



## HEAD OF HOUSEHOLD INFORMATION

(Use Legal Name)

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Present Telephone #: \_\_\_\_\_ Alternate Telephone #: \_\_\_\_\_

Cell Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Current Address: \_\_\_\_\_  
 \_\_\_\_\_

Driver License No. \_\_\_\_\_ I am:  Married  Widowed  Divorced

State Issued: \_\_\_\_\_  Single  Separated

How did you hear about our Community? \_\_\_\_\_  
 \_\_\_\_\_

We are required to report the Race and Ethnic Origin of all household members. Please assist us in supplying accurate information by answering the following questions. This question is optional and your response will have **NO** bearing on your eligibility and shall not be used to discriminate against you in any way. If you choose not to furnish it, enter **(D)** in the appropriate spaces below and the owner will notate your file that you did not wish to complete.

**KEY CODES:** (D)-Do not wish to Disclose

**RACE:** (W)-White, (B)-Black, (I)-American Indian/Alaskan Native, (P)-Native Hawaiian/Other Pacific Islander, (A)-Asian

**ETHNICITY:** (H)-Hispanic, (NH)-Non Hispanic

### HOUSEHOLD COMPOSITION

*(List below the legal names of all persons who will reside in the apartment)*

Legal Name (First, MI, Last)	Sex	Birth Date	Relationship	Social Security Number	Race (key letter above)	Ethnicity (key letter above)	Student Y/N

Check all that apply:

A member of the Household:  Receives Medicare Benefits  Receives Medicaid Benefits  a Person with a Disability



*A definition for disability can be provided by a staff member*

Please list any special housing accommodations that the household will require (e.g. unit for mobility impaired, visually impaired, hearing impaired, live-in attendant, grab bars, wheel in showers, no steps, etc.)

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Are there any absent household members who under normal conditions would live with you or plan on living with you in the future?

Name & Relationship: \_\_\_\_\_  Yes  No

Explanation: \_\_\_\_\_

Are there any family members confined to a nursing home or hospital on a permanent basis?  Yes  No

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_

Will you or any ADULT household member require a live-in care attendant to live independently?  Yes  No

Name & Relationship: \_\_\_\_\_

Explanation: \_\_\_\_\_



## RESIDENCE HISTORY/REFERENCES

*Please list your address(s) of residency for the past five (5) years*

*Use backside of this page if you need more space*

### RESIDENCE HISTORY:

<b>Present Residence</b>	Rent <input type="checkbox"/>	Own <input type="checkbox"/>
Name of Apartments, if applicable		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
Dates of Residency	From:	To: Rent/Mtg. \$
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you owe the landlord any money, or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Previous Residence</b>	Rent <input type="checkbox"/>	Own <input type="checkbox"/>
Name of Apartments, if applicable		
Address		
City, State, Zip		
Contact Name (if known)		
Phone Number		
Dates of Residency	From:	To: Rent/Mtg. \$
Reason for leaving		
Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? <i>(Includes roaches, bed bugs, rodents, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you owe any money to the landlord when you left, or do you currently have any outstanding balances owed to this landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**UTILITY PROVIDERS:** You must be able to establish utility service in the apartment.

Do you have any current outstanding balances owed to any utility provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will you be able to establish and pay for utilities in your apartment?		
Electric.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**PLEASE LIST ALL STATES RESIDED IN BY ALL HOUSEHOLD MEMBERS**



## INCOME INFORMATION

*(Include all GROSS income received and anticipated for all household members including minors in the next 12 months)*

Do YOU or ANYONE in your household receive OR EXPECT to receive income from?

- Employment wages or salaries?  Yes  No  
*(include overtime, tips, bonuses, commissions and payments received in cash)*

<u>Household Member</u>	<u>Name of Employer</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Self-employment?  Yes  No  
*(include overtime, tips, bonuses, commissions and payments received in cash)*

<u>Household Member</u>	<u>Type of Business</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular pay from the Armed Forces/Military/Veterans Administration?  Yes  No

<u>Household Member</u>	<u>Branch</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Unemployment Benefits/Worker Compensation?  Yes  No

<u>Household Member</u>	<u>Name of Check Issuer</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Cash Assistance from Dept. of Public Welfare  Yes  No

<u>Household Member</u>	<u>Name of Check Issuer</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____



***Child support payments that are received shall be included as income whether or not there is a court order awarding payment.***

***Child support amounts awarded by the courts but not received can be excluded only when the applicant / resident certifies that the payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payments, have been taken.***

***As part of the qualification process required by the federal and/or state housing programs with jurisdiction over this development, the following information is required:***

- Do you have full or at least 50% custody of your child/children)?  Yes  No
  
- 1. Have you been awarded child support by court order?  Yes  No
- 2. County and State where court ordered \_\_\_\_\_  
*Provide copy of entire court document.*
- 3. Is payment being received as awarded?  Yes  No
- 4. If payment is NOT being received as awarded, have reasonable legal actions  
Been taken to collect amounts due?  Yes  No

**CHILD SUPPORT INFORMATION**

Child's Name (First and Last)	\$ Amount	How Often	Source (Name of Court/Agency or Person)	Court Ordered	Payment received as agreed
1. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
2. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
3. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
4. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
5. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No
6. _____	\$ _____	_____	_____	___ Yes ___ No	___ Yes ___ No



- Social Security, SSI or any other payments from the Social Security Administration?  Yes  No

<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Retirement benefits?  Yes  No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Periodic Annuity Payments?  Yes  No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular payments from an accident settlement, insurance settlement or any other settlement?  Yes  No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular, recurring gifts – cash or noncash- or payments made on your behalf from anyone outside of your household?  Yes  No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Do you or any other household members expect any changes to your income in the next 12 months?  Yes  No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____



- Are you or any other ADULT household members claiming zero income?  Yes  No  
*(You will be required to certify how you pay for living expenses and other items)*

Household members (s): \_\_\_\_\_

Explanation: \_\_\_\_\_

### ASSET INFORMATION

*(Include all assets currently held and anticipated to be received in the next 12 months by all household members INCLUDING minor children. Please include the anticipated income derived from current or future asset)*

Do YOU or ANYONE in your household hold:

- Checking Account?  Yes  No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Average 6 mo. Bal.</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- Savings Account?  Yes  No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- Credit Union Account? *(answer "no" if disclosed above)*  Yes  No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- Direct Express Card or EBT Card? *(answer "no" if card is used exclusively for food stamps)*  Yes  No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- Certificates of Deposits, Money Market accounts or Treasury Bills?  Yes  No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____





• Stocks, Bonds or Securities?  Yes  No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

• Trust Funds?  Yes  No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

Yes  No

• Annuities?

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

• IRA, 401(k), Keogh or other retirement accounts?  Yes  No

<u>Household Member</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

• Personal Property held as an investment?  Yes  No  
*(This includes paintings, coin or stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing)*

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

• Whole Life Insurance Policy?  Yes  No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____



- A Safe Deposit Box?  Yes  No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- Real Estate, rental property, land contracts/contract for deeds or other real estate holdings?  
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes, timeshares, or commercial property)  Yes  No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	_____ per _____
_____	_____	_____	_____ per _____

- Have you or has anyone in your household disposed of any business or asset for LESS than fair market value during the past two (2) years?  
(Given away or sold something of value for less than its worth)  Yes  No

<u>Household Member</u>	<u>Value of Disposed Asset</u>	<u>Date of Disposition</u>
_____	_____	_____
_____	_____	_____

### STUDENT STATUS

- Are you or any other **adult** household member currently enrolled as a FULL-TIME student at an institute of higher education?  Yes  No
- Were you or any other **adult** household member enrolled as a FULL-TIME student at any time in the current calendar year?  Yes  No
- Do you or any other **adult** household member expect to be enrolled as a FULL-TIME Student at any time during the current calendar year?  Yes  No
- Do you or any other household members (INCLUDING MINORS) expect to be enrolled as a FULL-TIME student in the next 12 months?  Yes  No
- Are you or any other **adult** household member currently enrolled as a PART-TIME student at an institute of higher education?  Yes  No
- Will all the persons in the household BE or HAVE BEEN full-time students during (5) five Calendar months of this year or plan to be in the next calendar year at an educational institution?  Yes  No



## ADDITIONAL REQUIRED INFORMATION

Did you or any family member file a federal or state tax return last year?  Yes  No

If yes, who? (list all) \_\_\_\_\_

Are you currently receiving assistance from HUD? (tenant based or project based)  Yes  No

Will this be your sole place of residency?  Yes  No

Does your household have any pets?  Yes  No

Are you or any member of your household subject to a lifetime state sex offender registration program in any state?  Yes  No  
(failure to respond to this question may jeopardize the approval of your application)

Has applicant or any household member been evicted in the last 3 years from federally assisted housing for drug related criminal activity?  Yes  No

Has applicant or any household member ever been evicted or otherwise involuntarily removed from rental housing?  Yes  No

Have you or has anyone in your household ever committed fraud or been requested to repay money for knowingly misrepresenting information in a federally assisted housing program?  Yes  No

Does any applicant household member have a pattern of alcohol abuse?  Yes  No

Is anyone in your household a current user of or addicted to an illegal or controlled substance?  Yes  No

Has anyone in your household ever been convicted of the manufacture, distribution, or sale of a controlled substance?  Yes  No

Has anyone in your household ever been convicted of a felony or misdemeanor crime?  Yes  No

If yes to any of the above questions, please provide details: \_\_\_\_\_

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If, upon preliminary review, your application appears to be eligible based upon the information you have provided, you will be placed on the waiting list. This does not indicate that you will be offered an apartment. When we expect an apartment to be available in the near future, we will process your application in accordance with the Resident Selection Criteria. If this establishes that your household is not eligible or not qualified, your application will be denied.

***We do business in Accordance with the Federal Fair Housing Law. We will not discriminate against any person because of race, color, religion, sex, handicap, familial status, elderliness or national origin, (The Fair Housing Amendment Act of 1988). In compliance with Section 504 regulations, we do not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in, our federally assisted programs and activities. Management will consider requests from individuals with disabling conditions or mobility impairments for reasonable accommodations in policies, practices or facilities.***

***Pennrose Management Company does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).***

Kathi Garrone  
504 Coordinator  
1301 North 31<sup>st</sup> Street  
Philadelphia PA 19121  
Office: 724-365-8282  
TTY: 800-654-5984  
Email: [kgarrone@pennrose.com](mailto:kgarrone@pennrose.com)



**IMPORTANT! READ BEFORE SIGNING!**

- I/We understand that management is relying on this information to prove my household’s eligibility for the Housing Program(s) applicable to this Community. I/We will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I/We understand that my occupancy is contingent on meeting management’s resident selection criteria and the Program requirements applicable to this Community.
- I/We consent to release the necessary information to determine eligibility. I/We authorize management to obtain one or more “consumer reports”: AS DEFINED IN THE Fair Credit Reporting Act, 15 U.S.C. Section 168 a (d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living.
- I/We understand that it is our responsibility to contact the Management Office if any of the information provided on this application changes, including but not limited to, changes in mailing address, phone numbers, household composition, income, or asset information.
- I/We declare that all of the above information and representations contained herein are to the best of my/our knowledge and belief true and correct. I/We understand that providing false information or making false statements may be grounds for denial of my application and may result in criminal penalties.
- I/We understand that any Lease Agreement I/We enter into for an apartment may be cancelled at any time without liability by the Owner or its Agent if any information or representation upon which they relied and made in the application is misleading, incorrect or untrue regardless of my/our intent.
- I/We certify that if approved for occupancy, the unit I/we occupy shall be my/our only residence.

**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.**

- **All Household Members 18 years of age or older must review this application and then sign below:**

Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____
Signature: _____	Date: _____

