

## TENANT SELECTION CRITERIA

- Applicant must be 62 years of age or better; or Non-elderly with a disability
- Applicant must meet Income Guidelines as set forth by PHFA. Current Income Limit for **1** person is **\$36,900** and **2** people **\$42,200**  
\*5/2/2022
- Have an acceptable Credit History, as reported by a credit bureau.
- Have good/acceptable references from current and previous landlord (if current situation has lasted less than five years), and be free of a history of adverse action by landlords.
- Be free of a history of criminal activity as reported by a criminal history check where criminal activity reported is of a kind which would tend to threaten the health or safety of the other tenants, staff members, agents, contractors or guests;
- Demonstrate a history of satisfactory housekeeping habits. A Home Visit will be conducted at the residence where applicant is residing.
- **An entire copy of the Tenant Selection Plan can be obtained from the Management Office.**

**NOTE: APPLICANTS MUST COMPLETE ALL FORMS. PLEASE DO NOT LEAVE SECTIONS BLANK; IT WILL ONLY DELAY PROCESSING YOUR APPLICATIONS.**  
**Note: INCOMPLETE APPLICATIONS WILL BE RETURNED**

**HANDWRITING MUST BE LEGIBLE. IT IS IMPORTANT THAT WE HAVE THE CORRECT SPELLING OF YOUR NAME AND NUMBERS FOR YOUR BIRTH DATE, SOCIAL SECURITY NUMBER AND IDENTIFICATION.**

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.

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**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.

**MORRISVILLE PRESBYTERIAN APTS.**

1 HILLCREST AVE. MORRISVILLE, PA 19067

Phone # 215-295-8696 FAX# 215-295-8603 TTY# 711

Please submit a State Issued Photo ID or Driver's License when returning this application

**APPLICATION**

Equal Opportunity Housing

Please Use Ink Pen

Handwriting must be legible

APPLICANT	JOINT APPLICANT
Birthdate: _____ Name _____ First, Middle Name, Last Maiden Name: _____ Male _____ Female _____ Chose Not To Disclose _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: ( ) _____ Social Security # : _____ - _____ - _____ Driver's License#/ State ID # _____ Do you own, rent, or live with family? (circle one)	Birthdate: _____ Name _____ First, Middle Name, Last Maiden Name: _____ Male _____ Female _____ Chose Not To Disclose _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: ( ) _____ Social Security # : _____ - _____ - _____ Driver's License#/State ID # _____ Do you own, rent, or live with family? (circle one)
<b>Current Landlord—Require 5 Year Rental History</b>	<b>Current Landlord-Require 5 Year Rental History</b>
Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: ( ) _____ Length of Residency: _____ Yrs _____ Mths	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: ( ) _____ Length of Residency: _____ Yrs _____ Mths
<b>Prior Landlord</b>	<b>Prior Landlord</b>
Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: ( ) _____ Length or Residency _____ Yrs _____ Mths	Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Telephone: ( ) _____ Length of Residency: _____ Yrs _____ Mths
<b>Employment Information</b>	<b>Employment Information</b>
Are you employed: Yes <input type="checkbox"/> No <input type="checkbox"/> Employer: _____ Address: _____ City: _____ State _____ Zip Code _____	Are you employed: Yes <input type="checkbox"/> No <input type="checkbox"/> Employer: _____ Address: _____ City: _____ State _____ Zip Code _____
<b>Physical Accommodation</b>	<b>Physical Accommodation</b>
Are you disabled: Yes <input type="checkbox"/> No <input type="checkbox"/> Management is required to verify the disability of all persons applying as disabled through a third party physician. Please see the manager if you have questions. Note: For eligibility, your needs must meet the features of the accessible unit	Are you disabled: Yes <input type="checkbox"/> No <input type="checkbox"/> Management is required to verify the disability of all persons applying as disabled through a third party physician. Please see the manager if you have questions. Note: For eligibility, your needs must meet the features of the accessible unit
<b>Declaration of Citizenship</b>	<b>Declaration of Citizenship</b>
Eligibility Citizenship Status: Are you U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Eligibility Citizenship Status: Are you U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Criminal Record</b>	<b>Criminal Record</b>
Do you have a criminal record? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a criminal record? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>General Questions</b>	<b>General Questions</b>
Will you bring a pet? Yes <input type="checkbox"/> No <input type="checkbox"/> Note: If yes see the management for pet policy.	Will you bring a pet? Yes <input type="checkbox"/> No <input type="checkbox"/> Note: If yes see the management for pet policy.
Will you bring an automobile? Yes <input type="checkbox"/> No <input type="checkbox"/> Note: Must have current registration and insurance to park on lot.	Will you bring an automobile? Yes <input type="checkbox"/> No <input type="checkbox"/> Note: Must have current registration and insurance to park on lot.
Are you a full or part time student?: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a full or part time student?: Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a military veteran?: Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a military veteran?: Yes <input type="checkbox"/> No <input type="checkbox"/>

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_

Name of Primary Physician: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_

Name of Primary Physician: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_

**Financial Information**

**Note:** Please fill in all blanks. If the category is not applicable, write "none".

To be completed by the office.

<u>INCOME</u>	<u>MONTHLY</u>	<u>ANNUAL</u>
Social Security	\$ _____	\$ _____
S.S.I.	\$ _____	\$ _____
Annuity	\$ _____	\$ _____
Trust	\$ _____	\$ _____
Welfare	\$ _____	\$ _____
Contribution from family	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Unemployment Comp.	\$ _____	\$ _____
Other	\$ _____	\$ _____

Do you receive SSA Dual Entitlement Benefits? Yes No  
 If yes, list the Benefit Claim Number \_\_\_\_\_

**Wages/Employment Income:**

How often are you paid? Weekly  Bi-Weekly  Monthly   
 Hourly   
 Gross Amount Paid? \_\_\_\_\_  
 Number of hours worked each week \_\_\_\_\_

**Assets**

If more space is needed, provide information on separate sheet.

**Real Estate:**

Market Value      Operating Expense      Rental Income  
 \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

**Stocks and Bonds**

<u>Name</u>	<u>#Shares</u>	<u>Value</u>	<u>Income</u>
<u>Annual</u>			\$ _____
			\$ _____

**LIFE INSURANCE**

Do you currently have a life insurance policy? Yes No

If yes, what type?: (Circle one) Whole Life, Universal Life, AD&D, Term Life

Company Name: \_\_\_\_\_

**Financial Information**

**Note:** Please fill in all blanks. If the category is not applicable, write "none".

To be completed by the office.

<u>INCOME</u>	<u>MONTHLY</u>	<u>ANNUAL</u>
Social Security	\$ _____	\$ _____
S.S.I.	\$ _____	\$ _____
Annuity	\$ _____	\$ _____
Trust	\$ _____	\$ _____
Welfare	\$ _____	\$ _____
Contribution from family	\$ _____	\$ _____
Pension	\$ _____	\$ _____
Unemployment Comp.	\$ _____	\$ _____
Other	\$ _____	\$ _____

Do you receive SSA Dual Entitlement Benefits? Yes No  
 If yes, list the Benefit Claim Number \_\_\_\_\_

**Wages/Employment Income:**

How often are you paid? Weekly  Bi-Weekly  Month   
 Hourly   
 Gross Amount Paid? \_\_\_\_\_  
 Number of hours worked each week \_\_\_\_\_

**Assets**

If more space is needed, provide information on separate sheet.

**Real Estate:**

Market Value      Operating Expense      Rental Income  
 \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

**Stocks and Bonds**

<u>Name</u>	<u>#Shares</u>	<u>Value</u>	<u>Income</u>	<u>Annual</u>
			\$ _____	
			\$ _____	

**LIFE INSURANCE**

Do you currently have a life insurance policy? Yes No

If yes, what type?: (Circle one) Whole Life, Universal Life, AD&D, Term Life

Company Name: \_\_\_\_\_

**Morrisville Presbyterian Apartments is a Smoke Free Community.**



<b>Bank Accounts, Certificates of Deposit, IRA's</b>	<b>Bank Accounts, Certificates of Deposit, IRA's</b>
<u>Certificate of Deposit:</u> Bank Name: _____ Balance\$ _____ Account or C.D. # _____ %Int _____ C.D. Maturity Date: _____  Bank Name: _____ Balance\$ _____ Account or C.D. # _____ %Int _____ C.D. Maturity Date: _____	<u>Certificate of Deposit:</u> Bank Name: _____ Balance\$ _____ Account or C.D. # _____ %Int _____ C.D. Maturity Date: _____  Bank Name: _____ Balance\$ _____ Account or C.D. # _____ %Int _____ C.D. Maturity Date: _____
<u>Checking Accounts</u> Bank Name: _____ Balance\$ _____ Account# _____	<u>Checking Accounts</u> Bank Name: _____ Balance\$ _____ Account# _____
<u>Savings Accounts</u> Bank Name: _____ Balance\$ _____ Account# _____	<u>Savings Accounts</u> Bank Name: _____ Balance\$ _____ Account# _____
Lump Sum Receipts: Inheritances, capital gains, one time lottery winnings, settlements of insurance, etc. Value\$ _____	Lump Sum Receipts: Inheritances, capital gains, one time lottery winnings, settlements of insurance, etc. Value\$ _____
<b>Have you disposed of any asset for less than fair market value in the past 24 months? Yes or No</b>	<b>Have you disposed of any asset for less than fair market value in the pas 24 months? Yes or No</b>
If yes, which asset? _____ Value\$ _____  Total Value of other Asset of Income: Describe: _____  Amount\$ _____	If yes, which asset? _____ Value\$ _____  Total Value of other Asset of Income: Describe: _____  Amount\$ _____
Any Debts, Mortgages, Obligations, etc. Affecting the income or assets: Describe: _____ Amount\$ _____	Any Debts, Mortgages, Obligations, etc. Affecting the income or assets: Describe: _____ Amount\$ _____

**IMPORTANT INFORMATION**

Has any household member lived in any state other than Pennsylvania?  Yes  No If so, where? \_\_\_\_\_

Please list the full address(es) \_\_\_\_\_

Is any household member is listed on any state's lifetime sex offender registry?  Yes  No

How did you find out about Morrisville Presbyterian Apts? \_\_\_\_\_

Do you require special features?  Yes  No

If yes, explain: \_\_\_\_\_

Please note that this is a preliminary application and gives no lease or rent rights. Additional information will be required at a later date to complete processing of application. All information on this form must be completed.

**WARNING:** THIS APPLICATION MAY BE REFUSED OR REJECTED SOLELY ON THE GROUNDS THAT IT IS NOT SATISFACTORILY COMPLETE AND / OR LEGIBLE, OR IF ANY INFORMATION IS FOUND TO BE FALSE. Please review your application to see that ALL informaton is completed. If a section does not apply, please mark it N.A. (not applicable).

FAILURE TO NOTIFY THE OFFICE OF YOUR NEW ADDRESS AND TELEPHONE NUMBER EACH TIME YOU MOVE WILL RESULT IN DECLINE OF YOUR APPLICATION. You must keep the facility informed of changes in this information as well as changes in your interest in an apartment.

**EQUAL HOUSING**

Morrisille Presbyterian Apts. has pledged to the letter and spirit of U.S. Policy for the achievement of equal housing opportunity throughout the nation. We encourage and support affirmative advertising and marketing programs in which there are no barriers to obtaining housing because of race, color, religion, sex, physical disability, familial status, or national origin.

**APARTMENT AND BATH STYLES – (CIRCLE PREFERENCE)** Studio with tub/shower, One Bedroom with tub/shower, One Bedroom with wheelchair accessible shower.

I / We certify that the above information as given is true and correct and I / We give **Morrisville Presbyterian Apts.** authority to check and verify the above including credit and criminal records.

Date: \_\_\_\_\_ Applicant's signature \_\_\_\_\_

Joint Applicant's signature: \_\_\_\_\_

If preparer is someone other than the applicant, show name, address and telephone number.

Return original application to (faxes not accepted):

**Morrisville Presbyterian Apartments  
One Hillcrest Ave. Morrisville, PA 19067**