



Petra Community Housing Property
FREEDOM HOUSE APPLICATION
Strengthening Communities, Empowering Individuals



Dear Applicant,

Thank you for your interest in Freedom House. Attached is an application for residency. Please answer all questions. Where not applicable, write 'N/A'. Please provide proof of income with this application. The disability verification form included is to be completed by a medical professional. You are also required to submit, with this application HUD Forms 27061 and 92006 which are also included with this application.

All applicants must meet certain qualifications for admission to the Freedom House:

1. Head of household must be at least 18 years of age or older with a verified disability to apply
2. Income limits determined by the Department of HUD in accordance with the Section 811/PRAC program do apply. Maximum qualifying 2024-2025 annual income cannot exceed \$40,150 (1 person), \$45,900 (2 people).
3. Actual eligibility will be determined once the applicant's name has reached the top of the wait list, and further verification must be done. (i.e. credit check, background check, income verifications, etc.).

Those who qualify for this program will pay approximately 30% of their monthly income toward rent. All apartments are one-bedroom unfurnished units equipped with refrigerator and stove. Freedom House is a one-story, non-smoking facility.

Completed applications can be delivered or mailed to the address at the end of the application. If deemed to be complete, you will receive a letter of acknowledgement. It is your responsibility to inform us if there are any updates to your contact information.

Further information regarding Petra's application procedures can be reviewed by viewing our Tenant Selection Plan on our website at www.petrach.org/apartments-for-rent/howtoapply.

Regards,

A handwritten signature in cursive script that reads "Bobbi Kulp".

Bobbi Kulp
Housing Coordinator

Office Use Only:

Date/Time Received: _____

_____ Accessible Unit Requested

**APPLICATION FOR ELIGIBILITY DETERMINATION FOR RESIDENCY AT FREEDOM HOUSE
LOCATED AT 531 SPRING STREET, ROYERSFORD, PA 19468**

Property Managed by Petra Community Housing

Main Office Location: 201 S. Main Street, Spring City, PA 19475

Phone – 610-948-1797 Fax – 610-948-1765 website – www.petrach.org email – info@petrach.org

1. Petra Management 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 LEP? Yes No If yes, please state language and services requested: _____.

2. Do you require a reasonable accommodation due to a disability? Yes No

3. Do you need an accessible feature (i.e. walk/roll in shower, flashing notification for the deaf)?
 Yes No

if yes to either questions, please describe your need: _____

Household Composition:

4. List the head of the household (HOH) and any other person who will be living in the unit.

NOTE: YOU MUST BE AT LEAST 18 YEARS OLD TO APPLY AND HAVE A VERIFIED DISABILITY. Gender information optional.

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

5. Are you a Veteran? Yes No Branch Served _____

6. Are you a US Citizen? If no, please list Citizenship: Yes No _____

Household Composition:

7. Current Phone No. _____

8. Email: _____

9. Current Mailing Address: _____

10. If lived there less than 2 years, give prior address: _____

11. Please list all states any household member has lived in the and the approximate year (s):

12. Do you rent? (Landlord information will be collected and verified before move-in approval) Yes No

Live-in Attendant:

13. Do you require the aid of a live-in care attendant? Yes No

14. Do you require the assistance of other to manage your affairs? Yes No

NOTE: PETRA COMMUNITY HOUSING DOES NOT PROVIDE ASSISTED LIVING. Tenants must provide for their own care or employ outside agencies or family members to be able to live independently from Petra Staff.

Employment:

15. Are you or a household member currently employed? Yes No

If yes, give information on your employer and provide a recent paystub and your last year's W2.

| | | | | |
|------|---------|------------|-------|-------------------------|
| Name | Address | Supervisor | Phone | Length of time employed |
|------|---------|------------|-------|-------------------------|

Sources of Income HUD REQUIRES ALL INCOME TO BE REPORTED:

16. Complete the table below with all your GROSS income amounts. (i.e. Social Security income prior to Medicare)

| Do you receive the following | Source | Monthly Amount | Documentation Needed at Eligibility Appointment |
|--|---------------------|----------------|---|
| <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) | | |

17. Do you have any other regular sources of income not listed above? This would include any financial assistance from an outside source. Yes No If yes, please describe: _____

Assets: HUD REQUIRES ALL ASSEST TO BE REPORTED

18. Fill out the table below with all your current asset information. Estimated values are acceptable for the application process.

| Do you have the following: | Asset | Current Value | Documentation Needed at Eligibility Appointment |
|--|----------------------------------|---------------|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Cash on Hand | | Signed Statement |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Checking Account(s) | | 6 months of Most Recent Bank Statement |
| <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 (CD) | | 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 only) | | Insurance statement |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Other (describe) | | |

19. Do you or any member of your household own a home or other real estate? Yes No

If yes, please list address: _____

20. Estimated Value of the property \$ _____

21. Will you sell or rent out the property? _____

Criminal Background

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.

22. 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:

23. 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 _____

24. 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: _____

25. Are you or any member of your household currently engaged in illegal drug use? Yes No

If Yes, please explain: _____

26. Are you or any member of your household currently engaged in alcohol abuse that may threaten the health/safety of the resident/staff or hinders the peaceful enjoyment of the housing premises? Yes No

If Yes, please explain: _____

Other Information:

27. Do you plan to use a service animal in this facility? Yes No

28. 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.

29. Do you have a vehicle you wish to bring? Yes No

30. If yes, is the vehicle registered, insured, in Operable condition, and owned by a member of the household? Yes No

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 and household income. Once, my/our name(s) comes to the top of the wait 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/w 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 or any reason I/we 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 Wait List that I/we contact PETRA COMMUNITY HOUSING in writing every (12) months should we decide to remain on the Wait 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 development, the unit I/we occupy will be my/our only residence.

Head of Household

Date

Co-Head of Household

Date

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.

Mail Completed Application to:

Petra Community Housing
201 S. Main Street
Spring City, PA 19475

Application Checklist

- All questions completed – NO BLANKS. If the question does not apply, please write N/A
- Proof of income (i.e. copy of Social Security Award letter, pension statement, pay stubs)
- HUD form #92006 (AKA Supplement to Application for Federally Assisted Housing (Enclosed)
- HUD form Race/Ethnic Date Reporting Form (Enclosed)
- Disability Verification form (can be sent under separate cover once completed by your medical professional (enclosed)