Martha A. Lang Senior Cyber Village

managed by human good

Dear Prospective Applicant,

Thank you for your interest in applying for an apartment at Martha A. Lang Senior Cyber Village. Martha A. Lang Senior Cyber Village consists of fifty-six (51) one-bedroom apartment homes and five (5) two-bedroom apartment homes where at least one household member must be age 55 years or older at the time of application. Additionally, the total annual income of the household must fall under the maximum income limit for the community, as determined by PHFA. All information requested in the application packet must be completed. Incomplete applications will not be considered. If the information requested does not apply to you, please indicate by using "N/A" for not applicable. This will tell us that you understand the requested information and you did not intentionally leave it blank. If you make a mistake or typo, please draw a single line through the error(s) and initial the change(s). Please do not use whiteout to correct the errors.

Please complete, sign and return the *Application for Housing,* the *Applicant/Resident Emergency Information Sheet* and the *Supplemental Information Form.*

Once the application is received, it will be determined whether you preliminarily qualify to be considered for this housing opportunity. If you do not qualify, you will be notified in writing. Please remember to notify us, in writing, if your information changes (contact information, income information, etc.). We update our waiting list once per year. If you don't respond to us whether or not you still want your name to remain on the waiting list, you will be removed from our waiting list.

The apartments are offered as they become available. As your name reaches the top of the waiting list, you will be required to come in for an interview. At that time, you will be asked to sign the authorization forms which allows our staff to further verify your age, income, assets, allowances, criminal history, sex offender status, credit history and landlord references.

Should you require a reasonable accommodation based on a disability to afford you an equal opportunity to participate in this housing opportunity, please contact the management office at the address below or phone/TDD so that we can consider your request for reasonable accommodation.

Sincerely,
Martha A. Lang Senior Cyber Village Management

973 NORTH 7TH STREET PHILADELPHIA, PA 19123 T 267.414.1420 F 267.414.1424 TDD 711 HUMANGOOD.ORG

Martha A. Lang Senior Cyber Village does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements in Section 504 of the HUD Regulations and can be contacted at 2000 Joshua Rd., Lafayette Hill, PA 19444; telephone 610.260.1152; TDD 711; EastSection504@humangood.org.

Martha A. Lang
Senior Cyber Village
managed by human good

Martha A. Lang Senior Cyber Village
973 North 7th Street
Philadelphia, PA 19123
Phone (267) 414-1420 TDD 711
Fax (267) 414-1424
Email: MTTAdministrator@humangood.org
Web: www.HumanGood.org

For Office Use Only

Date/Time Received: _____

Application/Wait List #: _____

☐ Updated Application (office use only)

APPLICATION FOR HOUSING

Part I. Applicant (Head of Household)/Co-applicant Information

APPLICANT (HEAD OF HOUSEHOLD)

First Name: Middle Initial: Last Name:

Present Address: City: State: Zip Code:

Mailing Address (if different): City: State: Zip Code:

Home Phone: ( )_____ Work Phone: ( )_____ Cell Phone: ( )_____

Social Security #: _____ Date of Birth: _____

Email Address: _____

Sex: ☐ F ☐M ☐ Prefer not to disclose

CO-APPLICANT

First Name: Middle Initial: Last Name:

Social Security #: _____ Date of Birth: _____

Relationship to Applicant: _____ Cell Phone: _____

Email Address: _____

Sex: ☐ F ☐M ☐ Prefer not to disclose

Part II. General Questionnaire

1. Have you or any adult member of your household ever been evicted? Yes ☐ No ☐ If yes, when? Explain.

2. Have you or any adult member of your household ever been convicted of a misdemeanor or felony? Yes ☐ No ☐
If yes, when? Explain.

3. Do you or any adult member of your household currently use any illegal drug or other illegal controlled substance?
Yes ☐ No ☐ If yes, please explain:

4. Do you expect changes to your household size within the next 12 months? Yes ☐ No ☐ If yes, please provide name.

5. Is there a live-in aide who will be residing with you in the unit? Yes ☐ No ☐ If yes, please provide name.

6. How did you hear about this housing opportunity?

7. Do you have any animals? Yes ☐ No ☐ If yes, please list:

8. Do you own a car? Yes ☐ No ☐ If yes, please list:

9. Are you an U.S. military veteran? Yes ☐ No ☐

Which Branch? ☐ Air Force ☐ Army ☐ Coast Guard ☐ Marines ☐ Navy

Part III. Housing References – Please list current and previous landlords for the last five years.

Address of Present Residence:

Present Landlord Name:	Landlord Telephone: ( )	Fax: ( )
Present Landlord Mailing Address:	City, State:	Zip Code:

Monthly rent: $	# of bedrooms: 1 2 3 4 5	Is your rent subsidized? YES NO	Rent ☐	Own ☐
How long have you lived at this address? _____Years _____Months		Reason for wanting to move?		

Is there anyone living with you now that will not be moving with you to this property? YES NO If yes, who? And why?

If you have lived at your current address less than five years, what was your previous address?
Previous Address:

Name of previous Landlord:	Landlord Telephone: ( )	Fax: ( )
Previous Landlord Mailing Address:	City, State:	Zip Code:

Monthly rent: $	How long have you lived at this address? _____Years _____Months	Reason for moving?

If you lived in the above two housing situations for less that 5 years, where did you live?
Previous Address:

Name of previous Landlord:	Landlord Telephone: ( )	Fax: ( )
Previous Landlord Mailing Address:	City, State:	Zip Code:

Monthly rent: $	How long have you lived at this address? _____Years _____Months	Reason for moving?

List all states in which all household members have resided:

Part IV. Income Information

Current Income (Employment Sources)

List all full and/or part-time employment income for all household members.

(Include self-employment gross earnings and net taxable earnings)

Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
1.		_____ _____ _____		Monthly: $ _____ Hours per week: _____ Hourly rate: $_____
Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
2.		_____ _____ _____		Monthly: $ _____ Hours per week: _____ Hourly rate: $_____
Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
3.		_____ _____ _____		Monthly: $ _____ Hours per week: _____ Hourly rate: $_____
Full Name	Occupation	Name/Address of Employer	Length of Employment	Gross Earnings BEFORE Taxes
4.		_____ _____ _____		Monthly: $ _____ Hours per week: _____ Hourly rate: $_____

Other Sources of Income

(examples: list all public assistance, social security, S.S.I., social security dual entitlement, pension, retirement, disability compensation, unemployment compensation, veterans benefits, insurance policies, interest income, babysitting, care-taking allowance, alimony, child support, annuities, trusts, dividends, regular contributions, scholarships, grants, armed forces)

Full Name	Type of Income	Amount $	Per
Full Name	Type of Income	Amount $	Per
Full Name	Type of Income	Amount $	Per
Full Name	Type of Income	Amount $	Per

Part V. Asset Information

Assets – include checking and savings accounts, equity in real property, stocks, bonds, and other forms of capital investment. Do not include automobiles or furniture. If you have no assets, write "none" in the space.

Checking Account – Name of Bank	**Savings account** – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: $	Cash Value /Balance: $
Other Account – Name of Bank	**Other Account** – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: $	Cash Value /Balance: $
401K/403B/IRA	**Other Account** – Name of Bank
Address:	Address:
Account Number:	Account Number:
Cash Value /Balance: $	Cash Value /Balance: $
Stocks and Bonds Value: $	**Savings Bond Value:** $

Do you own Real Estate or Real Property? If yes, where? What is the current value?
Yes ☐ No ☐

Have you ever owned Real Estate or Real Property? If yes, when? Where? When Sold? How Much?
Yes ☐ No ☐

Have you or any adult member of your household disposed of any assets within the last 2 years for less than fair market value? Yes ☐ No ☐ If yes, what was disposed and for how much?

_____

Part VI. Program Information

1. Are you or any member of your household disabled? Yes ☐ No ☐

_____

2. Do you require a unit with accessible features for persons with disabilities? Yes ☐ No ☐ If yes, what features:

_____ Mobility Impairment _____ Visual Impairment _____ Hearing Impairment _____ Other

3. Do you require a reasonable accommodation due to a disability that requires changes to our rules, policies, procedure or physical modification(s) to the dwelling unit or common areas? Yes ☐ No ☐ If yes, please describe your needs:

_____

4. Do you currently hold a Section 8 voucher? Yes ☐ No ☐ If so from what county?

_____

Part VII. Student Status

Yes	No	
☐	☐	Does the household consist of all persons who are full-time students (Examples: K-12, College/ University, trade school, etc.)?
☐	☐	Does the household consist of all persons who have been a full-time student 5 months in the current calendar year?
☐	☐	Does your household anticipate becoming an all full-time student household in the next 12 months?
		If you answered YES to any of the previous three questions are you:
☐	☐	Receiving assistance under Title IV of the Social Security Act (AFDC / TANF/ Cal Works – not SSA/SSI).
☐	☐	Enrolling in a job training program receiving assistance through the Job Training Participation Act (JTPA) or other similar program.
☐	☐	Married and filling (or are entitled to file) a joint tax return.
☐	☐	Single parent with a dependent child or children and neither you nor your child(ren) are dependent of another individual.
☐	☐	A full time student that is/was a recipient of foster care assistance under Part B or Part E of Title IV of the Social Security Act (effective for determinations after 7/30/2008)

I understand that Martha A. Lang Senior Cyber Village is a Smoke-Free Community. I understand that smoking is prohibited anywhere on the property. Yes [ ] No [ ]

I/We certify the above information to be true and correct to the best of my/our knowledge. I/We authorize verification of age, income, assets, allowances, credit history, rental history, criminal background, registered sex offender status, eviction and landlord references. I/We understand that falsification of information found before or after acceptance of this property includes penalties that will result in cancellation of your application, also to include eviction, loss of assistance, if applicable. If this is a HUD subsidized property, the additional fines are imposed: fines of $10,000.00 and five years imprisonment. **WARNING!: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States:**

Head of Household Signature _____ Date _____

Co-Applicant Signature _____ Date _____

THE FILING OF THIS APPLICATION IN NO WAY GUARANTEES YOU AN APARTMENT. A FINAL DETERMINATION OF ELIGIBILITY WILL NOT BE MADE UNTIL INFORMATION IS VERIFIED. INCOMPLETE OR UNSIGNED APPLICATIONS WILL BE RETURNED AND NOT ACCEPTED.

Return Application to the following address:

Martha A. Lang Senior Cyber Village
973 North 7th Street
Philadelphia, PA 19123

EQUAL HOUSING OPPORTUNITY

EQUAL HOUSING OPPORTUNITY

Martha A. Lang Senior Cyber Village does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in its federally assisted programs and activities. Our Fair Housing Coordinator is designated to ensure compliance with the nondiscrimination requirements contained in Section 504 of the HUD Regulations and can be contacted via e-mail at Section504Coordinator@HumanGood.org or at 1900 Huntington Drive Duarte, CA 91010, Telephone 1-925-924-7294 TDD 711.

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APPLICANT / RESIDENT EMERGENCY INFORMATION SHEET

Instructions: Optional Contact Person or Organization: You have the right 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 / Resident Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Contact Person or Organization:	
Address of the Contact Person or Organization:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Name of Contact Person or Organization:	
Address of the Contact Person or Organization:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
The following are some of the reasons why we may contact the person you provided to us: emergency, unable to contact you, eviction from unit, late payment of rent, assisting with recertification process, or change in lease terms / house rules, etc.	
Commitment of Management Agency / 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.	

☐ Check this box if you choose not to provide the contact information.

Application / Resident Authorization:

I have provided the above information to the housing provider voluntarily. I grant full permission to the management agency / owner to release and use this information as they deem necessary and may be able to help in resolving any issues that may arise during my tenancy or to assist in providing any special care or services may require.

_____ _____

Signature of Applicant / Resident Date

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RACE/ ETHNIC and DISABILITY DATA REPORTING FORM

Head of Household:_____ Apt./ Application #: _____

Household Member Name: _____ Property Name: _____

THIS SECTION TO BE COMPLETED BY APPLICANT/RESIDENT

The Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U.S. Department of Housing and Urban Development (HUD), certain demographic and economic information on applicants/tenants residing in LIHTC financed properties. Although LIHTC would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish h it. If you do not wish to furnish this information, please check the box at the bottom of the page and initial.

Enter Race, Ethnicity and Disability codes for each household member (see below for codes).

Race	Ethnicity	Disability

The Following Race Codes should be used:

1 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.

2 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" apply to this category.

3 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

4 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent:

4a – Asian India 4b – Chinese 4c – Filipino 4d – Japanese 4e – Korean 4f – Vietnamese 4g – Other Asian

5 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands:

5a – Native Hawaiian 5b – Guamanian or Chamorro 5c – Samoan 5d – Other Pacific Islander

6 – Other

Note: *Multiple racial categories may be indicated as such: 31 – American Indian/Alaska Native & White, 41 – Asian & White, etc.*

The Following Ethnicity Codes should be used:

1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish Origin" apply to this category.

2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

The Following Disability Codes should be used:

1 – Yes

If any member of the household is disabled according to Fair Housing Act definition for handicap (disability):

- A physical or mental impairment which substantially limits one or more major life activities; a record of such an impairment or being regarded as having such an impairment. For a definition of "physical or mental impairment" and other terms used, please see 24 CFR 100.201, available at http://fairhousing.com/legal-research/hud-regulations/24-cfr-100201-definitions.
- "Handicap" does not include current, illegal use of or addiction to a controlled substance.
- An individual shall not be considered to have a handicap solely because that individual is a transgender.

2 – No

☐ **Resident/Applicant:** I _____(initial) do not wish to furnish information regarding race, ethnicity and other household composition.

_____ _____ _____

Signature of Applicant/Resident Printed Name of Applicant/Resident Date

PENALTIES FOR MISUSING THIS CONSENT:

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.

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AFFORDABLE HOUSING

We believe there's an opportunity to live a life in which we become our finest, most authentic selves. For each of us to become who we were meant to be. HumanGood is here to help you make it happen. We offer affordable senior housing options across the country for qualifying low-income seniors. Below is a list of our communities in the Philadelphia area. To visit their websites, scan the QR-codes with a smart phone. Learn more at www.HumanGood.org.

Ann Thomas Presbyterian Apartments
2000 S. 58th St.
Philadelphia, PA 19143
(215) 726-3232

Bensalem Presbyterian Apartments
1900 Byberry Rd.
Bensalem, PA 19020
(215) 352-1000

Cantrell Place
427-455 Cantrell St.
Philadelphia, PA 19134
(267) 768-8411

Casa Carmen Aponte Apartments
2121 N. Howard St.
Philadelphia, PA 19122
(215) 291-9170

Community House
5501 N. 11th St.
Philadelphia, PA 19141
(215) 324-4563

Grace Court Apartments
550 S. Lansdowne Ave.
Yeadon, PA 19050
(610) 623-3083

Interfaith House in Germantown
18 W. Chelten Ave.
Philadelphia, PA 19144
(215) 438-9779

Jackson Place
501 Jackson St.
Philadelphia, PA 19148
(215) 599-0445

Janney Apartments
2855 Janney St.
Philadelphia, PA 19134
(215) 248-4053

Lindley Court Apartments
1300 Lindley Ave.
Philadelphia, PA 19141
(215) 457-1336

Makemie Court
554 South Lansdowne Ave.
Yeadon, PA 19050
(610) 871-7070

Mantua Presbyterian Apartments
600 N. 34th St.
Philadelphia, PA 19104
(215) 689-2660

Maple Village
22 West Rittenhouse St.
Philadelphia, PA 19144
(215) 438-6810

Martha A. Lang Senior Cyber Village
973 N. 7th St.
Philadelphia, PA 19123
(267) 414-1420

Mary Field Senior Apartments
2100 S. 58th St.
Philadelphia, PA 19143
(215) 730-0691

Morrisville Presbyterian Apartments
1 Hillcrest Ave.
Morrisville, PA 19067
(215) 295-8696

Nativity BVM
3255 Belgrade Ave.
Philadelphia, PA 19134
(215) 279-7270

Neumann Senior Housing
1601 E. Palmer St.
Philadelphia, PA 19125
(215) 425-9502

Old City Presbyterian Apartments
25 N. 4th St.
Philadelphia, PA 19106
(215) 627-9538

On Lok House
219 N. 10th St.
Philadelphia, PA 19107
(215) 925-3369

Paschall Senior Housing
2125 S. 70th St.
Philadelphia, PA 19142
(215) 220-2080

Pensdale Apartments
4200 Mitchell St.
Philadelphia, PA 19128
(215) 754-0126

Pensdale II
4200 B Mitchell St.
Philadelphia, PA 19128
(215) 261-6173

Reed Street Presbyterian Apartments
1401 S. 16th St.
Philadelphia, PA 19146
(215) 551-1395

Riverside Presbyterian Apartments
158 N. 23rd St.
Philadelphia, PA 19103
(215) 563-6200

Salba Apartments
309 Walnut St.
Jenkintown, PA 19046
(215) 277-7724

Scottish Rite House
1525 Fitzwater St.
Philadelphia, PA 19146
(215) 732-8484

Scottish Rite Tower
1530 Fitzwater St.
Philadelphia, PA 19146
(215) 545-0460

St. Francis Villa
2450 Emerald St.
Philadelphia, PA 19125
(215) 309-2399

St. John Neumann Place
2600 Moore St.
Philadelphia, PA 19145
(215) 463-1101

St. John Neumann Place II
2627 Mifflin St.
Philadelphia, PA 19145
(267) 861-0003

St. Joseph Place
502 Woodlawn Ave.
Collingdale, PA 19023
(484) 494-1696

St. Rita Place
1148-54 South Broad St.
Philadelphia, PA 19146
(267) 239-5676

Tioga Presbyterian Apartments
1531 W. Tioga St.
Philadelphia, PA 19140
(215) 225-9544

Witherspoon Senior Apartments
2050 S. 58th St.
Philadelphia, PA 19143
(267) 768-7300

Wynnefield Place Apartments
1717 N. 54th St.
Philadelphia, PA 19131
(215) 596-0363

DELAWARE

Los Jardines
1000 W. 5th St
Wilmington, DE 19805
(302) 652-6391

To view all of HumanGood's affordable senior apartments, visit **www.HumanGoodAffordableHousing.org** or scan the QR Code below.