

Pennsylvania Interfaith Community Programs Inc.  
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 Gettysburg, PA 17325  
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 TDD/TTY Relay Service: 1-800-654-5984  
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**PENNSYLVANIA INTERFAITH COMMUNITY PROGRAMS, INC. APPLICATION FOR RENTAL ASSISTANCE**

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

This application for rental assistance is for placement only on the waiting list(s) requested. Final determination of eligibility is determined at the time of your selection from the top of the waiting list. Please note that any household member's criminal record or past violations from other housing authorities or federally assisted housing programs may affect eligibility.

**HEAD OF HOUSEHOLD:** \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Cellular Phone \_\_\_\_\_

Email Address \_\_\_\_\_

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

**PENNSYLVANIA INTERFAITH COMMUNITY PROGRAMS, INC. PROPERTIES:** Please check the property name(s) for the waitlist(s) you would like your household added to.

\_\_\_\_\_ Gettysburg Interfaith Gardens – 1 bedroom units only

\_\_\_\_\_ McSherrystown Interfaith Gardens Number of Bedrooms Requested: \_\_\_\_\_ 0 (Efficiency/Studio) \_\_\_\_\_ 1 Bedroom

Applicants **MUST** be *at least* 62 years old and/or disabled. If you do not meet these criteria your application will be denied.

**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. **Social Security Number is required for every member.**

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										

**ELDERLY STATUS:** Is at least one member of your household 62 years of age or older? \_\_\_\_\_ Yes \_\_\_\_\_ No

**DISABILITY STATUS:** Is any member of your household classified as a person with a disability? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, is this person head of household 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: \_\_\_\_\_

Does any member of your household need a unit with accessibility features specifically designed for persons with physical disabilities? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If yes, you must provide certification from a medical professional regarding the need for the features of the accessible unit prior to lease-up).

**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

**CRIMINAL HISTORY:** 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, 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 household members have resided \_\_\_\_\_

**HOUSING HISTORY:** 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

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

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

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

**YOU MUST PROVIDE LANDLORD INFORMATION FOR THE PAST FIVE YEARS:**

Name, address, phone of present landlord and current length of tenancy (must be provided):

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

Name, address, phone of most recent former landlord and current length of tenancy (must be provided):

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

**TOTAL HOUSEHOLD INCOME:**

**Include all income earned or received by every member who will be living in the household.** This includes wages from employment/self-employment, Unemployment/Workman's Compensation, all Social Security Benefits (federal and state), Military/Veteran's Administration Compensation, TANF, child/alimony support, regular in-kind cash contributions from a non-household member, education scholarships/grants/training programs, periodic payments from trust/annuity/inheritance, insurance policy/disability or death benefits, retirement/pension funds, rental income. **Only exclude earned income (i.e. employment) from members under 18 years of age.**

NAME	SOURCE OF INCOME	YEARLY AMOUNT
1 _____		
2 _____		
3 _____		
4 _____		

**TOTAL YEARLY AMOUNT** \_\_\_\_\_

**TOTAL HOUSEHOLD ASSETS:**

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

- \_\_\_\_\_ Checking/Savings Accounts and/or Certificates of Deposit
- \_\_\_\_\_ IRA, Keogh or SEP Accounts
- \_\_\_\_\_ Treasury Bills or Series EE Government Savings Bond

- \_\_\_\_\_ Stocks or Bonds
- \_\_\_\_\_ Real Estate, Land Contracts, or Mobile Homes
- \_\_\_\_\_ Personal Property held for Investments
- \_\_\_\_\_ Life Insurance Policies (with a cash value)

**TOTAL HOUSEHOLD ALLOWANCES:**

Do you pay for childcare for a child(ren) 12 or younger while a household member works? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you pay for a care attendant or any equipment for a household member with disabilities to enable that person or another household member to work? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you have Medicare or pay premiums and/or co-payments for any other kind of medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you pay any out-of-pocket expenses for medically necessary supplies and/or equipment that are not covered by your Medicare or medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

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**HEAD OF HOUSEHOLD CERTIFICATION:**

Please initial each of the following:  
\_\_\_\_\_ 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.  
\_\_\_\_\_ 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.

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**SIGNATURE OF HEAD OF HOUSEHOLD AND EACH HOUSEHOLD MEMBER AGE 18 OR OVER:**

NAME	DATE SIGNED
1 _____	_____
2 _____	_____



**This institution is an equal opportunity employer and provider**



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



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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (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	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.