



1440 W. Walnut Street, Allentown, PA 18102  
610-821-0311

<b>FOR OFFICIAL USE ONLY</b>	
DATE: _____ / _____ / _____	
TIME: _____	
IN PERSON	MAIL
OTHER: _____	

**PLEASE COMPLETE THIS APPLICATION AS ACCURATELY AS POSSIBLE. DO NOT LEAVE ANY SECTIONS BLANK. IF A SECTION DOES NOT APPLY TO YOU, WRITE "N/A" IN THAT SECTION. ALL INFORMATION IS SUBJECT TO VERIFICATION. APPLICATIONS THAT ARE INCOMPLETE WILL BE RETURNED.**

LIST THE NAME OF THE PERSON (S) APPLYING FOR A:  **BEDROOM** OR  **STUDIO APARTMENT**

**Head of Household** \_\_\_\_\_  
*Last Name*
*First Name*
*Middle*
*(Mr./Mrs./Miss/Ms.)*

Birth Date \_\_\_\_\_ Sex  Male  Female Social Security # \_\_\_\_\_

**Second Applicant** \_\_\_\_\_  
*Last Name*
*First Name*
*Middle*
*(Mr./Mrs./Miss/Ms.)*

Birth Date \_\_\_\_\_ Sex  Male  Female Social Security # \_\_\_\_\_

Are any members of the household enrolled as a student at an Institution of higher education?  YES  NO

If yes, list the names: \_\_\_\_\_

Citizenship:  I am/We are citizens  
 I am/We are legal aliens #: \_\_\_\_\_

Phone Number of Applicant \_\_\_\_\_

**LAST FIVE YEARS OF RESIDENCE HISTORY:**

	Current	Prior 1	Prior 2
Street			
City			
State			
Zip Code			
Landlord's Name			
Landlord's Address			
Landlord's Telephone #			
	From / To	From / To	From / To
Dates of Residency			

Does applicant(s) have a mobility impairment that requires the special design features of an accessible apartment?  YES  NO \* If you answered YES, please explain on page 7.

Are you currently living in a rental unit whose rent is subsidized by a federal, state or local government program?  YES  NO \* If you answered YES, please explain on page 7.

Would this apartment be your only place of residence?  YES  NO \*If you answered NO, please explain on page 7.

Would anyone other than the person (s) listed on the application be residing with you in the apartment?  YES  NO \*If you answered YES, please explain on page 7.

### **TENANT SCREENING REJECTION CRITERIA**

Applicants who fall into any of the following categories will be considered ineligible for admission into Episcopal House.

1. Any applicant who was previously evicted from a HUD subsidized apartment for any lease violations including but not limited to: fraud, failure to pay rent, or failure to cooperate with the recertification process.
2. Any applicant who currently has an unpaid balance owed to any other HUD subsidized project or any other apartment complex until such time as they can show proof that the outstanding balance has been paid.
3. Any applicant who has been evicted from a HUD subsidized apartment for any actions that adversely affected the other tenants' right to quiet enjoyment of their premises, or in any way adversely affected the physical or financial health of the building.
4. Any applicant family that does not qualify as elderly as described elsewhere in this plan.
5. Submitting false or untrue information on your application, or failing to cooperate with the verification process such as failing to complete required forms or failure to return them in the necessary time frame.
6. Any applicant (s) who does not have acceptable credit reports, Landlord references, criminal and sex offender background checks, acceptable housekeeping habits, etc. In the case of two applicants, the processing will be based on both applicants meeting these criteria to the fullest.
7. The household composition is inappropriate for the size of the unit. Note: The maximum number of people for a one bedroom apartment is two (2); the maximum number of people for a studio apartment is one (1).
8. You are not a citizen, or eligible alien.
9. You are not able to abide by the terms of the lease with or without assistance.
10. Any applicant who fails to meet any of the resident selection criteria as established by Episcopal House.

**Income**

List *all* the **monthly** income which each applicant receives from the below sources. All amounts should be Gross amounts. Include any sources of income not listed here under "Other".

<u>Source</u>	<u>Head of Household</u> Monthly Gross Amount	<u>Second Applicant</u> Monthly Gross Amount
Salary (W-2)	_____	_____
Social Security	_____	_____
Supplementary Social Security (SSI)	_____	_____
Public Assistance	_____	_____
Pension (1099-R)	_____	_____
Dividends/Interest (1099-B)	_____	_____
Other (Please Specify) _____	_____	_____
<b>TOTAL MONTHLY INCOME</b>	=====	=====

List below all of the **monthly** expenses for each applicant:

Rent	_____	_____
Utilities	_____	_____
Cable	_____	_____
Internet	_____	_____
Telephone	_____	_____
Car payment	_____	_____
Auto Insurance	_____	_____
Medical Insurance	_____	_____
Credit Cards	_____	_____
Other (Please Specify) _____	_____	_____
<b>TOTAL MONTHLY EXPENSES</b>	=====	=====

Do you currently receive any financial assistance other than that listed above to help you pay your rent?  YES  NO \*If you answered YES, please explain the source of the financial assistance on page 7.

**ASSETS:**

Assets include, but are not limited to the following: cash in checking and savings accounts, cash in safety deposit boxes, in the home, etc. Assets also include stocks, bonds, treasury bills, certificates of deposits, money market funds, retirement and pension funds, lump sum inheritances, lottery winnings, insurance settlements, and equity in rental property or other capital investments. Personal property held only for investment purposes such as gold, gems, jewelry, coins, antique cars, etc., are also considered assets. Applicant(s) will also have to disclose assets sold or disposed of within two years prior to their admission into the project.

**Checking Accounts:**

<u>Bank Name</u>	<u>Account #</u>	<u>Current Balance</u>	<u>Current Interest Rate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Savings Accounts:**

<u>Bank Name</u>	<u>Account #</u>	<u>Current Balance</u>	<u>Current Interest Rate</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Certificates of Deposit:**

<u>Bank Name</u>	<u>Account #</u>	<u>Balance</u>	<u>Interest Rate</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Stocks:**

<u>Company Name</u>	<u>Shares</u>	<u>Value Per Share</u>	<u>Yearly Dividend</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Bonds:**

<u>Company Name</u>	<u>Shares</u>	<u>Value Per Share</u>	<u>Yearly Dividend</u>
_____	_____	_____	_____
_____	_____	_____	_____

**HOMEOWNERS**

What is your estimate of the current value of your property? \_\_\_\_\_

Balance of Mortgage: \$ \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_ years \_\_\_\_\_ months

**Real Estate**

List below any real estate you own in addition to the assets listed above.  
(Homeowners - Do not count the home which you listed previously)

<u>Property</u>	<u>Street</u>	<u>City</u>	<u>State</u>	<u>Current Value</u>
_____	_____	_____	_____	_____

**Other Assets**

Please list below any other assets that are not listed elsewhere on this application. This includes gems, jewelry, coin collections, antique cars, etc., which are held as investments. (Items for personal use are not considered assets.) Also include here if you have whole life/burial insurance.

<u>Asset</u>	<u>Current Value</u>
_____	_____
_____	_____
_____	_____

**Has applicant(s) given away assets or sold assets for less than their fair market value within the last two years?**  YES  NO

If you answered yes to the above question, please list the assets given away, their value and the date given away. \_\_\_\_\_  
\_\_\_\_\_

List below all vehicles owned by either applicant for their personal use. (Do not list vehicles held for investment purposes here.)

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>
_____	_____	_____
_____	_____	_____

**PET POLICY**

The Federal Government requires that HUD subsidized buildings for the elderly must allow pets in the apartment. These pets must be domesticated animals of the type normally found in the home and allowable under the Animal Control Ordinance of the City of Allentown. There is a separate pet policy that must be followed. (A copy of this policy is available to applicants upon request.)

Our pet policy allows a tenant to have one cat or dog per apartment. This animal cannot exceed a weight limit of 20 pounds or a height of 18 inches. There is an additional security deposit required with pet ownership; however, the deposit can be paid in installments. Birds, fish, hamsters, turtles, etc. are also allowed.

PLEASE NOTE: The above pet rules do not apply to service animals such as Seeing Eye dogs for visually impaired persons, hearing dogs for persons with hearing impairments, etc. These types of animals are considered auxiliary aids, not pets, and, as such, are exempt from the pet rules and the pet security deposit.

**ADDITIONAL CONTACTS:**

Please provide us with the names and addresses of two relatives or friends whom we may contact if we are unable to reach you. Please list relationship, address, and phone number:

<i>Name</i>	<i>Relationship</i>
<i>Address</i>	<i>City</i>
	<i>State</i> <i>Phone</i>

<i>Name</i>	<i>Relationship</i>
<i>Address</i>	<i>City</i>
	<i>State</i> <i>Phone</i>

**ETHNIC ORIGIN:** We are required to report to HUD the ethnic origins of the HEAD OF HOUSEHOLD family member. Kindly provide us with the required information by checking the choices which best describe the race and ethnic origin of the Head of Household. Your answer has no bearing on your eligibility.

RACE       White               Black               American Indian/Alaskan Native  
 Asian/Pacific Islander

ETHNIC ORIGIN     Non-Hispanic               Hispanic

Please tell us how you learned about the Episcopal House.

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Why do you wish to move from your present location?

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**The below space is to provide additional information from questions on pages 2 and 4.**

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If preparer is someone other than the applicant, provide name, address, and telephone number:

<hr/>		<hr/>	
<i>Name</i>		<i>Relationship</i>	
<hr/>		<hr/>	<hr/>
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Phone</i>

**THE ACCEPTANCE OF THIS PRELIMINARY APPLICATION DOES NOT GUARANTEE ADMISSION. A FINAL DETERMINATION WILL NOT BE MADE UNTIL THE APPLICATION IS AT THE TOP OF THE WAITING LIST.**

Applicant(s) are advised that all information will be verified prior to their final approval. This verification will include third party verification of all income and assets, references from previous landlords, credit report, criminal, sex offender, and housekeeping inspections.

**WARNING:** THIS APPLICATION MAY BE REFUSED OR REJECTED SOLELY ON THE GROUNDS THAT IT IS NOT COMPLETED SATISFACTORILY AND/OR IS NOT LEGIBLE, OR IF ANY INFORMATION IS FOUND TO BE FALSE. Please review your application to see that **ALL** information is completed. If a section does not apply, please mark it N.A. (not applicable). Be sure each applicant signs the application in ink.

FAILURE TO NOTIFY THE OFFICE OF YOUR NEW ADDRESS AND TELEPHONE NUMBER EACH TIME YOU MOVE WILL RESULT IN DECLINE OF YOUR APPLICATION. You must keep the facility informed of changes in this information as well as changes in your interest in an apartment.

**THE FOLLOWING CERTIFICATION MUST BE SIGNED BY BOTH APPLICANTS. APPLICATIONS WHICH ARE NOT SIGNED AND DATED WILL BE RETURNED.**

I (We) understand that the acceptance of this application is not a guarantee of eligibility. I (We) certify that this is an accurate statement and that all information provided herein is true and correct to the best of my (our) knowledge. I (We) further understand that any deviation between the above figures and my (our) actual financial status can affect my (our) final acceptance. It is also understood that the applicant (s) will upon request furnish verification of any information herein and will be available for a personal interview.

I (We) further understand that if I (We) do obtain housing using false information, any lease we might have is subject to termination, and that I (we) could be fined up to \$10,000.00 or imprisoned up to 5 years.

Date: \_\_\_\_\_

\_\_\_\_\_  
*Signature - Head of Household*

\_\_\_\_\_  
*Signature - Spouse/Co-Applicant*

**Return application to Episcopal House, 1440 W. Walnut Street, Allentown, PA 18102.**



## CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

The Episcopal House will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

2. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years?  YES  NO
3. Do you currently use illegal drugs or abuse alcohol?  YES  NO
4. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?  YES  NO
5. Have you been convicted of any drug-related crime?  YES  NO
6. Have you ever been convicted of any felony?  YES  NO
7. Have you ever been convicted of any crime involving fraud or dishonesty within the past five years?  YES  NO
8. Have you ever been convicted of any crime involving violence?  YES  NO
9. Are you **currently** charged with any of the above criminal activities?  YES  NO
10. Please list all states in which you have lived or have held a license to drive.

State(s): \_\_\_\_\_

Please include Driver's License numbers for states listed above:

\_\_\_\_\_

11. Have you ever used or been known by any other name(s)?  YES  NO

If yes, please list names used \_\_\_\_\_

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorized the Episcopal House to verify the above information and I consent to the release of the necessary information to determine my eligibility.

I hereby authorized law enforcement agencies to release criminal records and/or sex offender registration information to the Episcopal House.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Full Name (Please Print): \_\_\_\_\_

**APPLICANT CONSENT CREDIT AND CRIMINAL HISTORY**

During the application process, I hereby authorize Episcopal House to procure a criminal, sexual offender, and credit background report, which I understand may include information regarding my credit worthiness, credit standing, credit capacity, character, general reputation, and person characteristics. This report may be compiled with information from credit bureaus, court record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental and/or law enforcement entities, or any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification.

I will provide photo ID upon request.

\_\_\_\_\_  
*Signature – Head of Household*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature – Spouse/Co-Applicant*

\_\_\_\_\_  
*Date*