



A Petra Community Housing Property
GRUBER MILLS d.b.a. Bard Complex
Strengthening Communities, Empowering Lives

Dear Applicant:

Thank you for your interest in Gruber Mills (d.b.a. Bard Complex). Attached is an application for residency solely for the Bard Complex. If you wish to apply for our other buildings, there is a separate application for each. HUD Section 202/PRAC subsidy requires that all applicants must meet certain qualifications for admission to the Bard Complex. **Head of household must be 62 years of age or older to apply.**

Income limits determined by the Department of HUD in accordance with the Section 202/PRAC program do apply. **Maximum qualifying annual income is \$30,600 (1 Person) or \$35,000 (2 Person).** Those who qualify for this program will pay approximately 30% of his/her monthly income toward rent. Heat, water, sewer and gas utilities are included in the rent. Electricity is not included; however, we provide a \$39 per month utility allowance off the rent. All apartments are one bedroom unfurnished units equipped with refrigerator and stove. Two elevators are available at the Bard Complex. It is a non-smoking facility.

Applicants are housed on a first-come, first-serve basis from our waiting list and are not able to choose the location of the apartment. When an applicant's name reaches the top of our Waiting List, we will update their application and require all legal and financial documents as applicable. Credit and background clearances will then be completed. If approved, they will be offered the next available apartment at the Bard Complex. If they do not accept the available apartment, their name will be dropped from the Waiting List unless there is a proven medical reason to decline.

Petra Community Housing does not provide "assisted living," nursing services, or personal care. Residents must be capable of fulfilling lease requirements on their own or arrange for needed services to be provided by outside agencies.

Please answer ALL questions, where not applicable, write "N/A". Be sure to print clearly. **Please provide proof of income with this application.**

Completed applications can be delivered to the address shown below during regular business hours, Monday through Friday, or mailed to us. The application must contain the original signatures of all persons applying to reside in the unit. It can not be faxed or emailed to us. If deemed complete, you will receive a letter of acknowledgement. It is your responsibility to update your information, phone number, and other changed information on your application.

Please visit our website at www.petrach.org to view pictures of our properties.

Steve Kambic

Executive Director





Petra Community Housing
 201 S. Main Street, Spring City, PA 19475
 Phone: 610-948-1797 Fax: 610-948-1765
 Website: petrach.org



Application for Housing

Gruber Mills (d.b.a . Bard Complex)

201 S. Main Street, Spring City, PA 19475

Office Use Only:
Date/Time:
ADA Request:

Background: The Bard complex consists of 61 one-bedroom apartments only available to elderly persons (at least 62 years of age) who do not exceed federal income limits as regulated by the Department of Housing and Urban Development (HUD). Due to HUD rent subsidy, the rent is 30% of gross income (including assets) minus adjustments for a utility allowance and qualified medical expenses. The facilities include an on-site maintenance person and a Resident Services Coordinator. The residents sign a lease for independent living and must demonstrate the ability to responsibly manage their household.

Persons needing an accommodation to complete this application, due to a Limited English Proficiency (LEP) or disability, should make that request known to PCH. If the Applicant needs a handicap accessible apartment, as defined by the Americans with Disabilities Act (ADA), due to a family member who needs an accessible feature, the Applicant hereby describes the needed feature(s) as:

Household Composition: List the head of the household (HOH) and all other members who will be living in the unit. Give the relationship of each family member to the head of household. NOTE: ALL FAMILY MEMBERS MUST BE AT LEAST 62 YEARS OR OLDER TO APPLY. Gender information is optional.

Last Name	First Name	Relationship to HOH	Age	Gender	Date of Birth	Social Security Number
		Head (HOH)				
		Spouse/Co Head				

Applicant History (Renter, Homeowner, etc.):

Current Phone No. _____

Current Email Address _____

Chronology (from current)	Address: Street, Apt., City, State, Zip	Residency Type	Period (min. 5 years)
Current			
Prior			
Prior			
Prior			

List all states lived in by all family members: _____

If any member incarcerated, list period(s) and explanation: _____

Required forms: These HUD forms must be attached for Application to be considered:

1. HUD-92006 *Supplement to Application for Federally Assisted Housing*. This form provides valuable contact information for benefit of the Applicant and can be updated at any time.
2. HUD-27061-H *Race and Ethnic Data Reporting Form*. This is information that HUD requests.

All Sources of all family income: including gross Social Security, gross wages, pensions, disability, etc.

Source	Amount	How often (i.e. mo., year)	Total Amount

All Cash Assets from: 1) bank accounts (i.e. checking, savings, certificate of deposit), 2) assets with a surrender cash value (i.e. whole life insurance), donations or gifts in excess of \$1,000 in the last year, and 4) assets transferred for less than fair market value within the last two years (i.e. sale of home).

Source	Amount	How often (i.e. mo., year)	Total Amount

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? _____

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:

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

Is any member of your household currently engaged in illegal drug use? Yes, No. If Yes, explain:

Is any member of your household engaged in alcohol abuse that may threaten the health and safety of the residents or staff? Yes, No. If Yes, please explain:

Explain citizenship: _____

Other Information:

Do you plan to use a service animal in this facility? Yes No Do you have a pet you wish to bring? 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? Yes No If yes, is the vehicle registered, insured, in operable condition, and owned by a member of the household? Yes No

Being in control and responsible for your finances with good credit is important for application approval or denial. To appeal a denial, the Applicant must respond in writing within fourteen (14) days of the denial letter. An appeal decision will be made by persons at arms-length of the Application reviewer with a written answer within five (5) days of making the final decision. No fees are charged for the Application review. The Applicant must sign a release for up to three requests for a Landlord Reference.

Applicant(s) Certification:

I/we understand that PCH will collect information from federal, state and private data bases (including Enterprise Income Verification) to verify the information provided herein. Any false information provided for calculation of rent or eligibility for occupancy may be subject to federal penalties including imprisonment. This application will be the basis for determining initial eligibility for the requested housing subject to further review and verification as explained in the PCH Tenant Selection and Occupancy Plan.

If the Applicant appears eligible based on this Application, they will be placed on a waiting list. When near the top of the list, the Applicant will have to provide six months of all the latest bank statements and all other documentation to show all income and assets within two weeks of the request for this Applicant Interview. Upon the offering of the next available apartment when at the top of the waiting list, the Applicant must be able and willing to take legal possession of the unit within two weeks of notification and use the unit as their sole residence. The Applicant is providing information true to the best of their knowledge and agrees to these terms and conditions.

----- Head of Household	----- Date	----- Co-Head of Household	----- Date
----- Other family member	----- Date	HUD form 92006 attached? HUD form Race/Ethnic	----- -----

Please note: If your household size or contact information changes, notify us immediately as it may impact your eligibility and opportunity to be offered an apartment. Petra Community Housing supports fair housing practices and does not discriminate based upon a person's race, color, sex, creed, national origin, handicap status, religion, familial status, source of income, or disability. Petra Community Housing does not discriminate based upon age or disability for any reason, excluding HUD program/project requirements.

Reporting Form

and Urban Development
Office of Housing

(Exp. 06/30/2017)

Name of Property Project No. Address of Property

Name of Owner/Managing Agent Type of Assistance or Program Title:

Name of Head of Household Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature _____

Date _____

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa

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.

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

