

Pennsylvania Interfaith Community Programs Inc.
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PENNSYLVANIA INTERFAITH COMMUNITY PROGRAMS, INC. APPLICATION FOR RENTAL ASSISTANCE

ANSWER EVERY QUESTION IN ITS ENTIRETY OR THIS APPLICATION WILL BE RETURNED TO YOU.

This application for rental assistance is for placement only on the waiting list(s) requested. Final determination of eligibility is determined when you are scheduled an appointment once you are at the top of the waiting list. Please note that any household member's criminal record or past violations from other housing authorities or federally assisted housing programs may affect eligibility.

HEAD OF HOUSEHOLD: _____

Address _____ Home Phone _____

_____ Cellular Phone _____

Email Address _____

Mailing Address (if different from above) _____

PENNSYLVANIA INTERFAITH COMMUNITY PROGRAMS, INC. PROPERTIES: Please check the property name(s) for the waitlist(s) you would like your household added to.

- _____ Bonneauville Interfaith Gardens (open to the general population: 1, 2, 3 & 4 bedroom)
- _____ New Oxford Interfaith Gardens (open to the general population: 1, 2, 3 & 4 bedroom)
- _____ Gettysburg Interfaith Gardens (62+ and mobility impaired persons under 62: 1 bedroom)
- _____ McSherrystown Interfaith Gardens (62+ and mobility impaired persons under 62: 0 & 1 bedroom)

Number of Bedrooms: _____ 0 (Efficiency/Studio) _____ 1 _____ 2 _____ 3 _____ 4

HOUSEHOLD COMPOSITION AND CHARACTERISTICS: List all persons, including head of household (HOH), who will reside in the household, the relationship of that person to the HOH, student status, birth dates and social security numbers. **A Social Security Number is required for every member. IF YOU DO NOT HAVE A SOCIAL SECURITY CARD AND/OR A BIRTH CERTIFICATE AT YOUR FULL APPLICATION INTERVIEW, THIS WILL HOLD UP YOUR APPLICATION. Therefore, we encourage you to apply for one as soon as possible.**

| | NAME | RELATIONSHIP | STUDENT (yes or no) | BIRTHDATE | SOC. SEC. NUMBER |
|---|-------|--------------|---------------------|-----------|------------------|
| 1 | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ | _____ |
| 6 | _____ | _____ | _____ | _____ | _____ |

DISABILITY STATUS: Is any member of your household classified as a person with a disability? _____ Yes _____ No

If yes, is this person head of household or spouse? _____ Yes _____ No

Do you wish to request a special accommodation for any of the following reasons?

_____ Hearing impairment _____ Vision impairment _____ Mobility impairment

_____ Other, please explain: _____

CITIZENSHIP STATUS: Are you and all of the members of your household United States citizens? _____ Yes _____ No

If no, will any members of your household elect not to contend their eligible immigration status? _____ Yes _____ No

CRIMINAL HISTORY: To the best of your knowledge, has anyone in the household been charged, arrested, and/or convicted of ANY crime(s) OR for illegal use, possession, or distribution of drugs or abuse of alcohol within the last 10 years, or are there charges pending at this time? _____ Yes _____ No

If yes, please provide the details. _____

Are you or anyone in your household subject to a required State lifetime sex offender registration program? _____ Yes _____ No

HOUSING HISTORY: Are you or anyone in your household now living in Public Housing, Section 8 housing, any federally subsidized housing unit, or a unit with a housing voucher? _____ Yes _____ No

If yes, explain. _____

Have eviction charges ever been filed against you at a District Magistrate's Office for non-payment or late payment of rent to your landlord or for any other reason? _____ Yes _____ No

If yes, explain. _____

Name, address and length of tenancy at your present residence: Name, address, and length of tenancy of previous residence:

TOTAL HOUSEHOLD INCOME:

Include all income earned or received by every member who will be living in the household. This includes wages from employment/self-employment, Unemployment/Workman's Compensation, all Social Security Benefits (federal and state), Military/Veteran's Administration Compensation, TANF, child/alimony support, regular in-kind cash contributions from a non-household member, education scholarships/grants/training programs, periodic payments from trust/annuity/inheritance, insurance policy/disability or death benefits, retirement/pension funds, rental income. **Only exclude earned income (i.e. employment) from members under 18 years of age.**

| NAME | SOURCE OF INCOME | YEARLY AMOUNT |
|---------|------------------|---------------------------|
| 1 _____ | | |
| 2 _____ | | |
| 3 _____ | | |
| 4 _____ | | |
| | | TOTAL YEARLY AMOUNT _____ |

TOTAL HOUSEHOLD ASSETS:

Check below what you or the members of your household own (or partially own):

- _____ Checking/Savings Accounts and/or Certificates of Deposit
- _____ IRA, Keogh or SEP Accounts
- _____ Treasury Bills or Series EE Government Savings Bond
- _____ Stocks or Bonds
- _____ Real Estate, Land Contracts, or Mobile Homes
- _____ Personal Property held for Investments
- _____ Life Insurance Policies (with a cash value)

TOTAL HOUSEHOLD ALLOWANCES:

- Do you pay for childcare for a child(ren) 12 or younger while a household member works? _____ Yes _____ No
- Do you pay for a care attendant or any equipment for a household member with disabilities to enable that person or another household member to work? _____ Yes _____ No
- Do you have Medicare or pay premiums and/or co-payments for any other kind of medical insurance? _____ Yes _____ No
- Do you pay any out-of-pocket expenses for medically necessary supplies and/or equipment that are not covered by your Medicare or medical insurance? _____ Yes _____ No

HEAD OF HOUSEHOLD CERTIFICATION:

Please initial each of the following:

- _____ I/we certify that all the information provided in this pre-application is accurate and complete to the best of my/our knowledge and belief.
- _____ I/we understand that knowingly supplying false, incomplete, or inaccurate information is punishable under Federal and State criminal law.
- _____ I/we understand that knowingly supplying false, incomplete, or inaccurate information is grounds for denial or termination of housing assistance.

SIGNATURE OF HEAD OF HOUSEHOLD AND EACH HOUSEHOLD MEMBER AGE 18 OR OVER:

| NAME | DATE SIGNED |
|---------|-------------|
| 1 _____ | |
| 2 _____ | |
| 3 _____ | |
| 4 _____ | |



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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 or agencies of the United States Government.