

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

To comply with Federal Executive Order #13166, management will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). While we cannot guarantee the following request, 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: _____

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. Provide copies of your birth certificate(s) and Social Security cards for all members. Please Print clearly.)*

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

Do you require a live-in care aide? Yes No If yes, please describe the need and it must be verified by your medical professional (verification form to follow): _____

Current Housing Status: Renting Living w/ Friends or Relatives Homeless Other _____

List all addresses where you have lived during the past ten years. (Use additional sheet if necessary.)

| Address (including Apt. #), City/State/Zip <small>(Listing current address first, then going back 7 years.)</small> | Dates there | Rent Paid | Type: (rental, home, parents) | Manager & phone # |
|--|-------------|-----------|-------------------------------|-------------------|
| | - Present | | | |
| | - | | | |
| | - | | | |
| | - | | | |

Please list all states that you lived in and the approximate year(s) _____

Criminal Activity: Have you or a 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 and name household member: _____

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 and name household member: _____

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 and name household member: _____

Gross Income: Please provide documentation for all income

| Answer | Source | Note if amount is weekly, monthly, annual | Documentation Needed |
|--|---|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Wages/Salaries | | 3 Pay stubs & 2016 Tax Return |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Social Security, SSI or Railroad Retirement | | Current Award Letter |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Private Pensions/Annuities | | Most Recent Statement/Check Stub |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Cash Assistance/Food Stamps | | Most Recent Statement/Check Stub |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Disability Insurance | | Most Recent Statement/Check Stub |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Interest from Investments | | Bank Statement; Forms 1099 |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Trust Income | | Most Recent Statement |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Child Support | | Copy of Court Order or Private agreement |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Income from Self-Employment | | Tax Documents or Written Statement |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Other: (list) | | |

Assets: Do you or any members of your family have any of the following assets?

| Please Select An Answer | Asset | Current Value | Documentation Needed As Attachments to Application |
|--|---|---------------|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Checking Account(s) | | Copy of last 3 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, Life Ins. Cash Value or Pension Accounts | | Most Recent Statement |

Do you or any members of your household own a home, commercial property, or other real estate? Yes No

If yes, please list address and provide documentation: _____ Estimated Value: \$ _____

Other assets not covered above: _____

Other Information: Do you have a pet you wish to bring into this facility? Yes No

If yes, please describe the animal (typed/breed/size) _____

Do you have vehicles you wish to bring onto the property? Yes No

Are the cars registered, insured, in operable condition, and owned by a member of the household? Yes No

Applicant(s)' Certification:

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 certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for residency. I/we authorize the owner/management 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 an auditor. I/we also understand that it is a requirement of our placement on the Waiting List that I/we contact **Hopkinson House** in writing every twelve (12) months should we decide to remain on the List. I/we understand that failure to complete this application in its entirety will result in the rejection of this application.

Signature of Head of Household: _____ Date _____

Signature of Spouse / Co-Head: _____ Date _____

Signature of all household members over the age of 18: _____ Date: _____

Petra 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, age or disability. Residency is open to all qualified eligible persons in accordance with any State recognized protected classes. Return the completed application to:

***Petra Community Housing
201 South Main Street, Spring City, PA 19475***

Email: info@petrach.org

Fax: 610-948-1765

After submitting application be sure to email, mail, fax or deliver copies of the following items:

- Driver's License (all applicants over the age of 18)
- Social Security cards (all applicants over the age of 18)
- Proof of all income (last 3 pay stubs)
- 3 months checking statements
- 1 month all other asset statements
- Current Tax Return

