

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

Property Managed by Petra Community Housing

Main Office Location: 201 S Main St, Spring City PA 19475

Phone—610-948-1797

Fax— 610-948-1965

Website—www.petrach.org

Email—info@petra.org

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: \_\_\_\_\_

1. Current Phone No. \_\_\_\_\_
2. Email: \_\_\_\_\_
3. Current Mailing Address: \_\_\_\_\_

**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.)*

**Key Codes:** (D)- Do not wish to Disclose **Race:** (W)- White, (B)- Black, (I)- American Indian/Alaskan Native, (P)- Native Hawaiian/ Other Pacific Islander, (A)-Asian. **Ethnicity:** (H)- Hispanic, (NH)- Non Hispanic

Legal Name	Gender	Birthdate	Relationship to Head of Household	Social Security Number	Race (Key Letter Above)	Ethnicity (Key Letter Above)

Do you require a live-in care aide?  Yes  No If yes, please describe the need and it must be verified by your medical profes-

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

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

List all addresses where you have lived during the past ten years. (Use additional sheet if necessary.) (Landlord information will be collected and verified before move-in approval)

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			
	-			
	-			
	-			

**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:

\_\_\_\_\_

**Gross Income:** Please provide documentation for all income. **Please provide Documentation for income that applies**

Answer	Source	MONTHLY AMOUNT	Documentation Needed
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages/Salaries		3 Pay stubs & most recent 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 provide documentation for Assets that apply**

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 2 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
Yes No	Other		

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

