

**Office Use Only:**

Date/Time Received: \_\_\_\_\_

\_\_\_\_\_ Accessible Unit Requested

**Application for Eligibility Determination for Residency with  
Spring City Elderly (d.b.a. FLAG HOUSE)  
Located at 250 N. Main Street, Spring City, PA 19475**

Petra Community Housing will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). Management will take affirmative steps to communicate the provided information and services. Do you require services of an interpreter or materials translated into another language other than English, as available for persons with Limited English Proficiency (LEP)?  Yes  No If Yes, please list the language and services requested:

Do you require a reasonable accommodation due to a disability?  Yes  No Do you need an accessible feature (ie., walk or roll-in shower, flashing notification for the deaf)?  Yes  No If yes to either question, please describe your need:

**Household Composition and Characteristics & Family Summary:** List the head of the household and all other members who will be living in the unit. Give the relationship of each family member to the head of household. Please Print. NOTE: YOU MUST BE AT LEAST 62 YEARS OR OLDER TO APPLY. Gender information is optional.

	Last Name PRINT CLEARLY!	First Name	Relationship	Age	Gender	Date of Birth	Social Security Number Print clearly!!
1			Head (HOH)				
2			Spouse/Co Head				
3							

Attached Race/Ethnicity form attached can be completed by applicant for each household member.

Are you a Veteran?  Yes  No Are you a US Citizen?  Yes  No Your Telephone # \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
Street Apt. City, State, Zip

If lived there less than 2 years, give prior address: \_\_\_\_\_

Please list all states you lived in and the approximate year(s) there: \_\_\_\_\_

Do you rent?  Yes  No If yes, Landlord information will be collected and verified before move-in approval.

Or other living arrangements (describe): \_\_\_\_\_

If you own, see Asset section for details.

**Live-In Attendant:** Do you require the aid of a live-in care attendant?  Yes  No Do you require the assistance of others to manage your affairs?  Yes  No PETRA COMMUNITY HOUSING APARTMENTS ARE CONSIDERED INDEPENDENT LIVING; this means Petra provides no direct care services. Our tenants must provide for their own care or employ outside agencies/services to be able to live independently from Petra Staff/Management.

**Employment:** Are you or a household member currently employed?  Yes  No. If yes, give information on your employer(s). Provide a recent paystub and your last year's W2:

\_\_\_\_\_  
Name, Address, Supervisor, Telephone Number, Length of time employed

**Sources of Income: HUD REQUIRES ALL INCOME TO BE REPORTED.**

Answer	Source	Monthly or Periodic Amount	Documentation Needed at Eligibility Interview
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security		Current Award Letter
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pensions, Annuities		Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability		Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Self-Employment		Profit & Loss Tax Documents
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (specify)		

Do you have any other regular sources of income not listed above?  Yes  No This would include any financial assistance from an outside source: (describe)

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**Assets: HUD REQUIRES ALL ASSETS TO BE REPORTED**

Please Select An Answer	Asset	Current Value	Documentation Needed As Attachments to Application
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cash (in excess of \$1,000)		Signed Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s)		Copy of Most Recent Bank Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings/Money Market Account(s)		Most Recent Statement(s)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stocks and Bonds		Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate of Deposit		Copy of Certificate
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts, IRA, or Pension Accounts		Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Life Insurance (cash value)		Insurance Co. statement. if term or cash value
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other (describe)		

Do you or any members of your household own a home or other real estate? Yes  No  If yes, please list address \_\_\_\_\_ Estimated Value \$ \_\_\_\_\_ Will you sell or rent the property? \_\_\_\_\_

Have you or any member of your household ever been convicted or adjudicated of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past ten (10) years? This also includes harassment, sexual assault, drug abuse, and other crimes.  Yes  No If Yes, please explain

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Are you or any member of your household subject to a lifetime registration requirement under a state/federal sexual offender registration program?  Yes  No. If Yes, please explain:

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**Have you or any member of your household ever been evicted from Federally-assisted housing or other types of housing? This specifically includes drug-related criminal activity.**  Yes  No. If Yes, please explain

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**Are you or any member of your household currently engaged in illegal drug use?**

Yes  No. If Yes, please explain: \_\_\_\_\_

**Are you or any member of your household currently engaged in alcohol abuse that may threaten the health and safety of the residents or staff or hinders the peaceful enjoyment of the housing premises?**  Yes  No. If Yes, please explain:

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*Petra Community Housing may prohibit admission of a household to federally assisted housing if we determine that any household member is currently engaging in, or has engaged in during a reasonable time before the admission decision:*

- (1) Drug-related criminal activity;*
- (2) Violent criminal activity;*
- (3) Other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or*
- (4) Other criminal activity that would threaten the health or safety of the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations.*

**Other Information:**

Do you plan to use a service or assistance animal in this facility?  Yes  No      Do you have a pet you wish to bring into this facility?  Yes  No    If yes to either question,, further information will be required regarding the service or assistance animal or the pet. Request our Pet Policy and Pet Rules for details.

Do you have a vehicle you wish to bring onto the property?       Yes  No    If yes, is the car registered, insured, in operable condition, and owned by a member of the household?       Yes  No

Good credit is an important requirement for Petra's decision to approve or deny an application. We will not request your credit report until your name comes to the top of our waiting list. We do not use the FICO score; our credit reporting provider uses a 0-100 scoring system to meet our criteria. You can obtain a free credit report at [www.annualcreditreport.com](http://www.annualcreditreport.com). If you wish to improve your credit, we highly recommend that you seek the services of a HUD-approved credit counselor available via [www.HUD.gov](http://www.HUD.gov).

In the event you wish to designate a person to represent you during the application process, **HUD** has a form you can voluntarily fill out.. 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. Due to confidentiality reasons, we can not give out any information on your application to a third party without your written permission. Attached **HUD-92006** form.

**Applicant(s)' Certification:**

I/we understand that the above information is being collected to determine my/our eligibility for placement on the wait list. By application, I/we understand this does not mean we are qualified for housing other than by initial review of age

(at least 62) and household income. Once, my/our name(s) comes to the top of the waiting list, I/we authorize PETRA COMMUNITY HOUSING to verify all information provided on this application and to contact previous or current landlords or other sources for credit, criminal background check, and verification information which may be released to appropriate Federal, State or Local agencies. I/we understand that our information will be kept confidential, but may be reviewed by a HUD auditor. 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, and could result in this application being rejected. I/we am/are aware that the applicant may be given less than thirty (30) days notice to move into an available apartment. If for any reason I/we am/are unable to move in within the allowed time, I/we understand that our offer may be forfeited. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact **Petra Community Housing** in writing every twelve (12) months should we decide to remain on the List and if our address or telephone number changes. I/we understand that failure to complete this application in its entirety and/or legibly, will result in the rejection of this application. I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence.

Signature of Head of Household: \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse / Co-Head: \_\_\_\_\_ Date \_\_\_\_\_

***Petra Community Housing does not discriminate in any fashion based upon a person's race, color, sex, creed, national origin, handicap status, religion, familial status, source of income, or disability. Residency is open to all qualified eligible persons in accordance with any State recognized protected classes. Petra Community Housing does not discriminate based upon age for any reason, excluding HUD program/project requirements.***

***Further information regarding Petra's application procedures can be reviewed by asking to see our Tenant Selection Plan.***

***Submission of false or untrue information on your application, or failure to cooperate, in any way, with the verification process may be grounds for rejection.***

***The initial review, by Petra Management, of this application is to ensure you meet the age and income requirements. By accepting the application onto the Waiting List, is not a guarantee of acceptance for tenancy.***

**Mail completed applications to:** **Petra Community Housing**  
**201 South Main Street** **Email: [Monica.book@petrach.org](mailto:Monica.book@petrach.org)**  
**Spring City, PA 19475** **FAX #610 948-1765**

**Check that your application has:  income proof  HUD form # 92006  HUD form Race/Ethnic attached before submission.**

**For questions, 484 933-4956**

**[www.petrach.org](http://www.petrach.org)**

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