

## APARTMENT FOR RENT

101 W Race Street Pottsville, PA 17901



**Section 8 Eligible**

**Income Guidelines Apply**

**Equal Housing Opportunity**

**NO PETS**

**NO SMOKING**



**AVAILABLE  
FEBRUARY 2025**

**\$450 PER  
MONTH**

(electric and gas heat not included)

1 BR – Pottsville

Living Room

Energy – Star Refrigerator and range

Laundry Room in building

Full Bathroom

Ceiling Fans

Spacious Kitchen

Dining Room

Storage Space

Water, Sewer, and Garbage included in rent



**Schuylkill Community Action**

*Please Call, email, or visit the office to apply.*

Lynn Rosa, Housing Counselor

570-622-1995 – [lynnrosadeaza@schuylkillcommunityaction.com](mailto:lynnrosadeaza@schuylkillcommunityaction.com) – 225 N Centre st Pottsville, PA 17901



# 225 North Centre Street Limited Partnership

225 North Centre Street  
 Pottsville, PA 17901  
 Phone: (570) 622 – 1995  
 Fax: (570) 622 - 0429

Dear Applicant,

Thank you for your interest in the following rental unit:  
**101 W Race Street (Apt #201) Pottsville, PA 17901**

Please complete and return all of the following documented items, so that we may process your application in a timely manner. With any questions, please contact me at: 570-622-1995 or [lynnrosadeaza@schuylkillcommunityaction.com](mailto:lynnrosadeaza@schuylkillcommunityaction.com).

Sincerely,  
 Lynn Rosa  
 Housing Counselor



<b>GENERAL REQUIREMENTS:</b>	
Completed and Signed Rental Application	
Valid Identification (2 of the following per person)	
<ul style="list-style-type: none"> <li>- State ID                      - Driver's License                      - Military ID                      -Birth Certificate</li> <li>- Social Security Card                      - Temporary Resident Card                      - Passport</li> <li>- Other (HUD Residency Documentation Requirements FACT SHEET)</li> </ul>	
Rental Application Release Form (s)	
Copy of Section 8 Voucher (if applicable)	
<b>INCOME VERIFICATION</b>	
Please submit <b>ALL</b> forms of documented income as it applies to <b>ALL</b> in your <b>HOUSEHOLD</b> .	
Bank Statements/Asset Verification - 2 Month's Most Recent	Unemployed Benefits
Employment Verification/ Pay Stubs - 2 Month's Most Recent Pay Stubs  OR - 3 <sup>rd</sup> Party Verified Letter of Employment (plus additional release)	Veteran's Benefits Statements
2021 Tax Returns (self-employed)	Educational Assistance
Social Security Benefit Statement(s)	Income from Business (plus additional release)
Child Support/ Alimony Verification	1099 Tips/Other Wages
Pension and Annuity Verification	Other Income:



## 225 NORTH CENTRE STREET LIMITED PARTNERSHIP

225 North Centre Street  
Pottsville, PA 17901  
(570) 622-1995  
FAX: (570) 622-0429

### Rental Application Process and Procedures

All Interested Rental Applicants are required to submit all documentation that is applicable to their household, as listed on the following **Rental Application Letter**. When ALL current information/documentation requirements are submitted, an application is considered to be **“RECEIVED.”**

RECEIVED APPLICATIONS WILL BE DATE/TIME STAMPED,  
AND WILL BE THE ONLY APPLICATIONS REVIEWED FOR FURTHER RENTAL CONSIDERATION.

Applications will be reviewed on a First Come/First Served basis.

Received Applications will be determined Approved or Denied within 10 days of being received.

**Approved Applicants:** A Security Deposit equal to 1 Month’s Rent (or value agreed upon between Owner/Prospective Tenant) will be due within 10 days of Approved Status. This deposit will secure the property for 30 days. Property will be taken off the market in preparation for move-in date.

**Denied Applicants:** Will promptly receive a letter stating the reasons for denial.

**Waiting List:** Applicants who are deemed Approved when there are no available units which meet their needs will be placed on a waiting list managed by the Rental Compliance Manager. They will be contacted in chronological order of RECEIVED APPLICATION DATE when a rental unit becomes available.

#### Notice: Accessible Units

Procedures to Ensure Fair Housing and Equal Opportunity Practices for Individuals with Disabilities

- 1<sup>st</sup> - Unit will first be offered to current occupant who might require or benefit from the accessibility feature(s).
- 2<sup>nd</sup> - Unit will be offered to an eligible, qualified applicant on the waiting list who requires the accessibility feature(s) of the unit.
- 3<sup>rd</sup> – Unit will be widely marketed to the disabled community.
- 4<sup>th</sup> – Unit will be offered to a non-disabled person on the waiting list.



## Fair Tenant Selection Criteria

The unit for which is being applied is receiving allocations through the Pennsylvania Housing Finance Agency's (PHFA) Low-Income Housing Tax Credit program OR U.S. Department of Housing and Urban Development's (HUD) HOME program. Requirements for these programs state that Income Limits for Households as determined by HUD must be met for all occupants. Requirements also state that Fair Market Rents can change based on income. For detailed information on Income Limits and Fair Market Rent, please ask, and we will provide you with all available resources and information.

### Occupancy and Income

- **Number of Bedrooms:** 1
- **Current Fair Market Rent:** \$450.00
- **Number of People in Household:** 2
- **Current Income Limit:** \$31,850 annually
- **Current Income:** \_\_\_\_\_

**Possible Grounds for Denial:** Income exceeds income limits. Number of household occupants exceeds state/local mandated occupancy and safety regulations.

### Housing History

- **Verified and Consistent Rental/Housing History**
- **Satisfactory Recommendation from Prior Landlord(s)**
- **Demonstrated Ability to Pay/Care for Previous Residence**

**Possible Grounds for Denial:** History of Eviction(s). Unexplained gaps/lapses for previous living situations. Unsatisfactory recommendation from prior landlord(s) related to condition of apartment, nuisance, non-payment of rent/utilities.

### Credit History

- **Current, Up-to-Date Payments on Credit Cards, Car Notes, Utility Bills, Child Support, Taxes, Other Relevant Re-payment Agreements**

**Possible Grounds for Denial:** Chronic non-payment/inconsistent payment of regularly occurring bills/payments. Car repossessions. Charged-off credit cards. Evictions. Tax Liens.

### Criminal History

- **A criminal record does not prevent you from renting an apartment.**
- **Criminal Background will be reviewed on a case-by-case basis and consider: Age at time of conduct; Good tenancy before and after conduct; Rehabilitative efforts, Amount of time passed since conduct occurrence; Other mitigating factors surrounding the criminal conduct**

**Possible Grounds for Denial:** Convictions which present a demonstrable risk to residents/property; Assault and Battery; Sexual Assault; Vandalism; Arson; Manufacture/distribution of controlled substances





# 225 North Centre Street Limited Partnership

225 North Centre Street  
Pottsville, PA 17901  
(570) 622-1995  
FAX: (570) 622-0429



## Tenant Application Form



**Property/Address:** 101 West Race Street Apt 201 Pottsville, PA 17901

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

**Prospective Move In Date:** \_\_\_\_\_

**Household Information:** Complete the following information for each household member that will occupy the unit at time of move-in:

Name (Last, First, MI)	Relationship to the Head of Household	Birth Date (mm, dd, yyyy)	Student (Y/N)	Social Security Number

**Current Address:** \_\_\_\_\_

**Primary Phone:** ( ) \_\_\_\_\_ **Alternate Phone:** ( ) \_\_\_\_\_

**Are you claiming a "Preference"?** *Certain preferences are assigned to applicants in order to provide housing opportunities for households with special needs. See Tenant Selection Plan for greater detail.*

Displaced by Government Action or Presidentially Declared Disaster.

Victim of Domestic Violence.

Working, Elderly, or Disabled.

Other or Local Preference: \_\_\_\_\_



Are any of the above convictions a felony?  Yes  No **If YES, Please explain** \_\_\_\_\_

Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program?  Yes  No **If YES, Please explain** \_\_\_\_\_

Are there any criminal charges pending now?  Yes  No **If YES, please explain** \_\_\_\_\_

6. Do you live in subsidized housing now or have you in the past?  Yes  No  
If YES, where? \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_  
Were you evicted? \_\_\_\_\_ If YES, why? \_\_\_\_\_

7. Are you currently in possession of a section 8 voucher?  Yes  No  
If YES, from which housing authority? \_\_\_\_\_  
If YES, **please provide a copy of your voucher when submitting your application.**  
If NO, are you currently on the housing authorities waitlist for vouchers? \_\_\_\_\_

8. Have you or your spouse/co-applicant ever been evicted or otherwise involuntarily removed from rental housing due to fraud, non-payment of rent, failure to cooperate with recertification procedures, or for any other reason?  
 Yes  No

If YES, explain \_\_\_\_\_

9. Have you ever filed or are you currently filing for bankruptcy?  Yes  No  
If YES, give reason \_\_\_\_\_  
Date of filing: \_\_\_\_\_

10. Have you ever lived at any other property managed by Schuylkill Community Action?  Yes  No  
If YES, where? \_\_\_\_\_

11. Why do you want to move from your current residence? \_\_\_\_\_

12. How did you hear about us? \_\_\_\_\_

13. Do you know or are you related to any of our residents or staff? \_\_\_\_\_

**Income Information:**

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit is counted for all household members, including minors.

Include all GROSS income (before taxes) each household member expects to earn in the next 12 months. (Check either YES or NO to each question.)

Do YOU or ANYONE in your household receive OR expect to receive income from:

1. Employment wages or salaries? Self-employment? Regular pay as a member of the Armed Forces?  Yes  No

Household Member 1 Name \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Supervisor Name \_\_\_\_\_  
Employer Phone \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Employment Start Date \_\_\_\_\_ Employment End Date \_\_\_\_\_

Household Member 2 Name \_\_\_\_\_  
Employer Name \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Supervisor Name \_\_\_\_\_  
Employer Phone \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Employment Start Date \_\_\_\_\_ Employment End Date \_\_\_\_\_

2. Unemployment benefits or worker's compensation?  Yes  No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Public Assistance, General Relief or Temporary Aid to Needy Families (TANF)?  Yes  No

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. (a) Child Support or Spousal Support (alimony)?  Yes  No

(We must count court ordered support whether or not it is received unless legal action has been taken to remedy. We must also count support that is not court-ordered, rather, received directly from the payer.)

<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____



(b) How is the support received? (Check all that apply)

- Child Support Enforcement Agency
- Court of Law
- Directly from Individual
- Other

Name of Agency: \_\_\_\_\_

Name of Court: \_\_\_\_\_

Name of Person: \_\_\_\_\_

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

(c) If money is not actually received, are you taking legal action to remedy?  Yes  No

Explanation: \_\_\_\_\_

5. Social Security, SSI or any other payments from the Social Security Administration?

Yes  No

Household Member

SSA Office

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Regular payments from a pension, retirement benefit, annuities, or Veteran's benefits?

Yes  No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

7. Regular payments from a severance package?

Yes  No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8. Regular payments from any type of settlement? (For example, insurance settlements)

Yes  No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

9. Disability, death benefits or life insurance dividends?

Yes  No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

10. Regular gifts or payments from anyone outside of the household?

Yes  No

(This includes anyone supplementing your income or paying any of your bills.)

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Educational grants, scholarships, or other student benefits?

Yes  No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

12. Regular payments from lottery winnings or inheritances?

Yes  No

Household Member

Source of Benefit

Amount

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

13. Regular payments from rental property or other types of real estate transactions?  Yes  No

Household Member Source of Benefit Amount

\_\_\_\_\_  
\_\_\_\_\_

14. Any other income sources or types not listed above?  Yes  No

Household Member Source of Benefit Amount

\_\_\_\_\_  
\_\_\_\_\_

15. Do you or any other household member expect any change in income in the next 12 months?  Yes  No

If YES, explain: \_\_\_\_\_

Zero Income Verification:

Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

Yes  No If YES, who? \_\_\_\_\_

Asset Information:

Include all assets and the corresponding annual interest rate, dividends or any other income derived from the asset. An asset is defined as any lump sum amount that you hold in your name and currently have access to. Include the value of the asset and corresponding income from the asset in the space provided.

INCLUDE ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS INCLUDING MINORS.

Do YOU or ANYONE in your household hold:

1. Checking or savings account?  Yes  No

Household Member Bank or Financial Institution Amount

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. CDs, money market accounts or treasury bills?  Yes  No

Household Member Bank or Financial Institution Amount

\_\_\_\_\_  
\_\_\_\_\_

3. Stocks, bonds or securities?  Yes  No

Household Member Source (Broker's Name) Amount

\_\_\_\_\_  
\_\_\_\_\_

4. Trust funds?  Yes  No  
Household Member Bank or Financial Institution Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

Are any of the above listed trusts irrevocable?  Yes  No

5. Pensions, IRAs, 401Ks, 403Bs, KEOGH or other retirement accounts?  Yes  No  
Household Member Location of Account Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Cash on hand?  Yes  No  
Household Member Source of Benefit Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Surrender value of a whole life, universal life, or endowment insurance policy which is available to the policy holder before death?  Yes  No  
Household Member Life Insurance Company Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Real estate, rental property, land contract/contract for deeds or other real estates holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)  Yes  No  
Household Member Source of Benefit Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Personal property as an investment? (This includes paintings, coin or stamp collections, artwork collections or show cars and antiques. This does not include your personal belongings such as your car, furniture or clothing.)  Yes  No  
Household Member Source of Benefit Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Do you have a safe deposit box containing contents with a monetary value?  Yes  No  
Household Member Source of Benefit Amount  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Do you or anyone listed above own a vehicle?</b>		
<u>Vehicle Identification:</u>		
1.	License #: _____	State Issued: _____ Make/Model/Year: _____
2.	License #: _____	State Issued: _____ Make/Model/Year: _____

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers (where applicable), and any other information required to expedite this process.

**Signature Clause:**

I understand that management is relying on this information to prove my household's eligibility for housing assisted under a program of the U.S. Department of Housing and Urban Development (HUD). I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information and expedite this process in anyway possible. I understand that my occupancy is contingent on meeting management's resident selection criteria and the HUD Neighborhood Stabilization Program.

I understand that in compliance with the FAIR CREDIT REPORTING ACT the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information I provided, including procuring consumer reports from consumer credit reporting agencies and obtaining credit information from other credit institutions.

I hereby grant this property owner and *Schuylkill Community Action* the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be as valid as the original.

**All household members 18 and over must sign below:**

Signature	Date
Signature	Date
Signature	Date
Signature	Date

For Office Use Only	
Check here if Pre-Application is on file. <input type="checkbox"/>	Application Date: _____ Time: _____ Desired Move-In Date: _____ Application Received By: _____ As Agent for Owner

**Schuylkill Community Action prohibits discrimination in all its activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation and marital or family status. Schuylkill Community Action is an equal opportunity provider and employer.**

**CONSENT FOR RELEASE OF INFORMATION**

(FS10)

I \_\_\_\_\_ hereby authorize

to release the following specific information : credit, previous landlord, asset  
accounts and employment and any other information

in regards to renting an apartment

to 225 NORTH CENTRE STREET LIMITED PARTNERSHIP

for the specific purpose of APARTMENT RENTAL

**STATEMENT OF CONFIDENTIALITY**

I have been advised that to protect the confidentiality of my records, my agreement to obtain or release is necessary and that this permission is limited for the purpose and to the persons listed above. I understand that further disclosure of this information cannot be made without the prior written consent of the person to whom it pertains. The consent is valid for the period indicated 1 YEAR from the date of authorization. I understand that this authorization may be withdrawn at any time by my written statement.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Witness

# Schuylkill Community Action- Intake Form

Please complete the following information for you and all household members. Failure to complete this form in its entirety may delay the processing of your assistance. **Continue on the back for additional household members.**

	Head of household	Household member 1	Household member 2	Household member 3	Household member 4
<b>Name</b>					
<b>Social Security Number</b>					
<b>Date of Birth</b>					
<b>Gender</b>					
<b>Race</b>					
<b>Ethnicity-Hispanic/Latino- (Yes or No)</b>					
<b>Disabled (Yes/No)- If yes, physical or mental</b>					
<b>Military- (Active, Veteran, or No)</b>					
<b>Employed- (Yes/No) If yes, Full or Part-time</b>					
<b>Health Insurance- (Yes/No) If yes, Private or Subsidized</b>					
<b>Highest level of education completed</b>					

<b>Health insurer (Circle One)</b>	UPMC	Geisinger	Health Partners Plan	Amerihealth	Other
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Name \_\_\_\_\_ Date \_\_\_\_\_

**Additional Household Members**

	Household member 5	Household member 6	Household member 7	Household member 8	Household member 9
<b>Name</b>					
<b>Social Security Number</b>					
<b>Date of Birth</b>					
<b>Gender</b>					
<b>Race</b>					
<b>Ethnicity-Hispanic/Latino- (Yes or No)</b>					
<b>Disabled (Yes/No)- If yes, physical or mental</b>					
<b>Military- (Active, Veteran, or No)</b>					
<b>Employed- (Yes/No) If yes, Full or Part-time</b>					
<b>Health Insurance- (Yes/No) If yes, Private or Subsidized</b>					
<b>Highest level of education completed</b>					



## 225 North Centre Street Limited Partnership

225 North Centre Street  
Pottsville, PA 17901  
(570) 622-1995  
FAX: (570) 622-0429

### Reference List

\*References cannot be related to you\*

Name	
Address	
Phone Number	
Relationship	
Name	
Address	
Phone Number	
Relationship	