



# Pennsylvania Interfaith Community Programs, Inc.

40 East High Street  
Gettysburg, PA 17325

Voice: (717) 334-1518 or (717) 334-2911

Fax (717) 334-8326

TDD/TTY Relay Service: 1-800-654-5984

Website: [www.adamscha.org](http://www.adamscha.org)



"Embracing the Community  
for over 40 years"

Dear Applicant,

**Cedarfield Apartments**, located in Bonneauville Borough, is currently accepting applications for their 2 bedroom units. This **non-smoking family property** features an onsite jungle gym, ½ court basketball court, laundry room equipped with 3 washers and 3 dryers and a community room that are all available for tenant use.

Property Management is provided by Pennsylvania Interfaith Community Programs, Inc. The owner and the management are committed to establishing Cedarfield Apartments as a racially and economically integrated community.

All of the apartments (23 two-bedroom and 9 three-bedroom) are available to persons who meet not only the traditional resident selection criteria, but also an income restriction. When determining an applicant's eligibility, in addition to the standard credit and criminal background checks, we will look to ensure no applicant is paying more than 40% of their monthly income towards rent. Applicants may use the rental assistance of a Housing Choice Voucher but this is not required.

Below you will find the current income limits as determined by the Pennsylvania Housing and Finance Agency for Adams County. All units are assigned an income tier percentage and are filled with applicants who fall into that particular tier only.

INCOME TIER	1 PERSON HOUSEHOLD	2 PERSON HOUSEHOLD	3 PERSON HOUSEHOLD	4 PERSON HOUSEHOLD	5 PERSON HOUSEHOLD
40%	\$17,960	\$20,560	\$23,120	\$25,680	\$27,720
50%	\$22,450	\$25,700	\$28,900	\$32,100	\$34,650
60%	\$26,940	\$30,840	\$34,680	\$38,520	\$41,580

Monthly rent is a fixed rate. Garbage removal, water and sewer utilities are paid by the landlord, PICPI. Tenant must pay electric, cable, internet and telephone if elected. Rents are anticipated to be as follows:

BEDROOM SIZE	40%	50%	60%
2 (non-voucher)	\$426	\$479	\$479
2 (voucher holder)	\$501	\$501	\$501
3 (non-voucher)	N/A	\$619	\$619
3 (voucher holder)	N/A	\$665	\$665

Enclosed please find an application. Completed applications can be mailed or hand delivered to the address above.

Sincerely,

**This institution is an equal opportunity provider.**

**CEDARFIELD APTS**  
**40 East High Street**  
**Gettysburg, PA 17325**

2 bedroom  3 bedroom

Date Application Received:	
Time Application Received:	
Requested Accessible Unit:	
Set Aside:	

**RENTAL APPLICATION (6/2009)**

**HOUSEHOLD COMPOSITION:** List the head of your household and all members who will live in your home. Give the relationship of each family member to the head.

Member No.	Full Name	Relationship	Birth Date	Age	Sex	Social Security No.	Full Time Student [Y/N]
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:** Is every member of the household married and filing a joint tax return?

Yes  No

**If yes:** Is any member of the household receiving assistance under Title IV of the Social Security Act: AFDC or TANF?

Yes  No

**If yes:** Is any member of the household enrolled in a job training program comparable to the Job Training Partnership Act?

Yes  No

**If yes:** Are the full-time students recipients of foster care assistance under Part B or E of Title IV of the Social Security Act?

Yes  No

**If yes:** Is every adult member of the household a single parent residing with their 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 other parent of the child(ren)?

Yes  No

**RENTAL HISTORY:**

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

City, State, Zip Code: \_\_\_\_\_

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

If less than three years, provide previous address and landlord's name:

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

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

**CONTACT INFORMATION:**

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_



**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  NoCO-APPLICANT OR 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**ANNUAL INCOME:** For each type of income that your household received, give the source of the income and the amount of income that can be anticipated from that source during the next 12 months:

SOURCE	APPLICANT	CO-APPLICANT	OTHER ADULT	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				
			<b>TOTAL:</b>	



Does any member of your household who is not now working, expect to work for any period during the next twelve months?  Yes  No

**ASSETS:** Assets include cash (wherever held), equity in real estate or capital investments, notes receivable, stocks, bonds, money market account, certificates of deposits, IRA's, retirement and pension funds, 401K's, 403B's, luxury personal property (gems, jewelry, art, coin collections, etc...), etc. You must also include cash value of whole or universal life insurance policies as well as 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 that the household will require? For example, a unit for mobility impaired, unit for visually impaired, unit for hearing impaired, a live-in aide, etc. Please list.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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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 false statements or information are punishable under federal law.

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

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_

Adult Member: \_\_\_\_\_ Date: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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In accordance with the data collection information required by the Department of Housing and Urban Development (HUD), please provide the following information for the head of household.

RACE	
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native & White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian/Alaska Native & Black/African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other Multi-racial
ETHNICITY	GENDER
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female

I decline to provide this information.

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**Note:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements to any Department or Agency of the United States as to any matter within its jurisdiction.

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**FOR MANAGEMENT USE ONLY:**

Received Social Security Cards [ ]	Received Income Verification [ ]	Passed Criminal [ ]
Received Birth Certificates [ ]	Received Asset Verification [ ]	Passed Credit [ ]
Received Photo Ids [ ]	Received Rental Verification [ ]	Passed Home Inspection [ ]

