

Project Profile

Station House Apartments 243 Main Street Susquehanna, Pennsylvania

Developer/Owner:

Endless Mountains Community Development Corporation, Inc., P. O. Box 366,
Montrose, PA 18801

Contractor: Grimm Construction, Inc., Waymart, PA

Number of Units: 6 (4 One Bedroom Units and 2 Two Bedroom Units)

Target Population: Elderly

Description: Three-story brick structure located in downtown Susquehanna. Affordable apartment units with elevator, electric heat, air conditioning, kitchen appliances. Coin operated laundry facilities on site. Close to shopping.

Income Limits:

	<u>1 Person</u>	<u>2 Persons</u>	<u>3 Persons</u>	<u>4 Persons</u>
20%	\$ 8,960	\$10,240	\$11,520	\$12,780
40%	\$17,920	\$20,480	\$23,040	\$25,560
50%	\$22,400	\$25,600	\$28,800	\$31,950
60%	\$26,880	\$30,720	\$34,560	\$38,340

Rents:

<u>Unit Size</u>	<u># of Units</u>	<u>Rent</u>	<u>Income Category</u>
1 bedroom(Accessible)	1	\$ 75	Below 20% of Median
1 bedroom	1	\$271	Below 40% of Median
1 bedroom	1	\$364	Below 50% of Median
1 bedroom	1	\$364	Below 60% of Median
2 bedroom(Accessible)	1	\$407	Below 60% of Median
2 bedroom	1	\$407	Below 60% of Median



6/28/2019



Station House Tenant Selection Plan

Station House Apartments is a 6 unit 62+ housing development located in Susquehanna, PA. The development consists of 1 and 2 bedroom apartments. Included in units are refrigerator, stove, and on-site laundry facility. Tenant is responsible for electric, heat, phone and cable. Pets are not permitted; support and service animals are allowed with proper documentation. Transfers are permitted in the case of change in family composition or requiring a reasonable accommodation. Residents living at the development will have preference over applicants when needing a transfer due to change in family composition or requiring a reasonable accommodation.

Applications can be found on our website at www.trehab.org. If you do not have access to a computer an application can be mailed to you or you may pick one up at the Management Office. If you require a reasonable accommodation to assist in completing an application, please let us know.

The tenant selection plan is located at the Management Office and is sent with each application.

There is no fee to apply.

The following requirements must be met to be an eligible applicant for Station House:

An applicant must:

1. Be 62 years of age or older; the household cannot consist entirely of full-time students
2. Meet the definition of Family as defined by HUD:
 - a. A family with or without children
 - b. An elderly family
 - c. A near-elderly family
 - d. A disabled family
 - e. A displaced family
 - f. The remaining member of a tenant family
3. Meet the HUD occupancy standards

<u>Number of Bedrooms</u>	<u>Minimum Persons</u>	<u>Maximum Persons</u>
1	1	2
2	1	4

4. Meet the income requirements

Income must fall within 40 to 60% of the area median income, adjusted for family size for non-handicapped accessible units, and 20 to 60% of the area median income, adjusted for family size for the handicapped accessible units. You cannot use more than 40% of your gross income towards the gross rent. However, if you have a Section 8 voucher, you will qualify based on income, but must pass other criteria.

5. Screening Criteria:

The procedure for screening will be used uniformly to screen all applicants

a. **Criminal Background Check:** Criminal background checks will be conducted on all household members. Applicants will be rejected if any member of the applicant household has a history of violent behavior, including but not limited to incidents of domestic violence or has been involved in any criminal activity, including but not limited to drug related criminal activity, which would adversely affect the health, safety or welfare of other residents. Applicants will be given the opportunity to provide mitigating information, including evidence of rehabilitation and the circumstances of the criminal behavior. However, the general rule will be that no member of the applicant's family may have engaged in drug related criminal activity within the past ten years.

b. **Credit Check:** A credit report will be requested for the applicant, as well as all family members listed on the application. The following constitute unacceptable credit:

1. any utility (electric, natural gas, water, sewer) past due or in collection
2. multiple accounts, other than medical, that have been placed in collection or charged off in the past three years

Consideration will be given to an applicant with proof of catastrophic circumstances, i.e. death or illness in the family, divorce, loss of job.

c. **Rental History:** Landlord verifications for the past three years will be requested. Unpaid rent, chronic late payment of rent, destruction of property, noncompliance of the lease and unsatisfactory housekeeping are causes for rejection of an application.

The following reasons may be used in rejecting applicants for processing/housing:

- a. If the applicant fails to meet any one or more of the eligibility criteria
- b. If the applicant submits false information about themselves or any other household member
- c. If the applicant is unable to produce and verify the social security number of all household members
- d. If the household income of the applicant exceeds the maximum income limit which is dictated by the program for their family size
- e. If the household income is below the minimum income, the monthly rent and utility allowance required to be paid by the applicant for the unit cannot exceed 40% of the household's gross monthly income
- f. Rejection can result if the rental history indicates that the applicant could be a credit risk, present a nuisance to the resident community or damage the premises

If an application is rejected, either when received or after being placed on the waiting list, a rejection letter shall be sent stating the reason(s) for rejection and advising that the applicant

has ten (10) working days to appeal the decision in writing. The ten (10) working days will be counted from the date the letter is mailed.

Applications not rejected based on the preliminary screening review will be placed at the bottom of the appropriate waiting list in chronological order and categorized based on gross income as stated in application. Each applicant shall be notified in writing that they have been placed on the appropriate waiting list. Waiting lists will be purged each year. If you should have a change in address or phone number, please contact the office to update your application.

When a unit becomes available, applicants will be called based on their place on the waiting list. An interview will be scheduled and additional documentation will need to be provided. This includes but is not limited to proof of income (2 months of paystubs), asset verifications (6 months of bank statements), child support documentation.

In compliance with Section 504 of the Rehabilitation act of 1973, the Fair Housing Amendment Act of 1988, the Title VI of the Civil Rights Act of 1964 and the Pennsylvania Human Relations act of 1955, we do not discriminate against disability, race, color, religion, sex, familial status, national origin, age, ancestry or sexual orientation.

An applicant's status as a victim of domestic violence, dating violence or stalking is not basis for denial of admission, if the applicant otherwise qualifies for admission per the Violence Against Women Act.

If you are limited in English, we will accommodate you to assist in the application process.

Hearing impaired individuals may use TTY or visit our website at www.trehab.org. Here applications can be printed and any questions can be emailed to the Housing Team.

Mobility impaired units are available at the development. If one of these units is vacant it will be held for thirty days during lease up to accommodate an individual needing the features. If after this 30-day period an eligible household requiring the accessible features of the unit is not found, the unit may be rented to an otherwise qualified household. A Lease Addendum must be executed, stating that if no household members in an accessible unit require the features of the unit, the household must transfer to a comparable and available non-accessible unit (for which the household qualifies) at the owner's expense when the accessible unit is needed for an applicant who requires the unit's features. This transfer process must occur before other applicants are admitted into an available non-accessible vacant unit.

Once approved for tenancy you will be required to comply with all lease terms.

RENTAL APPLICATION for STATION 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:					
				TOTAL:	

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				
TOTAL:				

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
109 Tiffany Drive
Montrose, PA 18801

PHONE:
570-221-6564
FAX:
570-265-6895

