

Dear Applicant,

Thank you for your interest in the following rental unit:
10 South William st Girardville PA 17935

Please complete and return all of the following documented items, so that we may process your application in a timely manner. Should you have any questions please contact the office directly at:

Office Phone: #570-622-1995

Email: lynnrosadeaza@schuylkillcommunityaction.com

Sincerely,
Lynn Rosa
Housing Counselor



GENERAL REQUIREMENTS:			
Completed and Sign Rental Application			
Valid Identification (2 forms needed for all household members)			
- State ID - Driver's License - Military ID - Social Security Card - Temporary Resident Card - Passport - Other (HUD Residency Documentation Requirements FACT SHEET)			
Rental Application Release Form(s) signed			
2 references (not related to you)			
INCOME VERIFICATION			
Please submit ALL forms of documented income as it applies to ALL in your HOUSEHOLD.			
Bank Statements/Asset Verification		Unemployed Benefits	
- 2 Month's Most Recent			
Employment Verification/ Pay Stubs		Veteran's Benefits Statements	
- 2 Month's Most Recent Pay Stubs			
OR			
- 3 rd Party Verified Letter of Employment (plus additional release)			
2 Years of Tax returns(if 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	

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 14 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 Housing Counselor. 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

- 1st - Unit will first be offered to current occupants who might require or benefit from the accessibility feature(s).
- 2nd - Unit will be offered to an eligible, qualified applicant on the waiting list who requires the accessibility feature(s) of the unit.
- 3rd - Unit will be widely marketed to the disabled community.
- 4th - 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:** 3
- **Current Fair Market Rent:** \$950
- **Number of People in Household:** 4
- **Current Income Limit:** \$42,900 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 N Centre St.
Pottsville PA 17901
Phone (570) 622-1995

www.schuylkillcommunityaction.com



Tenant Application Form



Property/Address: 10 South William st Girardville PA 17935 **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: _____

Type:1st Choice: ☐ 2 BR ☐ 3 BR ☐ 4 BR ☐ 5 BR ☐ Other _____2nd Choice: ☐ 2 BR ☐ 3 BR ☐ 4 BR ☐ 5 BR ☐ Other _____

Would you or anyone in your household benefit from a special needs unit?

(Mobility, vision, or hearing impairment)

☐ Yes☐ NoWill you or anyone in your household require a live-in care attendant? ☐ Yes ☐ No

Name of Live-In Care Attendant: _____

Relationship (If any): _____

Housing References:List the **past 3 years** of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
1.	_____	_____	Own ☐	From: _____
	_____	_____	Rent ☐	To: _____
	Phone: () _____			
2.	_____	_____	Own ☐	From: _____
	_____	_____	Rent ☐	To: _____
	Phone: () _____			

Household Information (continued)

1. Will anyone else live in the unit on either a full-time or part-time basis, such as children temporarily absent, children in a joint custody arrangement, children away at school, unborn children, children in the process of being adopted, or temporarily absent family members? ☐ Yes ☐ No

If YES, explain _____

2. Do you expect the number of household members to change in the future? ☐ Yes ☐ No
- If YES, explain how many members will be added or reduced, and when that change will take place.

3. Have any of the household members used names or a social security number other than the names and numbers used above? ☐ Yes ☐ No

If YES, explain _____

4. Are any or ALL members of the household full-time students? ☐ Yes ☐ No

If YES, explain _____

5. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? ☐ Yes ☐ No

If YES, provide the nature of the crime(s): _____

Date: _____ State: _____ City: _____

County: _____

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. 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 _____

8. Have you ever filed or are you currently filing for bankruptcy? ☐ Yes ☐ No

If YES, give reason _____

Date of filing: _____

9. Have you ever lived at any other property managed by Schuylkill Community Action?

☐ Yes ☐ No

If YES, where? _____

10. Why do you want to move from your current residence? _____

11. How did you hear about us? _____

12. 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

Name of Agency: _____

☐ Court of Law

Name of Court: _____

☐ Directly from Individual

Name of Person: _____

☐ Other

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

☐ Yes ☐ NoBank or Financial Institution

☐ Yes ☐ No☐ Yes ☐ NoLocation of Account

☐ Yes ☐ No

Source of Benefit

☐ Yes ☐ No

Life Insurance Company

☐ Yes ☐ No

Source of Benefit

☐ Yes ☐ No

Source of Benefit

☐ Yes ☐ No

Source of Benefit

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 any way 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. ☐	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
Previous Landlord(s); Housing Authority Representatives; Creditors; Employers
to release the following specific information : credit, previous landlord, asset
accounts and employment and any other information
in regards to renting an apartment
to SCHUYLKILL COMMUNITY ACTION
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
Name					
Social Security Number					
Date of Birth					
Gender					
Race					
Ethnicity-Hispanic/Latino- (Yes or No)					
Disabled (Yes/No)- If yes, physical or mental					
Military- (Active, Veteran, or No)					
Employed- (Yes/No) If yes, Full or Part-time					
Health Insurance- (Yes/No) If yes, Private or Subsidized					
Highest level of education completed					

Health insurer (Circle One)	UPMC	Geisinger	Health Partners Plan	Amerihealth	Other
-----------------------------	------	-----------	----------------------	-------------	-------

Name _____ Date _____



225 N Centre St.
Pottsville PA 17901
Phone (570) 622-1995

www.schuylkillcommunityaction.com

Reference List

References cannot be related to you

Name	
Address	
Phone Number	
Relationship	
Name	
Address	
Phone Number	
Relationship	