			
	<input type="checkbox"/>			
Stocks	<input type="checkbox"/>			
Bonds	<input type="checkbox"/>			
Mutual Funds	<input type="checkbox"/>			
Money Market Funds	<input type="checkbox"/>			
Certificates of Deposit	<input type="checkbox"/>			
Annuity	<input type="checkbox"/>			
Property/Real Estate	<input type="checkbox"/>			
Trust Funds	<input type="checkbox"/>			
Retirement or Pension Funds	<input type="checkbox"/>			
Lump Sum Payments	<input type="checkbox"/>			
Life Insurance Policy	<input type="checkbox"/>			
Burial Plots	<input type="checkbox"/>			
Inheritances, Lottery Winnings, Insurance Settlements	<input type="checkbox"/>			
Personal Property held as an investment (gems, jewelry, coin collections, antique cars, etc.)	<input type="checkbox"/>			
Other (describe):	<input type="checkbox"/>			

Has anyone in the family disposed of any assets for less than they were worth in the past two years?

Yes No

If Yes, explain: _____

K. HOUSEHOLD EXPENSES

Un-reimbursed Medical Insurance premiums (Applicable only to families if the head of household, co-head and/or spouse is elderly or disabled).

1. Is the head of household, co-head, and/or spouse elderly or disabled? Yes No

If yes, complete the following questions.

2. Does the family expect un-reimbursed medical insurance premiums over the next year? Yes No

If yes, list names of family members who expect un-reimbursed medical insurance premiums:

Check type of **un-reimbursed** medical insurance premiums anticipated and enter monthly premium:

Type of Expense	Check if Applicable	Monthly Premium
Medical insurance premiums (including Medicare)	<input type="checkbox"/>	
Dental insurance premiums	<input type="checkbox"/>	
Vision insurance premiums	<input type="checkbox"/>	
Other health insurance premium: _____	<input type="checkbox"/>	



HOUSING APPLICATION

L. CREDIT & OTHER INFORMATION THIS SECTION APPLIES ONLY TO PROJECT HOME

Car:
 Make and Year: _____ Tag No. _____
 Payment made to: _____ fully paid off
 Have either the applicant or co-applicant/signer: Filed for bankruptcy? Yes No
 Been evicted from tenancy? Yes No
 Willfully or intentionally refused to pay rent when due? Yes No
 Have you or any other adult member used any name(s) or Social Security Number(s) other than the one(s) being currently used? If yes, please explain: _____
 Has any proposed household member been convicted of any criminal activity? Yes No

M. APPLICANT CERTIFICATION

Applicant(s) hereby represents that all the above statements are true and complete. Applicant(s) authorize verification of the above information, provided, including but not limited to obtaining consumer credit reports and agree to furnish additional information upon request.

I understand that this form is not an offer of housing. I understand that it is my responsibility to inform PHA of any change of address, income, reasonable accommodation, and/or family composition or my application may be withdrawn. I certify that the information I have given on this document is true and correct. I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that false statements or information are grounds for rejection of my application or termination of tenancy or program participation. I hereby authorize PHA to contact any agency, office, group, or organization to obtain any information or materials that are deemed necessary to verify my eligibility for assistance.

_____	_____	_____
Applicant Name	Applicant Signature	Date
_____	_____	_____
Co-Applicant/Co-Signer Name	Co-Applicant/Co-Signer Signature	Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.

FOR PROJECT HOME USE ONLY

Program Management Processing by: _____ Date: _____
 Program Management Approval by: _____ Date: _____
Program Management: residency approved residency denied – reason: _____
 P&AM Application processing by: _____ Date: _____
 P&AM Management Approval by: _____ Date: _____
Property/Asset Management: residency approved residency denied – reason: _____
 Compliance Department Approval/Rejection by: _____ Date: _____
Compliance Department: residency approved residency denied – reason: _____
 Notes: _____

FOR PHA USE ONLY

I have reviewed this information with the applicant.

_____	_____	_____
Interviewer/PHA Representative Name	Interviewer/PHA Representative Signature	Date

Please list the Project Based site: _____





HOUSING CERTIFICATION

1. We certify that all information given in this application and any address thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management at its option may cancel the application or, if move-in has occurred, the Rental Agreement without notice.
2. We authorize *Project H.O.M.E.* and its affiliates and agents to make appropriate and periodic inquiries, either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords, other sources for credit, verification of employment and other information provided herein.
3. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household telephone numbers, income and/or household composition.
5. We have read and understand the information in this application and we agree to comply with such information.
6. We understand that this application may be placed on a waiting list. We may request samples of the rental agreement. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and security deposits.
7. We authorize management to obtain one or more “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.
8. We agree that a photocopy of this authorization shall be valid as the original.
9. This application is accepted subject to the vacating of the apartment by the prior tenant at the time specified.

FAIR CREDIT REPORTING ACT

This is to inform you that as part of our procedure for processing your application an investigative report may be made whereby information is obtained through personal interviews with third parties – such as family members, business associates, financial sources, friends, neighbors or others who are acquainted with you. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, income, credit background and police records. All information you or others give us will be held in strict confidence.

We do not discriminate on the basis of race, religion, national origin, color, creed, age, sex, handicap or familial status.

Please be advised that any information given to this office that is falsified in any way will automatically result in the denial of your application. I/we have read and understand the above.

FAIR HOUSING CERTIFICATION:

Federal and state laws prohibit acts of housing discrimination, including:

- Refusing to provide housing because of an applicant’s race, color, creed, religion, national origin, sex, marital status, disability, age, familial status, sexual orientation or lawful source of income;
- Providing housing on an unequal basis;
- Segregating occupants;
- Claiming housing is unavailable when, in fact, it is available;
- Rejecting a disabled applicant because he/she uses a trained guide dog or any other assistive animal; and





HOUSING CERTIFICATION

- Refusing to make reasonable accommodations in rules, policies or procedures which would allow occupancy by a person with disabilities.

If you believe you may have been a victim of housing discrimination, immediately contact:

- The Office of Fair Housing and Equal Opportunity at the Office of U.S. Department of Housing and Urban Development (HUD). The telephone number is (215) 656-0647 or (215) 656-3450 (TTD).

All Adult Household Members (18 and Over) Must Sign Below

I/we have read and understand this information.

I/ we acknowledge that I/we have been informed of my/our right to fair housing.

Applicant Name

Applicant Signature

Date

Co-Applicant/Co-Signer Name

Co-Applicant/Co-Signer Signature

Date

- Attachments:
- Housing Application
 - Consent to Release of Information
 - Background Check Release Form
 - Eligibility Criteria





CONSENT TO RELEASE OF INFORMATION

Purpose:

In signing this consent form, you are authorizing the Owner and/or Project H.O.M.E. (agent), to request income and other qualifying information from a third party about you. HUD and/or the housing program administrator requires the owner/agent to verify all information you provide that affects your eligibility and level of benefits to ensure that you are eligible for its affordable housing programs and that these benefits are set at the correct level. Upon the request of HUD, or the Contract Administrator, the owner/agent may provide HUD or the Contract Administrator with the information you have submitted and the information the owner/agent receives under this consent.

Please be advised that the owner/ agent may participate in computer matching programs to verify your eligibility and level of benefits. This form also authorizes the owner/agent to seek wage, new hire and unemployment claim and other qualifying information from current and former employers to verify information obtained through computer matching.

Use of Information Obtained

The owner/agent is required to protect the income and other qualifying information it obtains in accordance with any applicable state privacy law. Should the owner/agent receive information from a third party that is inconsistent with information you have provided, the owner/agent will notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the owner/agent to discuss any discrepancies.

Failure to sign the consent form may result in denial of assistance or termination of affordable housing benefits. If an applicant is denied assistance, the owner/agent will follow the notification procedures outlined in its Tenant Selection Plan. If a tenant is denied assistance, the owner/agent will follow the procedures set forth in the lease.

I consent to allow HUD, **Project HOME** and/or the Contract Administrator to request and obtain income and other qualifying information from private, federal and state agencies for the purpose of verifying my eligibility and level of benefits under HUD's affordable and homeless housing programs.

Head of Household Name

Head of Household Signature

Date

Co-Head/Other Adult Name

Co-Head/Other Adult Signature

Date

Co-Head/Other Adult Name

Co-Head/Other Adult Signature

Date

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 of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8).





BACKGROUND CHECK RELEASE FORM

CONFIDENTIAL

All persons 18 years of age and older that are applying for admission, must undergo both a credit and criminal background check. This includes all pertinent information regarding payment history, arrests and convictions for misdemeanors and felonies.

All of the information below must be completed.

Applicant's Name: _____
First Middle Last and Maiden

Social Security Number: _____ Date of Birth: _____
Driver's License Number: _____ State Issued: _____

Current Address:
Street Address _____ *City* _____ *State* _____

Former Address (if less than 4 years at above address):
Street Address _____ *City* _____ *State* _____
Street Address _____ *City* _____ *State* _____
Street Address _____ *City* _____ *State* _____
Street Address _____ *City* _____ *State* _____

Release:
I do hereby authorize _____ to investigate my background and give my consent allowing all relevant credit and criminal information to be released. I acknowledge that this is a circumstance that would require the owner to verify information that is more than 12 months old. Authorization is given by me by signature below.

Applicant's Signature: _____ Date: _____

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 of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on this consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor or fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408(a) (6), (7) and (8).





ELIGIBILITY CRITERIA

The following criteria shall be utilized to determine an applicant's eligibility for residency (please be advised that these requirements are in addition to any requirements of specific Supportive Services Program):

1. Families are required to be **income eligible**. Regardless of the source of income, all applicants will be treated fairly and consistently.
2. All applicants/proposed household members 18 years of age or older will be subject to a **past criminal activity check**. The head-of-household must certify whether minor household members between the ages of 14 and 17 are/are not sex offenders.
3. All applicants must demonstrate credit worthiness. All available **credit references** will be checked. Applicants must have acceptable references from current and former landlords covering a period of three (3) years or from the last two successive tenancies, whichever is greater, when applicable. Be prepared to submit **rent receipts** for examination for the purpose of verifying residence, rental amount and timely payment history. Those applicants whose history evidence a late payment record more than ten (10) days past due on three or more occasions may be rejected on the basis of poor rental habits. Qualified applicants who have no prior leasing experience of their own and no credit or stable employment history will be given all due consideration.
4. An applicant must be able to **comply with the terms of the lease/Residency Agreement**. An eviction or repeated (two or more) severe violations of prior lease agreements, as verified by prior landlords, will be considered grounds for rejection.
5. Due to LIHTC and NSP residency requirements, applicants must be willing to **execute** and abide by a **one year lease** agreement. Short term leases (6 and 9 months) must receive advance approval from the Director of Property Management and/or Vice President of Property and Asset Management, and will be considered on a case-by-case basis. Short term leases may require an increased security deposit and a monthly surcharge. A \$100 turn charge will be deducted from the security deposit on short term leases, in addition to any other deductions outlined in the lease agreement.
6. The applicant must be **willing to pay the rent calculated** according to the Department of Housing and Urban Development (HUD) rules. A minimum Total Tenant Payment of twenty-five dollars (\$25.00) per month must be charged according to federal law and the specific housing program (*you may ask about financial hardship exceptions*).
7. When **utilities are paid by the resident**, the applicant will be required to demonstrate the ability to obtain or successfully transfer utility services to the new address (new move-ins/transfers).
8. Applicants must pass **EIV screening** (i.e. EIV Existing Tenant Search and EIV Former Tenant Search) as required by the housing program for which they are applying.
9. Applicants must demonstrate that they are **capable of caring for the unit**. When an applicant requires services or accommodations in order to adequately care for the unit, if providing the services or accommodations would cause the management to incur a financial hardship or administrative burden, or would result in a fundamental alteration in the program, the applicant shall be responsible for securing the services and supplying the accommodations.
10. Applicants must demonstrate the **ability and willingness to cooperate** with management.
11. The household must go through the **Section 214 Review** of the Housing and Community Development Act of 1980, as amended, to determine if any of the restrictions on assistance to non-citizens apply to their household (unless the specific housing program does not have U.S. residency as a requirement).
12. Households must meet all **Supportive Services Program requirements** at the time of initial occupancy.
13. For low income and affordable units, the unit must be the applicant's **ONLY** residence.
14. All applicants shall be required to provide complete and accurate information and **execute all forms required** by property and residential program management to determine eligibility and other factors affecting residency. Information requested by management shall be provided within ten (10) days of request and only an additional ten-day period will be granted as an extension



ELIGIBILITY CRITERIA

(with the exception of EIV SSN verification requirements). Failure or refusal to comply with management is grounds for denial.

15. All adult household members shall be required to ***attend resident orientation*** sessions. Execution of the lease is an acknowledgment that they have attended and understand the rights and requirements of residency at the property.

Please note the following:

- In accordance with Section 504/ADA requirements, Project H.O.M.E. will make reasonable accommodations and modifications for individuals with disabilities (applicants or residents). Such accommodations may include changes in the method of administering policies and procedures.
- Project H.O.M.E. will consider housing applicants for residency who have submitted a completed application for occupancy and who at the time of admission meet all of the required conditions. Co-signers, Section 8 Vouchers/Rental Certificates and PBOA subsidies will be considered.
- The property will put forth a reasonable effort to ensure that the property is adequately marketed to families within the approved area median income at the time of admission.

As it relates to tenant selection and continued occupancy, Project HOME is required to be in compliance with the following:

- Loan Commitment Letter(s);
- Loan Agreement(s);
- Declaration of Restrictive Covenants, Conditions and Restrictions;
- 24 CFR - Title 24: Housing and Urban Development - Part 92 Home Investment Partnerships Program (*as applicable*);
- Neighborhood Stabilization Program 1 (NSP) Neighborhood Stabilization Act of 2008 – regulations (*as applicable*);
- Community Development Block Grant (CDBG) funds legislation and regulations (*as applicable*);
- Tenant Selection Plan;
- Affirmative Fair Housing Marketing (AFHM) Plan - Multifamily Housing;
- City of Philadelphia Model Affirmative Marketing Plan for Accessible Housing Units (MAMP);
- Shelter Plus Care federal regulations and Contracts (*as applicable*); and
- Any applicable federal/state or local guidelines.