



Please submit completed application with original signature to the property checked (✓)
Use separate application if applying for multiple properties

<input type="checkbox"/> Center Post Village - 55 North 40 th Street Philadelphia, PA 19104	<input type="checkbox"/> Landreth Apartments - 1201 South 23 rd Street Philadelphia, PA 19146
<input type="checkbox"/> Eli Court Apartments - 1418 Conlyn Street Philadelphia, PA 19141	

Application for Housing and Rental Assistance

Phone: 1-215-508-2212

(Official Use Only)

Received by: _____

Date/Time: _____

Personal Information:

Applicant Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Social Security #: _____

Contact Number (Home): _____ Cell: _____

*Spouse/Co-Head Name: _____

Date of Birth _____ Social Security #: _____

Contact Number (if different) (Home): _____ Cell: _____

Apartment Size

1 Bedroom 2 Bedroom 3 Bedroom

Household Composition and Characteristics:

1. List the Head of Household and all other members who will be living in the unit. Give the relations of each family member to the head. Please identify all children who are the subject of joint custody agreement with someone who will not be residing in the unit.

	Member's Full Name	Joint Custody	Relationship	Birth Date	Age	Social Security #
HH						
2						
3						
4						
5						
6						

2. Race/Ethnicity of Head of Household (Check One) (for statistical purposes only)
 White, Black, Hispanic, American Indian/ Alaskan Native
 Asian/Pacific Islander, Other (please clarify) _____





3. Does anyone live with you now who are not listed above Yes, No
4. Do you expect a change in your household composition? Yes, No
5. Does the head of household spouse or co-head have a handicap or disability? Yes, No
6. Please identify any special housing needs your household has.

7. Are you now living in a subsidized housing unit? Yes, No

8. Name of Complex: _____

9. Name of Manager: _____

10. Manager's Telephone Number: _____

Accommodations for Special Needs:

A limited number of architecturally modified units are available for applicants with mobility impairments or who require assistance with activities of daily living. Reasonable accommodation will be made for applicants with other disabilities.

Do you require a unit with accessibility features? Yes, No

Do you have or do you require a live-in attendant? Yes, No

Do you require visual or auditory alert-communication devices? Yes, No

Income and Asset Information:

Please answer each of the following questions. For each "yes" provide details in the chart(s) below. **Does any member of your household:**

Question	Yes or No
1. Work full-time, part-time or seasonally?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
2. Expect to work for any period during the next year?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
3. Work for someone who pays you cash?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
4. On leave of absence from work due to lay-off, medical, maternity or military leave?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
5. Now receive or expect to receive unemployment?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
6. Now receive or expect to receive child support?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
7. Entitled to child support that he/she is not now receiving?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
8. Now receive or expect to receive alimony?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
9. Have an entitlement to receive alimony that is not currently received?	<input type="checkbox"/> Yes, <input type="checkbox"/> No





10. Now receive or expect to receive public assistance (welfare)?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
11. Now receive or expect to receive social security or disability benefits?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
12. Now receive or expect to receive income from a pension or annuity?	<input type="checkbox"/> Yes, <input type="checkbox"/> No
13. Now receive or expect to receive regular contributions from organization(s) or from individuals not living in the unit? (include the payment of rent and/or utilities)	<input type="checkbox"/> Yes, <input type="checkbox"/> No
14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds or income from rental property?	<input type="checkbox"/> Yes, <input type="checkbox"/> No

Household Income Information:

Family Member	Source of Income/ Type of Income	Annual Income

Asset Information:

1. List all checking and savings accounts (including IRA's, Keogh accounts, and Certificate of Deposits) of all household members

Family Member	Bank Name	Type of Account (Checking/Savings/IRA)	Account Number	Current Balance

2. List value of all stock, bonds, trust, pension contributions, or other assets owned by any household member.

3. Do you own a home or other real estate? _____ Yes, No

4. Have you sold or given away real estate or other assets in the past two years Yes, No

5. Do you or any member of your household have life insurance? _____ Yes, No





Previous Rental History:

Please list all states all household members have lived in: _____

Name and address of your present landlord:

Telephone: _____
How long have you lived there? _____
Reason for leaving? _____

Name and address of **all** your *previous* landlords:

Telephone: _____
How long have you lived there? _____
Reason for leaving? _____

Telephone: _____
How long have you lived there? _____
Reason for leaving? _____

Telephone: _____
How long have you lived there? _____
Reason for leaving? _____

Have you ever been evicted? _____ Yes, No

If yes, *when* and *why*?

Employment History:

Name and address of your present employer:

Telephone: _____
How long have you worked there? _____
Supervisor's Name? _____

Name and address of your spouse or co-head employer:

Telephone: _____
How long have you worked there? _____
Supervisor's Name? _____

Emergency Information:

Name and address of nearest relative or contact NOT living with you:

Telephone: _____
Relationship: _____





Name and address of person to be contacted in case of an emergency:

Telephone: _____
Relationship: _____

Criminal History

1. 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:

Name of Household Member _____ State _____

State

2. 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: _____

3. 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: _____

4. 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:

5. 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:

6. Have you or a member of your household ever been convicted of a felony? Yes No
If yes, name of household member: _____ Date: _____

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

Offense: _____

Student Information:

Will any member of the household be enrolled as a full or part-time student at an institution of higher education?

Yes, No

(If yes, completion of a Student Certification is required - see next sheet).





Thank you for your interest in our apartment community. HUD has restrictions of students in the Section 8 housing program. You may research the HUD student restrictions in the HUD Handbook 4350.3, REV-1, Change 2, Chapter 3, pages 3-35 through 3-38 and page 15 of the Glossary. **The following households are considered eligible:** 1.) 24 or older, 2.) Veteran, 3.) Have dependents, 4.) Married, 5.) Parent's income is not over the "Low" income level (for the area that the parent's live) and student is income eligible, 6.) Meet the U.S. Department of Education definition of an "Independent Student" (page 15 HUD Handbook 4350.3), 7.) Has maintained a household separate from parents for a full year and NOT claimed on their parent's tax returns as a dependent, 8.) Person is already receiving Section 8 assistance as of November 30, 2005 and is disabled (as defined by HUD), (both parts of #8 must be met).

We must verify the below with your parents and third party institutions. Please ensure all questions are completely answered so that we may verify eligibility. If it is determined that you are "eligible" during the application process, the "student eligibility process" will be completed again during your next annual recertification process. If it is determined that you are no longer an "eligible student" as defined by HUD, a 30-day termination of assistance will be provided and you will be required to pay full rent.

1. Are you a part-time or full-time student? Yes, No
(if No was answered, it is not required to answer any of the below; however, you must sign and date this form)
2. Are you an "Independent Student" as defined by Title IV aid? Yes, No
(definition is 1-6 below)
(If yes, please **circle** any of the conditions that apply to you below.)
 1. Be at least 24 years old by December 31 of the award year for which your aid is sought
 2. Be an orphan or a ward of the court through age 18
 3. Be a veteran of the U.S. Armed Forces
 4. Have legal dependents other than a spouse (ex, dependent children or an elderly dependent parent)
 5. Be a graduate or professional student
 6. Be married

How may we verify this? Please provide the name and address for the school or agency that can verify the information above.

3. Amount of monthly financial contributions that are provided by parents, guardians or others? \$ _____
4. How long have you established a household separate from parents or legal guardians? _____

Please provide your address(s) for the last year _____
(attach a copy of a utility bill or driver's license that verifies this address)

5. Are you claimed as a dependent by your parents or legal guardians pursuant to IRS regulations? Yes, No
6. Do you receive financial aid? Yes, No
(Please document the address for the Financial Aid office that may verify.)





7. Have you received Section 8 assistance as of NOVEMBER 30, 2005?

(If yes), **Are you Disabled?**

(You are not required to answer this question; however, it may qualify you as an eligible student)

Yes, No

We may need to verify your parent's/guardian's income; therefore, you MUST complete your parents contact information below. If your parent's income is OVER the HUD "Low" income level (for the country where your parents live), you may not qualify for the program (if any of the other eligible conditions do not exist).

Parents Name/Guardian: _____

Number of family members living in parent's household: _____

Address & Phone Number: _____

County where parents live: _____

I do hereby swear and attest that all the information above is true and correct

Signature _____

Date _____

WARNING: 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, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 willfully 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 the information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

Applicant Certification

I/we represent and acknowledge that the landlord considers all information to be material in nature and understand that if selected for occupancy any false statements and or information provided on this application will be deemed material non-compliance with my lease and grounds for eviction.

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that 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 for 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 false statements or information are punishable under Federal law.

Signature of Head of Household

Date

Signature of Co- Head of Household

Date

Property Manager

Date



Dear Applicant:

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than U.S. Citizens or Nationals, or certain categories of eligible non-citizens, in the following HUD programs:

- a. Section 8 Housing Payments program;
- b. Section 236 of the National Housing Act including Rental Assistance Payment (RAP); and
- c. Section 101/Rent Supplement Program.

You have applied, or are applying, for assistance under one of these programs; therefore, you are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. You must do the following:

1. Complete the Family Summary Sheet, using the attached blank format to list all family members who will reside in the assisted unit.
2. Each family member (including you) listed on the Family Summary Sheet must complete a Declaration. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration. The Declaration has easy to follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration.
3. Submit the Family Summary Sheet, the Declarations, and any other forms and/or evidence to the name and address listed below at time of submitting application.

55 North 40th Street E-16
Philadelphia, PA 19104

This Section 214 review will be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached items or determining the type of documentation required, please contact (insert name and phone number). He/she will be happy to assist you. Also, if you are unable to provide the required documentation by the date shown above, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance.

If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, your family may be eligible for pro-ration of assistance. That means that when assistance is available, a reduced amount may be provided for your family based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, that assistance may be provided to you if at least one member of your household has submitted the required documentation. Following verification of the documentation submitted by all family members, assistance may be adjusted depending on the immigration status verified. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Thank you, Management



The Family Summary Sheet

Member No.	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					
7					
8					
9					



Declaration Format

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____ FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am: (print or type first name, middle initial, last name):

_____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this line is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. Do not sign the child's name.

Signature

Date

Check here if adult signed for a child: _____



2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below:

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below:

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (form is attached).

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken);
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
- (7) Form I-151 Alien Registration Receipt Card.

If this line is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____



REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

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Declaration Format

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____ FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

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RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

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DECLARATION

I, _____ hereby declare, under penalty of perjury, that I am: (print or type first name, middle initial, last name):

1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the attached notification letter. If this line is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below. Do not sign the child's name.

Signature _____

Date _____

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Signature

Date

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Date

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Signature

Date

Check here if adult signed for a child: _____



Verification Consent Form

INSTRUCTIONS: Complete this format for each non-citizen family member who declared eligible immigration status on the Declaration Format. If this format is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

- 1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing; and**
- 2. The release of such evidence of eligible immigration status by the project owner without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:**
 - a. HUD, as required by HUD; and**
 - b. The DHS for purposes of verification of the immigration status of the individual.**

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child: _____

