

Office Use Only:

_____ **Very Low Income**

Date/Time Received:

_____ **Accessible Unit Requested**

Application for Eligibility Determination for Residency with Spring City Elderly

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:

Do you have a reasonable accommodation request due to a disability that would allow you to meet the requirements of the application process and/or potential tenancy?

_____ Yes _____ No If yes, please list the request: _____

1. Household Composition and Characteristics & Family Summary Sheet: *(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. Please Print)*

Mbr. No.	Last Name	First Name	Relationship to HOH	Age	Sex	Date of Birth	Social Security Number
1			Head				
2			Spouse/Co Head				

Current Mailing Address: _____
Street Apt.

City, State, Zip Code Telephone (area code)

2. Live-In Attendant: Do you require the aid of a live-in care attendant? Please note that this need will be verified with your doctor/physician. Yes No

If a Live-In Attendant is needed, name of Attendant: _____

Name/Address of a Doctor who can verify this need: _____



3. Current Housing Status: Please list all addresses where you have lived during the past ten years. (Use additional sheet if necessary.)

Address (including Apt. #)	City/State/Zip	Dates	Rental	Manager
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

4. Employment: Are you or a household member currently employed? Yes No. If yes, give name and address of your employer(s):

Name:

Address:

Telephone: (Area Code)

Name:

Address:

Telephone: (Area Code)

5. Income: Do you or any members of your household receive any of the following types of income on a regular basis?

Answer	Source	Monthly or Periodic Amt	Documentation Needed at Eligibility Interview
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wages/Salaries		Pay stub/letter from employer
<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		Most Recent Statement/Check Stub
<input type="checkbox"/> Yes <input type="checkbox"/> No	Annuities		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	Dividends		Dividend Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trust Income		Most Recent Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Student or Financial Aid Income		Current Award Letter
<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 (specify)		Written Documentation

Do you or any members of your family have any regular sources on income not listed above? Yes No. If yes, please describe _____

6. 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	Cash (in excess of \$1,000)		Signed Statement
<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account(s)		Copy of Most Recent 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	Collectibles held for Investment		Current Appraisal
<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts, IRA, 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 and provide documents.

Address _____ Estimated Value
 _____ \$ _____

7. Do you or any members of your household have any life insurance policies with permanent cash value? (May be called "whole life," universal," or "paid up" coverage.) Yes No. If yes, please list policies below:

Name of Company	Policy #	Face Value	Current Cash Value
Name of Company	Policy #	Face Value	Current Cash Value

8. Student Status; Are you or any member of your household currently enrolled in an institute of higher education?

Yes No

On December 30, 2005, HUD published a final rule (FR-5036-F-01), entitled, "Eligibility of Students for Assisted Housing Under Section 8 of the U.S. Housing Act of 1937," implementing section 327 of the Appropriations Act of Fiscal Year (FY) 2006. The law and final rule require that if a student is enrolled at an institution of higher education, is under the age of 24, is not a veteran, is unmarried and does not have a dependent child, is individually ineligible for section 8 assistance, or the student's parents are, individually or jointly, ineligible for assistance, no section 8 assistance can be provided to the student.

If Yes, please list family member(s) and institution: _____

9. Do you have **Medicare**? Yes No. Please provide documentation.
Do you have **other medical insurance**? Yes No. If Yes, give the name of the insurance company and your policy number: _____
Are your medical bills paid by insurance? _____
Are you receiving medical assistance through Welfare? _____
If you pay any portion of your medical and/or drug costs, please furnish us with an anticipated cost for the upcoming twelve (12) month period.

10. Do you have any **dependents** who live with you? Yes No

Do you pay for child care for any **dependents** who live with you? Yes No
If Yes, please list amount and frequency _____

11. Have you or any members of your household **disposed of assets** totaling more than \$2,000 for less than fair market value during the past two years? Yes No
If yes, please describe: _____

12. List names, addresses, and phone numbers of two relatives or friends who generally know how to contact you.

Name	Address, City, St., Zip	Phone

13. **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 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:

Are you or any member of your household currently engaged in illegal drug use?

Yes No. If Yes, please explain and name household member: _____

Are you or any member of your household currently engaged in alcohol abuse that may threaten the health and safety of the residents or staff or hinders the peaceful enjoyment of the housing premises? Yes No. If Yes, please explain and name household member:

Spring City Elderly may prohibit admission of a household to federally assisted housing under your standards if you 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.*

14. Optional Information: Do you plan to use a service or assistance animal in this facility? Yes No

If yes, please describe the animal: _____

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

If yes, please describe the animal: _____

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

If yes, is the car registered, insured, in operable condition, and owned by a member of the household?

Yes No

How did you hear about Spring City Elderly?

- ___ Current resident or resident family member
- ___ Friend
- ___ Employee
- ___ Religious organization
- ___ Information provided by a government agency?
- ___ Advertisement (Where?) _____
- ___ Other _____

NOTE: In the event you wish to designate a person or entity to represent you during the application process, HUD has a form you can voluntarily fill out. 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. Applicants can request **HUD-92006** form during the application process.

15. Applicant(s)' Certification

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 assistance. 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 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/we 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 for any reason I/we am/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 Waiting List that I/we contact **Spring City Elderly** 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 Person Assisting the Applicant on Filling-In the Appl. _____ Date _____

Signature of Spring City Elderly Rep: _____ Date _____

Spring City Elderly 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, or disability. Residency is open to all qualified eligible persons in accordance with any State recognized protected classes. Spring City Elderly does not discriminate based upon age for any reason, excluding HUD program/project requirements.

**Mail completed application to: Phoenixville Homes
Attn: Donna Beard, Property Manager
201 South Main Street
Spring City, PA 19475**