



Pennsylvania Interfaith Community Programs, Inc.

40 E. High Street, Gettysburg, PA 17325

Phone (717) 334-1518 Fax (717) 334-8326

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

www.adamscha.org

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Dear Applicant,

Anthony's Place, located in Cumberland Township, Gettysburg Areas School District, is currently accepting applications for its 1 and 2 bedroom units. This **non-smoking property** has one and two bedroom apartments with central air-conditioning, on-site laundry facilities and off-street parking.

Property Management is provided by Pennsylvania Interfaith Community Programs, Inc.

This property has 10 units designated for disabled households.

All of the apartments 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 45% of their gross monthly income towards rent. Housing Choice Vouchers are accepted but not required. **Per our Tenant Selection Criteria, tenants can pay no more than 45% of their monthly income towards rent. The minimum income guideline for Anthony's Place is \$17,200. Housing choice voucher assistance is accepted in lieu of minimum income.**

Below you will find the current income limits, 50% of Area Median Income, for this property as determined by HUD for Adams County.

INCOME TIER	1 PERSON HOUSEHOLD	2 PERSON HOUSEHOLD	3 PERSON HOUSEHOLD	4 PERSON HOUSEHOLD
50%	\$31,650	\$36,150	\$40,650	\$45,150

All utilities are included in the rent. (Tenant pays cable, internet and telephone if elected). Monthly rent is fixed and is anticipated to be as follows:

1 bedroom unit	\$645
2 bedroom unit	\$775

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



This institution is an equal opportunity provider and employer.



1 bedroom 2 bedroom

Date and Time	
Application Received	
Requested Accessible Unit:	

RENTAL APPLICATION FORM

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										

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

CITIZENSHIP STATUS: Are you and all the members of your household United States citizens?

Please check one: Yes No

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

Please check one: Yes No

PREFERENCES:

Preference #1: Are you a mobility-impaired person who requires a handicapped-accessible unit?

Please check one: Yes No If yes, you must provide a certificate from a knowledgeable professional regarding your need for the unit.

Preference #2: Are you a person with disabilities that significantly interfere with your ability to obtain and maintain himself/herself in housing; who, without appropriate supportive services, will not be able to maintain themselves in housing; and from whom such services cannot be provided in a non-segregated setting?

Please check one: Yes No If yes, you must provide a certificate from a Health Choices caseworker regarding your need for the unit.

Preference #3: Are you currently homeless or have satisfactorily participated in a transitional housing program for a period of at least five months; or will you potentially max out your transitional program participation period which, at this time, is twenty-four (24) months.?



Please check one: **Yes** **No** If yes, proof of temporary residency at a shelter in Adams County or proof of enrollment/graduation from a transitional housing program in Adams County must be submitted with application.

Preference #4: Is any member of your household classified as a person with disabilities?

Please check one: **Yes** **No** If yes, do you wish to request special accommodations in the facilities, communications or policies?

Please check one: **Yes** **No** Please list the desired accommodation (grab bars, live-in aide, etc.):

RENTAL HISTORY:

Current Address: _____

Landlord's Name: _____

Landlord's Address: _____

Rent: \$ _____ Length of Residency: _____

If length of residency is less than five years, provide previous address and landlord's name:

Previous Address: _____

Landlord's Name: _____

Landlord's Address: _____

Rent: \$ _____ Length of Residency: _____

YOUR 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				
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

EVICTION HISTORY:

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

CRIMINAL HISTORY:

To the best of your knowledge, has anyone in the household been charged, arrested, and/or convicted of **ANY** crime(s) **OR** been charged, arrested, and/or convicted 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

Please list all states where all adult household members have resided: _

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



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.

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.

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: _____



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.