

## Project Profile

### Old Doctor's House Apartments 106 Main Street Laceyville, Pennsylvania

**Developer/Owner:**

Trehab Associates, P. O. Box 366, Montrose, PA 18801

**Contractor:** Grimm Construction, Inc., Waymart, PA

**Number of Units:** 3 (2 One Bedroom Units and 1 Two Bedroom Unit)

**Target Population:** Elderly

**Description:** Two-story house located in downtown, Laceyville. Affordable apartment units with electric heat, air conditioning, kitchen appliances, and washer and dryer.

**Income Limits:** Below 60% of Median Income for Wyoming County

<u>1 Persons</u>	<u>2 Persons</u>	<u>3 Persons</u>	<u>4 Persons</u>
\$28,140	\$32,160	\$36,180	\$40,200

**Rents:**

<u>Unit Size</u>	<u># of Units</u>	<u>Rent</u>
1 bedroom	2	\$384
2 bedroom	1	\$450



6/28/2019

# RENTAL APPLICATION for OLD DOCTOR'S HOUSE APARTMENTS

FOR MANAGEMENT USE ONLY	
Date & Time Application Received:	
Requested Accessible Unit:	
Tax Credit Set Aside:	

**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	Relationship to HOH	Race	Ethnicity	Dis-abled [Y/N]	Gender [M/F]	Date of Birth	Age	Full Time Student [Y/N]	Social Security No.
1		Head of Household								
2										
3										
4										
5										
6										
7										
8										

**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 adult 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 adult student previously receive foster care assistance under Part B of E Title IV of the Social Security Act?  Yes  No

**RENTAL HISTORY:** Current Address: \_\_\_\_\_

Rent: \$ \_\_\_\_\_ Length of Residency: \_\_\_\_\_ Landlord's Name: \_\_\_\_\_

Landlord's Phone#: \_\_\_\_\_ Landlord's Address: \_\_\_\_\_

**If less than three years, provide previous address:** \_\_\_\_\_

Rent: \$ \_\_\_\_\_ Length of Residency: \_\_\_\_\_ Previous Landlord's Name: \_\_\_\_\_

Landlord's Phone#: \_\_\_\_\_ Landlord's Address: \_\_\_\_\_



**CONTACT INFORMATION:**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**ANNUAL INCOME:** For each type of income that your household receives or expects to receive, enter the gross amount of income you anticipate receiving from each source during the next 12 months:

SOURCE	HOH	CO-HEAD OR OTHER ADULT	OTHER ADULT	OTHER ADULT	HOUSEHOLD TOTAL
Gross Salary including any Overtime Pay					
Commissions/Tips/ Bonuses/Fees					
Alimony/Child Support					
TANF					
SSP					
Social Security					
SSI					
Pensions/Retirement Funds, etc.					
Unemployment Benefits					
Worker's Compensation/Disability					
Student Financial Assistance					
Income from Business					
Recurring Income or Gifts					
Other:					
				<b>TOTAL:</b>	

**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 OTHER 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



Does any member of your household who is not now working, expect to work for any period during the next twelve months?  Yes  No  N/A – All adults currently work.

**ASSETS:** Assets include cash (wherever held), all bank accounts, stocks, bonds, money market accounts, 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, ( jewelry, art, coin or stamp collections, etc), 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

**OTHER:**

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

Have you or any other household member or person you wish to reside with you ever been convicted of a crime? (Omit only minor Traffic Violations; DUI is considered a crime.)  Yes  No

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

Are there any special housing needs or reasonable accommodations, (Examples; a unit for mobility impaired, visually impaired or hearing impaired person, a live-in aide, etc.), that the household will require to meet the needs of a disabled family member ?  Yes  No. If Yes, please list: \_\_\_\_\_

**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 providing false statements or information is punishable under federal law.

**ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:**

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Co-Head or Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_  
Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_  
Owner/Management : \_\_\_\_\_ Date: \_\_\_\_\_

**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.

**FOR MANAGEMENT USE ONLY:**

Received Social Security Cards	<input type="checkbox"/>	Received Income Verification	<input type="checkbox"/>	Passed Criminal	<input type="checkbox"/>
Received Birth Certificates	<input type="checkbox"/>	Received Asset Verification	<input type="checkbox"/>	Passed Credit	<input type="checkbox"/>
Received Photo Ids	<input type="checkbox"/>	Received Rental Verification	<input type="checkbox"/>	Passed Home Inspection	<input type="checkbox"/>

**RETURN TO:**

Trehab  
5 Crackerjack Lane  
Mehoopany, PA 18629  
PHONE:  
570-833-9000

