



“Embracing the Community
for over 40 years”

Pennsylvania Interfaith Community Programs, Inc.

40 East High Street

Gettysburg, PA 17325

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

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Dear Applicant,

Old Friends at New Oxford, located in Borough of New Oxford, is currently accepting applications for their 1 bedroom units. This **non-smoking elderly persons ages 62 and older property** features a computer lab, health/wellness room, community space with a full kitchen, an on-site management office, security system, secure tenant storage area, community garden located behind the building and 50 off-street parking spaces. This building also meets the new energy efficiency standard set by the International Energy Conservation Code. A final building feature is the use of a geothermal system to heat and cool the building, which helps keep the project utility cost down.

Property Management is provided by Pennsylvania Interfaith Community Programs, Inc. The owner and the management are committed to establishing Old Friends at New Oxford as a racially and economically integrated community.

All of the apartments (50 1 bedroom units) 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
40%	\$17,960	\$20,560
50%	\$22,450	\$25,700
60%	\$26,940	\$30,840

Each unit is equipped with a full kitchen, air conditioning, dishwasher, emergency notification system for the tenant, digital accessibility, and washers and dryers in each unit. Garbage removal, heat, water and sewer utilities are paid by the landlord, PICPI. Tenant must pay electric, cable, internet and telephone if elected. Monthly rent is a fixed and is anticipated to be as follows:

BEDROOM SIZE	40%	50%	60%
1 (non-voucher)	\$465	\$465	\$465
1 (voucher holder)	\$570	\$570	\$570

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.

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 No

CO-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				
			TOTAL:	



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				
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 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.



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 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: _____

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.

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.

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 []

