# Affordable Housing Advocates

## Application for Admission and Rental Assistance

Please select the project(s) for which you are applying:

Cloverfield-Kingston House, York, PA

_____ **Cloverfield-Kingston House** is funded under the Section 202/8 Program of the United States Department of Housing and Urban Development (HUD). There are two locations for this project (1500 Rodney Road, York, PA and 1243 West King Street, York, PA). When applying for Cloverfield-Kingston House, there is one waiting list for both locations. Eligibility s f or heads of households and spouse that are elderly and / or non-elderly with a disability that **requires the features of the accessible units for the mobility-impaired.** The location at 1500 Rodney road had 18 one-bedroom units and 6 two-bedroom units. The location at 1243 West King Street has 78 one-bedroom units.

Delphia House Apartments, 350 East Philadelphia Street, York, PA

_____ **Delphia House Apartment** is funded under HUD's Section 8 – New Construction Program and is for heads of households that are elderly and / or non-elderly with a disability. Delphia House has 104 one-bedroom units.

Dutch Kitchen, 381 West Market Street, York, PA

_____ Applicants for residency in the **Dutch Kitchen** are limited to those 18 years of age or older and must qualify under HUD's Section 8 Housing Program and /or the Federal Low – Income Housing Tax Credit Program. All 59 units are single-room occupancy.

Green Meadow Apartments, 20 Beaver Street, Dillsburg, PA

_____ Eligibility for **Green Meadow Apartments** is for heads for household that are elderly and / or non-elderly with a disability. Green Meadow Apartments is a Rural Housing Service 515 project funded by the United States Department of Agriculture (USDA), Rural Development. Green Meadow has 46 one-bedroom units.

Highland Manor Apartments, 36 Highland Manor Drive, Stewartstown, PA

_____ **Highland Manor Apartments** is a Rural Housing Service 515 project under USDA Rural Development. Highland Manor resident receive HUD Section 8 rental assistance. Households in which the head, co-head or spouse is 18 years of age or older are eligible. At Highland Manor, there are 10 one-bedroom units (two are mobility units), 15 two-bedroom units, and 8 three-bedroom units.

# Affordable Housing Advocates

Affordable Housing Advocates offices are located at 3 Rathton Road, York, PA 17403. Our telephone number is 717-846-5139. TTY 7-1-1

Additional information on Affordable Housing Advocates and the properties managed can be found online at www.ahadvocates.org.

| Site | Location | Telephone Number |
|---|---|---|
| Cloverfield-Kingston House | 1243 West King Street<br>York, PA 17404 | 717-848-2927 (phone)<br>717-848-2716 (fax) |
| | 1500 Rodney Road<br>York, PA 17408 | 717-764-5464 (phone)<br>717-848-2716 (fax) |
| Delphia House Apartments | 350 East Philadelphia Street<br>York, PA 17403 | 717-843-1064 (phone)<br>717-854-0971 (fax) |
| Dutch Kitchen | 381 West Market Street<br>York, PA 17401 | 717-846-5281 (phone)<br>717-854-0343 (fax) |
| Green Meadow Apartments | 20 Beaver Street<br>Dillsburg, PA 17019 | 717-432-2556 (phone)<br>717-409-6888 (fax) |
| Highland Manor Apartments | 36 Highland Manor Drive<br>Stewartstown, PA 17363 | 717-993-6541 (phone)<br>717-993-2289 (fax) |

**Reasonable Accommodations**

A reasonable accommodation is a change, exception, or adjustment to a program, service, building, dwelling unit, or workplace that will allow a qualified person with disability to: participate fully in a program, take advantage of a service, live in dwelling, or perform a job.

The Owner/Agent for all sites listed above is obligated to make property physically accessible as well as operating and administering the property to enable persons with disabilities to have equal access to participate in the program.

Applicants with disabilities that need a reasonable accommodation in order to participate in the application process or to make effective use of the housing program, have the right to request such an accommodation.

| **For Office Use Only:** Date application received _____ | Time application received _____ | By _____ |
|---|---|---|
| Site(s) Selected: ☐ CFKH ☐ DH ☐ DK ☐ GM ☐ HM | | |

Affordable Housing Advocates

# FOR ADMISSION TO APARTMENTS WITH RENTAL ASSISTANCE

Date: _____

**Consumer Notice: This application is not a contract; it gives no lease or rental rights.**

| | | | | |
|---|---|---|---|---|
| Applicant Name (Head of Household) | | | | |
| How did you hear about us? | | | | |
| Citizenship Status (check one) | ☐ United States Citizen ☐ Eligible Non-Citizen ☐ Ineligible Non-Citizen | | | |
| Current Address | | | | |
| City, State, Zip | | | | |
| Home Phone | | | | |
| Cell Phone | | | | |
| Email Address | | | | |
| Work Phone | | May we contact you at work? | ☐ Yes | ☐ No |
| **If you have no Social Security Number, you claim you are exempt because**<br>☐ You are an ineligible non-citizen<br>☐ You were 62 as of 1/31/10 **and** receiving HUD housing assistance as of 1/31/10 | | | | |
| Will anyone else live in the unit with you? | | | ☐ Yes | ☐ No |
| How many people will live in the unit? | Adults | | Minors | |

| Household Member # | Household Member's Full Name | * Relationship to Head of Household | Birth Date | Age | Sex (Optional) | Social Security Number |
|---|---|---|---|---|---|---|
| 01 | | **SELF** | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

* Relationship to Head of Household member = Co-head Spouse Child Other adult Foster adult/child Live-in aide (live in aides must be approved before move in) None of the above

**You must indicate one of the above HUD approved relationship codes for each adult household member.**

**Household Member #1**

| | | |
|---|---|---|
| Are you enlisted in the U.S. Military, or are you a veteran of the U.S. Military? | ☐ Yes | ☐ No |
| Are you a victim of a recent Presidentially-declared disaster? | ☐ Yes | ☐ No |
| Are you currently receiving Federal housing assistance from HUD or possess a Section 8 Housing Voucher? | ☐ Yes | ☐ No |

Name of Site: _____

Name of Manager: _____Telephone #: _____

Applicants please note: Assisted residents must have only one resident and receive assistance only in that unit. The rule is meant to ensure that the government pays assistance to as many eligible families as possible with available funding. This prohibition does not prevent a person who is currently receiving rental assistance from applying for an assisted unit in another property.

| | | |
|---|---|---|
| Are you a student enrolled in an institute of higher education? | ☐ Yes | ☐ No |
| Have you ever been convicted of a crime?<br><br>If yes, indicate if the conviction(s) was a felony or misdemeanor, of check both boxes if you have been convicted of both. ☐ Felony ☐ Misdemeanor | ☐ Yes | ☐ No |
| Are you or is **any member** of the household required to register with any state lifetime sex offender or other sex offender registry?<br><br>If yes, list member: _____ | ☐ Yes | ☐ No |
| Have you ever been evicted from a Federally-funded housing program for a lease violation including drug use or failure to report a crime?<br><br>If yes, please provide details: _____<br>_____ | ☐ Yes | ☐ No |
| Have you even been evicted from any other type of housing?<br><br>If yes, please provide details: _____<br>_____ | ☐ Yes | ☐ No |
| Are you currently using marijuana for recreational or medicinal purposes? | ☐ Yes | ☐ No |

**Please indicate each state where you have lived:** *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

☐ AL ☐ AK ☐ AZ ☐ AR ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ ID ☐ IL ☐ IN ☐ IA

☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO ☐ MT ☐ NE ☐ NV ☐ NH

☐ NJ ☐ NM ☐ NY ☐ NC ☐ ND ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT

☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington D.C

## Rental History

| | | |
|---|---|---|
| Are you currently homeless? *If yes, please skip questions about your Current Landlord and answer questions related to your most recent Landlord.* | ☐ Yes | ☐ No |

| | |
|---|---|
| **Current Landlord (Name)** | |
| Address | |
| Telephone | |
| How long have you lived at this address? | |
| Reason you would like to leave | |
| **Previous Landlord (Name)** | |
| Address | |
| Telephone | |
| How long did you live at this address? | |
| Reason for leaving? | |

| | | |
|---|---|---|
| Were you ever asked to allow or participate in extermination of pest other that regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)* | ☐ Yes | ☐ No |
| Do you currently have any outstanding overdue balances owed to any Landlords? | ☐ Yes | ☐ No |
| Have you ever been asked, by this Landlord, to sign a repayment agreement to return money to HUD or other government agency providing rental assistance? | ☐ Yes | ☐ No |
| Have you been evicted or is this Landlord attempting to evict you or another person living with you? | ☐ Yes | ☐ No |
| Have you given your current Landlord notice that you will be moving? | ☐ Yes | ☐ No |
| Have you ever rented from us before?<br><br>If yes, please list where you rented: _____<br>_____ | ☐ Yes | ☐ No |

| | | |
|---|---|---|
| If you are not the Head of Household (HOH), is your current Landlord the same as the HOH? *(If yes, continue to the Previous Landlord information; if No, complete the information below.)* | ☐ Yes | ☐ No |

| | |
|---|---|
| **Current Landlord (Name)** | |
| Address | |
| Telephone | |
| How long have you lived at this address? | |
| Reason you would like to leave | |
| **Previous Landlord (Name)** | |
| Address | |
| Telephone | |
| How long did you live at this address? | |
| Reason for leaving? | |

| | | |
|---|---|---|
| Were you ever asked to allow or participate in extermination of pest other that regularly scheduled pest control? *(Includes roaches, bed bugs, rodents, etc.)* | ☐ Yes | ☐ No |
| Do you currently have any outstanding overdue balances owed to any Landlords? | ☐ Yes | ☐ No |
| Have you ever been asked, by this Landlord, to sign a repayment agreement to return money to HUD or other government agency providing rental assistance? | ☐ Yes | ☐ No |
| Have you been evicted or is this Landlord attempting to evict you or another person living with you? | ☐ Yes | ☐ No |
| Have you given your current Landlord notice that you will be moving? | ☐ Yes | ☐ No |
| Have you ever rented from us before?<br><br>If yes, please list where you rented: _____<br>_____ | ☐ Yes | ☐ No |

**Both Green Meadow and Highland Manor require electricity to be established in the household's name. This section is for information regarding your utilities.**

| | | | |
|---|---|---|---|
| Do you have any overdue/outstanding balances owed to any utility provider? | | ☐ Yes | ☐ No |
| Will you be able to establish electric in your unit? | | ☐ Yes | ☐ No |
| Are you receiving any assistance in paying your utility bills? | | ☐ Yes | ☐ No |
| Are any payments or allowances made under the HHS Low-Income Home Energy Assistance Program (LIHEAP)? | ☐ Yes | ☐ No | ☐ N/A |
| If no, list the monthly amount you receive to assist with your utility bills.<br>$ _____ | | | ☐ N/A |

## Household Composition and Characteristics

**On page one of this Application, you must indicate one of the HUD-approved relationship codes for each household member.**

| MEMBER # & HOUSEHOLD MEMBER'S FULL NAME | |
|---|---|
| 2 | |
| Citizenship Status | ☐ United States Citizen ☐ Eligible Non-Citizen ☐ Ineligible Non-Citizen |

**Please indicate each state where you have lived:** *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

☐ AL ☐ AK ☐ AZ ☐ AR ☐ CA ☐ CO ☐ CT ☐ DE ☐ FL ☐ GA ☐ HI ☐ ID ☐ IL ☐ IN ☐ IA
☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO ☐ MT ☐ NE ☐ NV ☐ NH
☐ NJ ☐ NM ☐ NY ☐ NC ☐ ND ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT
☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington D.C

## HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

| MEMBER # & HOUSEHOLD MEMBER'S FULL NAME | |
|---|---|
| 3 | |
| Citizenship Status | ☐ United States Citizen ☐ Eligible Non-Citizen ☐ Ineligible Non-Citizen |

**Please indicate each state where you have lived:** *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

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## HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

| MEMBER # & HOUSEHOLD MEMBER'S FULL NAME | |
|---|---|
| 4 | |
| Citizenship Status | ☐ United States Citizen ☐ Eligible Non-Citizen ☐ Ineligible Non-Citizen |

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☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO ☐ MT ☐ NE ☐ NV ☐ NH
☐ NJ ☐ NM ☐ NY ☐ NC ☐ ND ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT
☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington D.C

## HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

| MEMBER # & HOUSEHOLD MEMBER'S FULL NAME | |
|---|---|
| 5 | |
| Citizenship Status | ☐ United States Citizen ☐ Eligible Non-Citizen ☐ Ineligible Non-Citizen |

**Please indicate each state where you have lived:** *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

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☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO ☐ MT ☐ NE ☐ NV ☐ NH
☐ NJ ☐ NM ☐ NY ☐ NC ☐ ND ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT
☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington D.C

## HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

| MEMBER # & HOUSEHOLD MEMBER'S FULL NAME | |
|---|---|
| 6 | |
| Citizenship Status | ☐ United States Citizen ☐ Eligible Non-Citizen ☐ Ineligible Non-Citizen |

**Please indicate each state where you have lived:** *This disclosure is mandatory under HUD rules and criminal screening will be reviewed in each state listed and via national criminal screening/sex offender databases. Failure to provide a complete and accurate list will result in the rejection of the application.*

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☐ KS ☐ KY ☐ LA ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO ☐ MT ☐ NE ☐ NV ☐ NH
☐ NJ ☐ NM ☐ NY ☐ NC ☐ ND ☐ OH ☐ OK ☐ OR ☐ PA ☐ RI ☐ SC ☐ SD ☐ TN ☐ TX ☐ UT
☐ VT ☐ VA ☐ WA ☐ WV ☐ WI ☐ WY ☐ Washington D.C

**Pets:** Not all sites allow pets. Please review each site's specific pet rules.

| | | |
|---|---|---|
| Do you own any pets?<br><br>If Yes, please list the type of pet(s) you own: | ☐ Yes | ☐ No |

**UNIT SIZE/FEATURES:** The owner/agent will take your unit preferences/requirements in to consideration. The owner/agent's occupancy standards indicate a minimum of one person per bedroom and maximum of two people per bedroom. If you request a unit size different from these standards, the owner/agent is required to verify the need for a larger or smaller unit in accordance with HUD Handbook 4350.3 Revision 1. Please indicate unit size preferences below. If you require special unit features, the owner/agent may verify the need for those features in accordance with HUD Handbook 4350.3 Revision 1. Please indicate any necessary special features below.

**Unit Size**

| |
|---|
| ☐ Single Room |
| ☐ 1 Bedroom Unit |
| ☐ 2 Bedroom Unit |
| ☐ 3 Bedroom Unit |

**Special Features**

| |
|---|
| ☐ Mobility Accessible Unit |
| ☐ Communication Accessible Unit (Hearing) |
| ☐ Communication Accessible Unit (Visual) |
| ☐ Special features: Please list below: |

| | | |
|---|---|---|
| Do you have a disability? | ☐ Yes | ☐ No |
| If the Head of Household or Co-Head/Spouse is not 62 or older, do you claim eligibility because the Head of Household or Co-Head/Spouse is disabled and requires the features of an accessible unit? | ☐ Yes | ☐ No |

## Income

In order to determine eligibility and to ensure that your family receives the correct assistance, please provide the following information.

### Employment

| | | | |
|---|---|---|---|
| Are you employed? | | ☐ Yes | ☐ No |
| If Yes, please provide the name and address of your present employer below. | | | |
| Employer #1 | | | |
| Address | | | |
| Address 2 | | | |
| City, State, Zip | | | |
| Telephone | | | |
| How much employment income before deductions do you expect to receive in the next 12 months? | | $ | |
| Employer #2 | | | |
| Address | | | |
| Address 2 | | | |
| City, State, Zip | | | |
| Telephone | | | |
| How much employment income before deductions do you expect to receive in the next 12 months? | | $ | |

**Other Income. Your application will not be processed of these fields are not complete. Please write $0, N/A, or None if you will not receive income from the listed sources.**

| | | |
|---|---|---|
| Monthly Social Security? | ☐ Check ☐ Direct Deposit ☐ Prepaid Debit Card | $ |
| Monthly SSI? | ☐ Check ☐ Direct Deposit ☐ Prepaid Debit Card | $ |
| Monthly Retirement Benefits? | ☐ Check ☐ Direct Deposit ☐ Prepaid Debit Card | $ |
| Monthly VA Benefits? | ☐ Check ☐ Direct Deposit ☐ Prepaid Debit Card | $ |
| Monthly Unemployment Benefits? | ☐ Check ☐ Direct Deposit ☐ Prepaid Debit Card | $ |

| | | |
|---|---|---|
| Are you entitled to Child Support? ☐ Check ☐ Direct Deposit ☐ Prepaid Debit Card | ☐ Yes | ☐ No |
| Monthly Child Support Amount | $ | |
| Are you entitled to Alimony? | ☐ Yes | ☐ No |
| Monthly Alimony Amount | $ | |
| Monthly Public Assistance? ☐ Check ☐ Direct Deposit ☐ Prepaid Debit Card | $ | |
| Income from Pension, Annuity or other asset? | $ | |
| Regular contributions from organizations or from individuals not living in the unit? | $ | |
| Periodic Payments from Long-Term Care Insurance, Disability, or Death Payments? | $ | |
| Contributions from family for rent, child care or other bills? | $ | |

| | | |
|---|---|---|
| Any lump sum amounts from delay of payments for SSI or VA Disability? | $ | |
| Do you receive financial aid for education assistance? | ☐ Yes | ☐ No |
| Annual amount of education assistance | $ | |
| Other? | $ | |
| Other? | $ | |
| Other? | $ | |

## Assets

| | | |
|---|---|---|
| Have you sold or given away real property or other assets valued at $1,000 or more (including cash donations) in the past two years? | ☐ Yes | ☐ No |
| Have you given any money to charities in the past two years? | ☐ Yes | ☐ No |
| Are any benefit deposited to a Direct Express Debit Card account? | ☐ Yes | ☐ No |
| Do you have a checking account?<br>Of you answered yes, you will be required to provide the most recent six month's bank statements so that we may estimate the value of the asset in accordance with Federal requirements. ***Please save your bank statements.*** | ☐ Yes | ☐ No |
| Do you have a savings account? | ☐ Yes | ☐ No |
| Current balance in the saving account. Please write $0, N/A or None if the account balance is zero. | $ | |
| Do you have cash that is not deposited into an account? | ☐ Yes | ☐ No |
| Current value of cash that is not deposited into an account. Please write $0, N/A or None of the asset value is zero. | $ | |
| Do you have a 401K or other employment saving account? | ☐ Yes | ☐ No |
| Current value of 401K or other employment savings account. Please write $0, N/A or None if the asset value is zero. | $ | |
| Do you have business income? | ☐ Yes | ☐ No |
| Current value of business? Please write $0, N/A or None if the asset value is zero. | $ | |
| Do you own stocks/ bonds/ certificates of deposit (CDs)? | ☐ Yes | ☐ No |
| Do you own stocks/ bonds/ certificates of deposit (CDs)? Please write $0, N/A or None if the asset value is zero. | $ | |
| Do you own a life insurance policy? If yes, please check the type of insurance policy:<br>☐ Whole ☐ Term ☐ Universal | ☐ Yes | ☐ No |
| Current value of life insurance policy. Please write $0, N/A or None if the asset value is zero. | $ | |
| Do you own an annuity? | ☐ Yes | ☐ No |
| Current value of annuity. Please write $0, N/A or None if the asset value is zero. | $ | |
| Is there a trust fund in your name or have you established a trust fund for someone else? | ☐ Yes | ☐ No |
| Current value of trust fund? Please write $0, N/A or None if the asset value is zero. | $ | |

| | | |
|---|---|---|
| Do you have a safety deposit box? | ☐ Yes | ☐ No |
| Are assets stored in the safety deposit box such as US Saving Bonds, cash, stocks, etc.? | ☐ Yes | ☐ No |
| Do you have access to any other assets, property, insurance policies, businesses, etc.? | ☐ Yes | ☐ No |

If yes, please provide a description of the asset(s) and the current asset value below:

_____
_____
_____
_____
_____
_____

**Deductions:** Household income can be reduced based on the amount of qualified monthly expenses. Please let us know if you have out-of-pocket expenses for the following items in this section.

**Medical Expenses:** Household in which the Head of Household, Co-Head of Household or Spouse are disabled or at least 62 years of age qualify for deduction based on out-of-pocket medical expenses. Please let us know if you or any members of your household have out-of-pocket expenses in these categories.

| | | |
|---|---|---|
| Health Insurance #1 – annual premium | $ | |
| Health Insurance #1 – annual deductible | $ | |
| Health Insurance #2 – annual premium | $ | |
| Health Insurance #2 – annual deductible | $ | |
| Doctor visit/medical treatments – annual out-of-pocket expense | $ | |
| Prescription Drugs – annual out-of-pocket expense | $ | |
| Do you have an HMO, medical plan, or health insurance policy which pays all or part of the cost of your medications? | ☐ Yes | ☐ No |

If yes, please give the name of the HMO, plan, or insurance company:

_____
_____

| | | |
|---|---|---|
| What amount (or percentage) of the cost must YOU pay? | $ | % |
| If you must pay for the medicine yourself, are you later reimbursed all or part of the cost? | ☐ Yes | ☐ No |

If yes, who reimburses you?

_____
_____

| | |
|---|---|
| Over-the-counter medical expenses to treat a specific medical condition – annual out-of-pocket expense (i.e. aspirin to treat heart conditions or calcium supplements to treat osteoporosis) | $ |
| Personal use items annual out-of-pocket expense (i.e. glasses, incontinent supplies, hearing aids) | $ |

| | |
|---|---|
| Cost/ Case for Assistance/ Companion Animals – annual out-of-pocket expense | $ |
| Mileage to and from medical appointments – annual out-of-pocket expense | $ |
| Please list any other medical expenses, which you pay, that we should consider when calculating your rent. | |
| Other? | $ |
| Other? | $ |
| Other? | $ |

**Child Care:** Guidelines allow for a deduction of a portion of child care expense to allow a resident living in the unit to work, look for work, or to go to school. Please indicate any child care expense for any child listed as part of the household who is 12 years of age or younger. Expenses for children 13 or older are not allowed as part of the deduction unless the child is disabled, and such expense is necessary to allow an adult household member to work. See Disability Assistance Expense below.

| | | |
|---|---|---|
| Do you pay for Child Care for a minor 12 years of age and younger? | ☐ Yes | ☐ No |

| | |
|---|---|
| Child #1 (Name): _____ Monthly Account<br>Enables someone to: ☐ Work ☐ Seek employment ☐ Go to school | $ |
| Child #2 (Name): _____ Monthly Account<br>Enables someone to: ☐ Work ☐ Seek employment ☐ Go to school | $ |
| Child #3 (Name): _____ Monthly Account<br>Enables someone to: ☐ Work ☐ Seek employment ☐ Go to school | $ |

**Disability Assistance Expense:** Families are entitled to a deduction for unreimbursed, anticipated costs for attendant care and “auxiliary apparatus” for each family member with a disability, to the extent these expenses are reasonable and necessary to enable any adult to be employed. The deduction may not exceed the earned income received by the family member or members who are enabled to work by the attendant care or auxiliary apparatus.

| | | |
|---|---|---|
| Do you pay for care or expenses for a disabled family member that allows any adult family member to work? | ☐ Yes | ☐ No |
| Monthly amount | $ | |
| Name of family member who can work as a result of such an expense | | |
| Do you pay for equipment that allow any adult family member to work? (i.e. costs to equip a vehicle to male it accessible in order to allow a disabled member to drive to work) | ☐ Yes | ☐ No |
| Monthly amount | $ | |
| Name of family member who can work as a result of such an expense | | |

**Please complete for the Head of Household**

Ethnicity: _____ Hispanic or Latino
_____ Not Hispanic or Latino

Gender (Optional): _____ Male
_____ Female

Race: _____ American Indian/ Alaska Native
_____ Asian
_____ Black or African American
_____ Native Hawaiian or Other Pacific Islander
_____ White

**Applicants for Green Meadow Apartments and Highland Manor Apartments please note**: The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, activing through Rural Housing Services, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the Owner is required to note the race, ethnicity, and sex of the individual applicants on the basis on visual observation or surname.

**"This institution is an equal opportunity housing provider and employer."**

**"If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaintfiling cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov."**

Please note, the provision of the Violence Against Women and Justice Department Authorization Act of 2005 (VAWA) offers protections to you:

- The Landlord may not consider incidents of domestic violence, dating violence or stalking, sexual assault as serious or repeated violations of the Lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
- The Landlord may not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or immediate member of the tenant's family is the victim or threatened victim of that abuse.
- The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within fourteen (14) business days, or an agreed upon extension date, to receive protection under VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

**PENALTIES FOR MISUSING THIS FORM**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

## APPLICANT CERTIFICATION

I/We certify that if selected to receive rental assistance, the unit I/we occupy will be my/our only residence. I/We understand that the information in this application is being collected to determine my/our eligibility. I/We authorize the Owner/Agent to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information that may be released to appropriate Federal, State or local agencies. I also give authorization to the Owner/Agent to conduct checks of my/our criminal record and sexual offender status in order to process this application, and, if accepted as a resident, each year during my entire residency. 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 of information are punishable under Federal law and shall be considered sufficient cause for rejection.

I would like to request a complete copy of the Owner/Agent's Tenant Selection Plan (resident selection criteria).

☐ No ☐ Yes If yes, which option do you prefer? ☐ Paper copy ☐ Electronic copy

I would like to request a complete copy of the Owner/Agent's Reasonable Accommodation Policy

☐ No ☐ Yes If yes, which option do you prefer? ☐ Paper copy ☐ Electronic copy

Email address for electronic copy: _____

_____ _____
Signature of Head of Household Date

_____ _____
Signature of Spouse/ Co-Head of Household Date

_____ _____
Signature of Adult Occupant Date

On order for us to contact you via phone (landline or cell), we need your authorization below to do so.

I, _____, hereby consent to being contracted at the phone number(s) provided on my application in regards to the availability and acquisition of rental housing managed by Affordable Housing Advocates.

_____ _____
Signature of Head of Household Date

**Change of Address Notification**

I/We understand that it is our my/our responsibility to provide Affordable Housing Advocates any changes in my/our mailing address and telephone number. I/WE understand that if I/we cannot be reached, my/our application may become void.

I also understand that if I am applying for a Section 8 unit at The Dutch Kitchen, I must apply with the York Housing Authority and also update the York Housing Authority with any address and telephone number changes.

_____ _____
Signature of Head of Household Date

_____ _____
Signature of Spouse/ Co-Head of Household Date

_____ _____
Signature of Adult Occupant Date

Affordable Housing Advocates does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

| | |
|---|---|
| Name: | Kimberly Krynock |
| Address: | 3 Rathton Road |
| City/State/Zip: | York, PA 17403 |
| Telephone – Voice: | 717-846-5139 |
| Telephone – TTY | 7-1-1 |

# **FOR DUTCH KITCHEN APPLICANTS ONLY**

Student Status

Are you a **full-time student** or do you intend to become one in the next twelve months?

_____ Yes _____ No

**If Yes:** Are you a single parent and his or her children, whom is a dependent of a third party?

_____ Yes _____ No

**If Yes:** Are you married and filing a joint tax return?

_____ Yes _____No

**If Yes:** Are you enrolled in a job training comparable to the Job Training Partnership Act?

_____ Yes _____ No

**If Yes:** Are you receiving assistance under Title IV of the Security Act: AFDC or TANF?

_____ Yes _____ No

Section 8 Subsidy or Non-Section 8

Fifty of the Dutch Kitchen's units are under contract through the York Housing Authority Section 8 SRO Program. There are an additional nine low-income units that are not affiliated with the York Housing Authority. For which type of unit are you applying?

_____ Section 8

_____ Non-Section 8

_____ Both

****FOR DUTCH KITCHEN APPLICANTS ONLY****

## General Release Verification Form

I, _____, the undersigned, hereby authorize the release, with liability to Affordable Housing Advocates, and the Pennsylvania Housing Finance Agency, and Internal Revenue Service for an apartment for which I have made application to lease, any and all information they may request concerning my income, wages, salaries, credit record, and references in connection with my application to determine whether I am eligible to occupy the unit.

_____ _____

Signature Date

_____

Print Name

U.S. Department of Housing and Urban Development
Office of Housing • Office of Multifamily Housing Programs

RHIIP

RENTAL HOUSING INTEGRITY IMPROVEMENT PROJECT

# EIV & You

## ENTERPRISE INCOME VERIFICATION

**What YOU Should Know if You are Applying for or are Receiving Rental Assistance through the Department of Housing and Urban Development (HUD)**

## What is EIV?

EIV is a web-based computer system containing employment and income information on individuals participating in HUD's rental assistance programs. This information assists HUD in making sure "the right benefits go to the right persons".

## What income information is in EIV and where does it come from?

**The Social Security Administration:**

- Social Security (SS) benefits
- Supplemental Security Income (SSI) benefits
- Dual Entitlement SS benefits

**The Department of Health and Human Services (HSS) National Directory of New Hires (NDNH):**

- Wages
- Unemployment compensation
- New Hire (W-4)

## What is the information in EIV used for?

The EIV system provides the owner and/or manager of the property where you live with your income information and employment history. This information is used to meet HUD's requirement to independently verify your employment and/or income when you recertify for continued rental assistance. Getting the information from the EIV system is more accurate and less time consuming and costly to the owner or manager than contacting your income source directly for verification.

Property owners and managers are able to use the EIV system to determine if you:

- correctly reported your income

They will also be able to determine if you:

- Used a false social security number
- Failed to report or under reported the income of a spouse or other household member
- Receive rental assistance at another property

## Is my consent required to get information about me from EIV?

Yes. When you sign form HUD-9887, Notice and Consent for the Release of Information, and form HUD-9887-A, Applicant's/Tenant's Consent to the Release of Information, you are giving your consent for HUD and the property owner or manager to obtain information about you to verify your employment and/or income and determine your eligibility for HUD rental assistance. Your failure to sign the consent forms may result in the denial of assistance or termination of assisted housing benefits.

## Who has access to the EIV information?

Only you and those parties listed on the consent form HUD-9887 that you must sign have access to the information in EIV pertaining to you.

## What are my responsibilities?

As a tenant in a HUD assisted property, you must certify that information provided on an application for housing assistance and the form used to certify and recertify your assistance (form HUD-50059) is accurate and honest. This is also described in the *Tenants Rights & Responsibilities* brochure that your property owner or manager is required to give to you every year.

**Penalties for providing false information**

Providing false information is fraud. Penalties for those who commit fraud could include eviction, repayment of overpaid assistance received, fines up to $10,000, imprisonment for up to 5 years, prohibition from receiving any future rental assistance and/or state and local government penalties.

**Protect yourself, follow HUD reporting requirements**

When completing applications and recertifications, you must include all sources of income you or any member of your household receives. Some sources include:

- Income from wages
- Welfare payments
- Unemployment benefits
- Social Security (SS) or Supplemental Security Income (SSI) benefits
- Veteran benefits
- Pensions, retirement, etc.
- Income from assets
- Monies received on behalf of a child such as:
  - *Child support*
  - *AFDC payments*
  - *Social security for children, etc.*

If you have any questions on whether money received should be counted as income, ask your property owner or manager.

When changes occur in your household income or family composition, immediately contact your property owner or manager to determine if this will affect your rental assistance.

Your property owner or manager is required to provide you with a copy of the fact sheet "How Your Rent Is Determined" which includes a listing of what is included or excluded from income.

## What if I disagree with the EIV information?

If you do not agree with the employment and/or income information in EIV, you must tell your property owner or manager. Your property owner or manager will contact the income source directly to obtain verification of the employment and/or income you disagree with. Once the property owner or manager receives the information from the income source, you will be notified in writing of the results.

## What if I did not report income previously and it is now being reported in EIV?

If the EIV report discloses income from a prior period that you did not report, you have two options: 1) you can agree with the EIV report if it is correct, or 2) you can dispute the report if you believe it is incorrect. The property owner or manager will then conduct a written third party verification with the reporting source of income. If the source confirms this income is accurate, you will be required to repay any overpaid rental assistance as far back as five (5) years and you may be subject to penalties if it is determined that you deliberately tried to conceal your income.

## What if the information in EIV is not about me?

EIV has the capability to uncover cases of potential identity theft; someone could be using your social security number. If this is discovered, you must notify the Social Security Administration by calling them toll-free at 1-800-772-1213. Further information on identity theft is available on the Social Security Administration website at: http://www.ssa.gov/pubs/10064.html.

## Who do I contact if my income or rental assistance is not being calculated correctly?

First, contact your property owner or manager for an explanation.

If you need further assistance, you may contact the contract administrator for the property you live in; and if it is not resolved to your satisfaction, you may contact HUD. For help locating the HUD office nearest you, which can also provide you contact information for the contract administrator, please call the Multifamily Housing Clearinghouse at: 1-800-685-8470.

## Where can I obtain more information on EIV and the income verification process?

Your property owner or manager can provide you with additional information on EIV and the income verification process. They can also refer you to the appropriate contract administrator or your local HUD office for additional information.

If you have access to a computer, you can read more about EIV and the income verification process on HUD's Multifamily EIV homepage at: www.hud.gov/offices/hsg/mfh/rhiip/eiv/eivhome.cfm.

**JULY 2009**

# Race and Ethnic Data Reporting Form

**U.S. Department of Housing and Urban Development**
Office of Housing

OMB Approval No. 2502-0204
(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 incompliance 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 provide 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 no 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.

OMB Control # 2502-0581
Exp. (/ 1.17.1/ 08)

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)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

**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.

| | |
|---|---|
| | |
| **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.