

**Pre-Application for Eligibility Determination for Residency at
Hopkinson House
536 Main Street, Schwenksville, PA 19473**

Thank you for your interest in Hopkinson House. Please complete the following application and return it to Petra Community Housing, 201 South Main Street, Spring City, PA 19475 ■ Email: info@petrach.org ■ Fax 610-948-1765

Contact information (name/address): _____

Email Address _____

Cell phone _____

Household Composition and Characteristics: (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 clearly.)

	Last Name PRINT CLEARLY!	First Name	Race/Ethnicity	Citizen? (yes or no)	Gender (optional).	Date of Birth	Social Security Number (print clearly)
1							
2							
3							
4							

Do you or a member of your household have a permanent, physical handicap that limits mobility? Yes No

Income: Do you or any members of your household receive any of the following types of income on a regular basis?

Answer	Source	Monthly	Specify if income is weekly, biweekly, monthly
Yes No	Wages/Salaries		
Yes No	Social Security, SSI or Rail-road Retirement		
Yes No	Private Pensions		
Yes No	Annuities		
Yes No	Disability Insurance		
Yes No	Interest from Investments		
Yes No	Trust Income		
Yes No	Child Support		
Yes No	Income from Self-Employment		
Yes No	Other: (list)		

Applicant(s) Certification:

I certify that the statements made in this pre-application are true and complete to the best of my knowledge and belief. I understand that the above information is being collected to determine my eligibility for residency. I authorize the owner to verify all information provided on this application and access other sources for credit and criminal background check. I understand that once my name comes to the top of the list I will be asked to provide additional information including proof of income, bank statements and the previous year's tax returns. I understand that the information will be kept confidential, but may be reviewed by an auditor.

Signature of Head of Household: _____ Date _____

Signature of Spouse / Co-Head: _____ Date _____

