

**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

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



"Embracing the Community Since 1969"

December 1, 2010

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%	\$9,180	\$10,480	\$11,800	\$13,100	\$14,160	\$15,200

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.



**MISTY RIDGE TERRACE**  
 40 East High Street  
 Gettysburg, PA 17325

1 bedroom     2 bedroom  
 3 bedroom

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

**PROJECT BASED RENTAL APPLICATION FORM (8/2010)**

**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 Number	Disabled [Y/N]	Full-Time Student [Y/N]
1		Head of Household						
2								
3								
4								
5								
6								

**STUDENT STATUS:**

Are all of the residents full-time students?  Yes  No

**If yes:** Is every member of the household married and have filed or are entitled to file 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 receiving assistance under the Work Force Investment Act, or under another similar federal, state, or local program?  Yes  No

**If yes:** Is any member of the household a current or previous recipient of foster care under Part B or E of Title IV of the Social Security Act?  Yes  No

**If yes:** Is any member of the household a single parent residing with their child(ren), and both parent and the child(ren) are not dependents of another individual other than a 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 length of residency is less than three years, provide previous address and landlord's name:**

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

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

**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

If yes, referring agency: \_\_\_\_\_

**Is your household currently receiving rental assistance?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain. \_\_\_\_\_



**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				
Overtime Pay				
Commissions/Tips/ Bonuses/Fees				
Unemployment Benefits				
Worker's Compensation/Disability				
Social Security				
Pensions/Retirement Funds, etc.				
Alimony/Child Support				
TANF Payments				
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 charged or 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

**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: \_\_\_\_\_

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

**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: \_\_\_\_\_

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.

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<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

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Received Photo Ids	<input type="checkbox"/>	Received Rental Verification	<input type="checkbox"/>	Passed Home Inspection	<input type="checkbox"/>

