

Instructions: Please follow carefully - Incomplete applications will be returned

1. **Complete all areas.** If an item does not apply to you, mark "N/A" on that line.
2. **We need copies of Social Security Cards** The government **requires** that all applicants submit a copy of their social security card with the attached housing application. If you do not have a social security card, we can accept one of the following, as long as your social security number appears on the document.

| | | |
|-------------------------|----------------------------------|--|
| Driver's License | Medicare Card | Medical Insurance Card |
| Bank Statement | Retirement benefit letter | Benefit letter from government agencies |

Note: Copies of Metal Social Security Cards are not acceptable.

If you cannot provide us with any of the above documents, it will be necessary that you certify to us that you have made application to the Social Security Office for a new card before we will accept your housing application.

3. **Proof of US Citizenship** The US Department of Housing & Urban Development **requires** that all applicants be US Citizens, nationals or certain categories of eligible noncitizens. To do this, you **must** have the attached Citizenship Declaration form completed by **EACH** family member (including yourself). Please make sure you follow the instructions on the Declaration Form.
4. **Signatures are required by all adult applicants**
5. **Return your application to:**

**Catholic Senior Housing Mgmt
1200 Spring Street
Lower Level
Bethlehem PA 18018-4998**

Phone: (610) 865-3963

Your application is being returned because:

- You did not complete all areas or you did not sign the application.
- You did not provide the required social security cards for all household members.
- The Citizenship Declaration and Family Summary Sheet were not completed/signed as instructed above.

Please return your application along with the information that was missing if you want to be considered for Section 8 housing.

APPLICATION FOR HUD ASSISTED HOUSING

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Catholic Senior Housing Mgmt, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Catholic Senior Housing Mgmt is a management company that provides low rent housing to eligible households, elderly households and single people. Catholic Senior Housing Mgmt is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap, sexual orientation, gender identity or familial status. In addition, Catholic Senior Housing Mgmt has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change Catholic Senior Housing Mgmt can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.
- The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national original, sex, religion, age, disability, marital or familial status. HUD applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.

A. FAMILY SUMMARY -List all persons, including yourself, who will be living in the apartment. List head of household first.

| Name | Relationship | Gender (Use legend below) | Soc Sec # | Birth Date | Place of Birth |
|-------------|---------------------|--|------------------|-------------------|-----------------------|
| 1 | Head | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |

Legend for Gender:

- 1. Male**
- 2. Female**
- 3. Choose not to respond**

| | | |
|--|------------------------------|-----------------------------|
| Have there been any changes in household composition in the last twelve months? <i>If yes, explain:</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you anticipate any changes in household composition in the next twelve months? <i>If yes, explain:</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <u>IF YES, ANSWER THE FOLLOWING QUESTIONS:</u> | | |
| Are any full-time student(s) married and filing a joint tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any full-time student(s) a TANF or a Title IV recipient? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are any full-time student(s) a single parent living with his/her minor child who is not a dependant on another's tax return? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were any full-time student(s) formerly in Foster Care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Is any household member subject to a state lifetime sex offender registration requirements in any state?
 _____ Yes _____ No

List all states, other than the one that you reside in now, in which you have lived. _____

If there is an applicant member with no Social Security Number, do they qualify for an allowable exception listed below:

- _____ Ineligible, non-citizen member—not contending eligible immigration status
- _____ Members that were 62 years old as of January 31, 2010 and whose initial determination of eligibility begun before January 31, 2010

Is any member of the household a U.S. military veteran? _____ Yes _____ No

Do you currently use marijauan? _____ Yes _____ No

| | | | |
|---|-------|--------|------|
| Mailing Address: | City: | State: | Zip: |
| Physical Address: (if different than mailing address) | City: | State: | Zip: |

Telephone No. (which you can be reached at): _____

E-Mail Address _____

Applying to Property(s): _____

Requested Unit Size: _____ **Bedrooms**

How did you hear about the apartment for which you are applying? _____

If you require a handicap-accessible unit, check here

If you require any modifications to an apartment, check here and explain below

B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.

| Family Member Name | Sources of Income | Amount |
|---------------------------|---|---------------|
| | Social Security Gross Monthly Amount | \$ |
| | Social Security Gross Monthly Amount | \$ |
| | Pension Gross Monthly Amount | \$ |
| | Source: | |
| | Address: | |
| | Claim No. | |
| | Pension Gross Monthly Amount | \$ |
| | Source: | |
| | Address: | |
| | Claim No. | |
| | VA Benefits (Claim #) | \$ |
| | SSI Benefits Gross Monthly Amount | \$ |
| | Unemployment Compensation Gross Monthly Amount | \$ |
| | Address: | |
| | AFDC Gross Monthly Amount | \$ |
| | Wages Gross Monthly Amount | \$ |
| | Employer: | |
| | Address: | |
| | Wages Gross Monthly Amount | \$ |
| | Employer: | |
| | Address: | |
| | Alimony Gross Monthly Amount | \$ |
| | Child Support Gross Monthly Amount | \$ |
| | Other Income Gross Monthly Amount (for example, rental income, etc.) | |
| | | \$ |
| | | \$ |

Does any household member receive retirement benefits as periodic payments? ____ Yes ____ No

If yes, what type of retirement account? _____

Is any household member receiving dual entitlement benefits? ____ Yes ____ No

If yes which household member and what is the Benefit Claim Number? _____

C. ASSETS:

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes _____ No _____

If yes, type of asset (e.g., money/land/house) _____

Market value when sold/dispoused \$ _____ Amount sold/dispoused for \$ _____ Date of transaction _____

Provide the following information for all members of the household (use another sheet of paper if necessary).

Checking Accounts

| | |
|---------------------------------------|---------------------------------------|
| Bank | Bank |
| Address | Address |
| Account No. | Account No. |
| Int. Rate Balance \$ | Int. Rate Balance \$ |

Savings Accounts

| | |
|---------------------------------------|---------------------------------------|
| Bank | Bank |
| Address | Address |
| Account No. | Account No. |
| Int. Rate Balance \$ | Int. Rate Balance \$ |

Certificates of Deposit

| | |
|---|---|
| Bank | Bank |
| Address | Address |
| Acct.# Int Rate Amt. \$ | Acct.# Int Rate Amt. \$ |
| Penalty for Early Withdrawal Maturity Date | Penalty for Early Withdrawal Maturity Date |

Stocks

IRA's/401-K's

| | |
|-------------------------------------|-------------------------------------|
| Name | Bank |
| Address | Address |
| Value \$ Div. Rate | Value \$ Div. Rate |

Bonds

Trust Accounts

| | |
|------------------|---------------------------------------|
| Bank | Bank |
| Address | Address |
| Present Value \$ | Account No. |
| Maturity Date | Int. Rate Balance \$ |

Real Estate

Do you own any property? Yes _____ No _____

If yes, type & location of property _____

Appraised market value \$ _____ Mortgage or outstanding loan due \$ _____

Name & address of broker/realtor who would provide verification of market value:

| Broker/Realtor | Address | City | State | Zip |
|----------------|---------|------|-------|-----|
|----------------|---------|------|-------|-----|

D. MEDICAL AND CHILD CARE EXPENSES

FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY

Medical Costs - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.

Medicare

| | |
|-------------------|-------------------|
| Monthly Amount \$ | Monthly Amount \$ |
|-------------------|-------------------|

Medical Insurance

| | |
|-----------------|-----------------|
| Name | Name |
| Address | Address |
| Claim No. | Claim No. |
| Monthly Amt. \$ | Monthly Amt. \$ |

Pharmacy

| | |
|--|--|
| Name | Name |
| Address | Address |
| Anticipated prescription costs not covered by insurance - Monthly Amount \$ | Anticipated prescription costs not covered by insurance - Monthly Amount \$ |

Physician

| | |
|---|---|
| Are you seeing a physician REGULARLY ? Yes _____ No _____ | |
| Name | Name |
| Address | Address |
| Anticipated costs not covered by insurance - Monthly Amount \$ | Anticipated costs not covered by insurance - Monthly Amount \$ |

Outstanding Medical Bills for which You are Making Monthly Payments

| | |
|--|--|
| Name | Name |
| Address | Address |
| Anticipated costs not covered by insurance - Balance Due \$ | Anticipated costs not covered by insurance - Balance Due \$ |
| Monthly Amount \$ | Monthly Amount \$ |

Child Care Expenses - Complete for children 12 and younger - Weekly cost for Child Care \$ _____

Name & Address of Person/Agency caring for children: _____

E. PROGRAM INFORMATION

Are you currently living in subsidized housing? Yes_____ No_____

F. APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.

Do you have a Section 8 Voucher or any other type of voucher? Yes_____ No_____

- 1. You have been served a Notice to Quit or been asked to leave by a previous landlord
- 2. You have been served with lease violations from a previous landlord
- 3. You have been evicted
- 4. You or any household member have been evicted from federally assisted housing for drug-related criminal activity?

If you checked any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & landlord.

G. REFERENCE INFORMATION

Current Landlord (Name, Address,& Phone No.)

How long have you lived there? _____ Is this landlord related to you? Yes_____ No_____

List all Previous Landlords for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (Name, Address & Phone No.)

| | |
|---|---|
| 1. | 2. |
| | |
| Address of Apt. | Address of Apt. |
| How long did you live there? | How long did you live there? |
| Is this landlord related to you? Yes_____ No_____ | Is this landlord related to you? Yes_____ No_____ |

List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (Name, Address, Phone No. & Relationship)

(Example: teachers, principals, past/present employers, physicians, etc.) Please do not list relatives or friends.

| | |
|--------------|--------------|
| 1. | 2. |
| | |
| Phone No. | Phone No. |
| Relationship | Relationship |

All information received by Catholic Senior Housing Mgmt during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.

Other Information

Please provide us with the name, address, & phone number of an emergency contact:

Vehicles - List any vehicle owned

Type _____ Year/Make _____

Color _____ License Plate No. _____

Do you own a pet? Yes _____ No _____ If yes, describe _____

CERTIFICATION

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on the Department of Housing and Urban Development's eligibility criteria and Catholic Senior Housing Mgmt's resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

PENALTIES FOR MISUSING THIS FORM:

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 and any owner (or any employee of HUD 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 willingly 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 information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Authorization

I/we do hereby authorize Catholic Senior Housing Mgmt and its staff to contact any agencies, offices, credit bureaus, landlords, law enforcement or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Head _____

Spouse/Co-Tenant _____

Date _____

Date _____

For Catholic Senior Housing Mgmt

Please sign ALL Black Checkmarks

Authorization

I/we do hereby authorize Holy Family Apartments* and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Signatures

(✓)

Applicant Signature

Date

(✓)

Co-Applicant Signature

Date

Authorization

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Signatures

(✓)

Applicant Signature

Date

(✓)

Co-Applicant Signature

Date

Authorization

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Signatures

(✓)

Applicant Signature

Date

(✓)

Co-Applicant Signature

Date

Holy Family Apartments* 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).

Michael Melnic, CFO, CEO
Name

Catholic Senior Housing & Health Care Services, Inc.

1200 Spring Street

Address

Bethlehem PA 18018
City State Zip

610-865-5595
Telephone - Voice

(800)654-5984
Telephone - TTY