

Pennsylvania Interfaith Community Programs, Inc.

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"Embracing the Community Since 1969"

June 2011

Dear Applicant,

Misty Ridge Terrace, located in Cumberland Township which surrounds the Borough of Gettysburg, is currently accepting applications for its Adams County Housing Authority's **Project Based Voucher** 1, 2 and 3 bedroom waitlists. Six of the project based units at Misty Ridge Terrace will be fully accessible and three of the units will be equipped for the audio-visually impaired. This **non-smoking townhouse style family property** features a basketball court, tot lot and common space for recreation. Other resident amenities include a community room, kitchenette, on-site rental office, on-site laundry room and a computer room. Each unit is equipped with central air conditioning, refrigerator, dishwasher, range, blinds, wall-to-wall carpet and will have its own covered entry, rear patio with storage shed, washer and dryer hook-ups and keyless entry system. Tenant must pay electric, gas, cable, internet and telephone if elected. Monthly rent is fixed and is set at 100% of the applicable bedroom payment standard. The tenant's portion of the monthly rent will be determined by the Section 8 Office.

Property Management is provided by Pennsylvania Interfaith Community Programs, Inc. PICPI will also provide supportive services to the residents by coordinating with local service providers as well as providing on-site services and case management.

All of the apartments are available to persons who meet not only the traditional resident selection criteria, but also an income restriction. Below you will find the current income limits as determined by the Pennsylvania Housing and Finance Agency for Adams County. All of the project based units are assigned at or below the 20% income tier 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	6 PERSON HOUSEHOLD
20%	\$9,440	\$10,800	\$12,140	\$13,480	\$14,560	\$15,640

Preference will be given to applicants who meet the criteria listed below:

1. Mobility impaired persons and visually or hearing impaired persons requiring the features of the accessible unit. ACHA/PICPI will require appropriate documentation from a certified professional. For some to be selected for a mobility impaired or A/V accessible unit, the professional would have to certify the need of such unit.
2. Families (including individuals) with disabilities that:
 - significantly interfere with their ability to obtain and maintain themselves in housing;
 - who, without appropriate supportive services, will not be able to obtain or maintain themselves in housing;
 - and for whom such services cannot be provided in a non-segregated setting.

Families will be required to provide a certificate from a licensed Service Provider as verification for preference.

Enclosed please find an application.

Completed, original applications can be mailed or hand delivered to the address above.



This institution is an equal opportunity provider.



1 bedroom 2 bedroom
 3 bedroom

Date and Time Application Received	
Requested Accessible Unit:	
Tax Credit Set Aside:	

PROJECT-BASED RENTAL APPLICATION FORM (4/2011)

HOUSEHOLD COMPOSITION: List the head of your household and all members who will live in your home. All questions must be answered. Enter the race & ethnicity codes by using the following definitions: Race Codes: 1. American Indian or Alaska Native, 2. Asian, 3. Black or African American, 4. Native Hawaiian or other Pacific Islander, 5. White, (choose all that apply), or enter a D if you do not wish to provide this information. Ethnicity Codes: Y if Hispanic or Latino, N if Not Hispanic or Latino, or enter a D if you do not wish to provide this information.

Member No.	Full Name, including middle initial, if applicable	Relation to HOH	Race	Ethnicity	Disabled [Y/N]	Gender [M/F]	Date of Birth	Age	Full-Time Student [Y/N]	Social Security No.
1										
2										
3										
4										
5										
6										

STUDENT STATUS: Are all of the residents full time students? Yes No
If yes: Are/is the full-time adult student(s) married and filing a joint tax return? Yes No
If yes: Is full-time adult student receiving assistance under Title IV of the Social Security Act: AFDC or TANF? Yes No
If yes: Is full-time student enrolled in a job training program comparable to the Job Training Partnership Act? Yes No
If yes: Is the full-time adult student a single parent residing with his/her minor 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 non-resident parent of the child(ren). Yes No
If yes: Did the full-time student previous receive foster care assistance under Part B or E Title IV of the Social Security Act? Yes No

RENTAL HISTORY:

Current Address: _____ Landlord's Name: _____
 _____ Landlord's Address: _____
 Rent: \$ _____ Length of Residency: _____
If length of residency is less than three years, provide previous address and landlord's name:
Previous Address: _____ Landlord's Name: _____
 _____ Landlord's Address: _____
 Rent: \$ _____ Length of Residency: _____
Is your household currently homeless? A homeless person is someone who is living on the street, in an emergency shelter, sleeping in places not meant for human habitation, or who would be living on the street or in an emergency shelter without the help of housing assistance. Yes No
Is your household currently receiving rental assistance? Yes No If yes, please explain: _____



CONTACT INFORMATION:

Home Phone: _____
Cell Phone: _____

Day 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				
Unemployment Benefits				
Worker's Compensation/Disability				
Social Security/SSI/SSP				
Pensions/Retirement Funds, etc.				
Alimony/Child Support				
Student Financial Assistance				
TANF Payments				
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), all bank accounts, stocks, bonds, money market accounts, certificates of deposit, IRA's, annuities, retirement/pension funds, 401K's, 403B's, cash value of whole or universal life insurance policies, equity in real estate or capital investments, items held as an investment, (i.e., jewelry, art, coin/stamp collections), etc. You must also include 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 to meet the needs of a disabled family member? For example, a unit for mobility impaired, unit for visually impaired, unit for hearing impaired, a live-in aide, etc. Yes No If yes, please list:

PHA Preference #1

Are you a mobility impaired person who requires a handicapped-accessible unit or a unit with audio/visual features?

Yes No

If yes, you must provide a certificate from a knowledgeable professional regarding your need for the unit.

PHA Preference #2

Are you a person with disabilities that significantly interfere with your ability to obtain and maintain themselves in housing; who, without appropriate supportive services, will not be able to maintain themselves in housing; and for whom such services can not be provided in a non-segregated setting? Yes No

If yes, you must provide a certificate from a Health Choices caseworker regarding your need for the unit.



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 (Property Management Copy):

Head of Household Signature: _____ Date: _____

Co-Head Signature: _____ Date: _____

Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Owner/Manager: _____ Date: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.

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 []



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 (Section 8 - HCV Copy):

Head of Household Signature: _____ Date: _____

Co-Head Signature: _____ Date: _____

Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Owner/Manager: _____ Date: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.

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

