

**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



**PRE-APPLICATION FOR RENTAL ASSISTANCE**

**ANSWER EVERY QUESTION OR THIS APPLICATION WILL BE RETURNED TO YOU.**

**YOU MUST NOTIFY THE PENNSYLVANIA INTERFAITH COMMUNITY PROGRAMS, INC. IN WRITING OF ANY OF THE FOLLOWING CHANGES:**

- \* Change of mailing address
- \*Change in family members living with you
- \*Change in family income

**This pre-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 federal assisted housing programs may affect eligibility.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_

Mailing Address (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Is any member of your household classified as a person with a disability?  Yes  No

If Yes, is this person head 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: \_\_\_\_\_

Check number of bedrooms:  Efficiency/Studio  1 Bedroom  2 Bedrooms

3 Bedrooms  4 Bedrooms

**I wish to apply for: (You may check more than one.)**

- PICPI**
- Bonneauville Interfaith Gardens (open to general population: 1, 2, 3, & 4 bedroom)
  - New Oxford Interfaith Gardens (open to general population: 1, 2, 3, & 4 bedroom)
  - Gettysburg Interfaith Gardens (62+ and/or disabled: 1 bedroom)
  - McSherrystown Interfaith Village (62+ and/or disabled: 0, 1 bedroom)

Disabled persons under age 62 must require features of a mobility-accessible unit to apply.

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS:** List the Head of Household and each member who will be in the household with their relationship to the Head. A Social Security Number is required for every member. **IF YOU DO NOT HAVE A SOCIAL SECURITY CARD AND A BIRTH CERTIFICATE AT YOUR FULL APPLICATION INTERVIEW, THIS WILL HOLD UP YOUR APPLICATION. WE ENCOURAGE YOU TO APPLY FOR ONE TODAY.**

NAME	RELATIONSHIP	BIRTHDATE	SOC. SEC. NUMBER
1 _____			
2 _____			
3 _____			
4 _____			

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

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, list who and the conviction. \_\_\_\_\_

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

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 Explain: \_\_\_\_\_

Revised 12/29/2009

**WARNING: Title 18, Section 1001 of the United States Code states that a person is guilty of felony for knowingly and willingly making false or fraudulent statements to any Departments or Agencies of the United States.**

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 Explain: \_\_\_\_\_

Name, address, and phone of present landlord: \_\_\_\_\_

Name, address, and phone of most recent former landlord: \_\_\_\_\_

**TOTAL HOUSEHOLD INCOME:** Include all money earned or received by every member (over the age of 18) who will be living in the household. This includes money from wages, self-employment, Unemployment compensation, child support, regular in-kind or cash gifts, Social Security (Include Social Security Disability for everyone in the household, including anyone under the age of 18.), disability payments, Workman's Compensation, retirement benefits, TANF, Veterans' benefits, alimony, rental income, mortgage or loan income, trust funds, interest income from assets, settlements, and all other sources. Exclude earned income by members under 18 or still in high school.

**CALCULATE TOTAL HOUSEHOLD INCOME BEFORE TAXES OR DEDUCTIONS:**

Name of household member	Source of income	Yearly Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

- Bank accounts (checking, savings, CD, IRA, Keogh, etc.)
- Real Estate
- Life insurance policies (with a cash v
- Mobile home
- Investments
- Stocks or bonds

**ALLOWANCES:**

- Do you pay for childcare for a child 12 or younger while a family member works?  Yes  No
- Do you pay for a care attendant or any equipment for a family member with disabilities to enable that person or another family member to work?  Yes  No
- Do you have Medicare?  Yes  No
- Do you pay premiums and/or co-payments for any other kind of medical insurance?  Yes  No

**APPLICANT/HOUSEHOLD MEMBERS' CERTIFICATION (YOU ARE AGREEING TO EACH OF THE FOLLOWING):**

*HEAD OF HOUSEHOLD MUST INITIAL EACH OF THE FOLLOWING:*

\_\_\_\_\_ I/WE HAVE RECEIVED A COPY OF 'APPLICANT/TENANT SELECTION CRITERIA' WITH THIS PRE-APPLICATION FORM.

\_\_\_\_\_ 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.

**CRIMINAL AND ADMINISTRATIVE ACTION FOR FALSE INFORMATION**

\_\_\_\_\_ 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 APPLICANT AND EACH HOUSEHOLD MEMBER AGE 18 OR OVER / DATE**

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |



This institution is an equal opportunity provider.

