

Dear Applicant:

Thank you for your interest in Spring City Elderly (d.b.a. Flag House). Attached is an Application for Tenancy packet. Because of the HUD Section 202/PRAC subsidy applicants must meet certain qualifications for admission to Freedom House. Head of household, spouse, or co-head must be 62 years of age or older to apply.

Particular income limits determined by the Department of HUD in accordance with the Section 202/PRAC program do apply (*please review the income limits on the following page*). Those who qualify for this program type will pay 30% of his/her monthly income toward rent and utilities. Heat, water and gas utilities are included in the rent. All apartments are unfurnished units equipped with refrigerator and stove. One (1) unit is handicapped/barrier-free to some degree. The facility is a non-smoking facility.

Spring City Elderly will house applicants on a first-come, first-serve basis from our waiting list. Please understand that because we work with a waiting list you may not be able to choose the location of the apartment. When an applicant's name reaches the top of our Waiting List we will offer the next available apartment. If you do not accept the available apartment, your name can be dropped from the Waiting List.

Spring City Elderly does not provide "assisted living," nursing services, or personal care. Residents must be capable of fulfilling lease requirements by themselves or arrange on their own for needed services to be provided by outside agencies. This application requires specific information. **Failure to provide proper documents and/or verification will result in the rejection of your application and/or delay in processing.** Completed applications can be delivered to our office in person during regular business hours, Monday through Friday, or via first class mail to Phoenixville Homes, Attn: Donna Beard, P. O. Box 67, Spring City, PA 19475. Remember that the applicant packet must contain the original signatures of all persons applying to reside in the unit. Please be advised that it is your responsibility to update your information, phone number, and other changed information on your application. This must be done in writing.

Upon receipt you will be notified if it appears you have initially qualify for tenancy, and if your name has been placed on the Waiting List. Applicants will not be interviewed until this has been completed. If you have any questions concerning the applicant packet or our facility, please feel free to contact our Rental Office at **(610) 948-1797**.

Sincerely,

Management



# NOTIFICATION TO PROSPECTIVE RESIDENTS OF SUBSIDIZED HOUSING

Thank you for your interest in becoming a tenant **Spring City Elderly**. Tenancy is open to all qualified eligible persons without regard to race, color, national origin, handicap status, religion, familial status or sex. **Spring City Elderly** does not discriminate based upon age for any reason, excluding HUD program/project requirements. The attached application has been designed to be self-explanatory and all information is strictly confidential. We will calculate your adjusted income from the information you provide on the attached application.

- **The new *Very Low income limits* as of June 26, 2010, are as follows:**  
**1 PERSON - \$27,450 maximum, 2 PERSONS - \$31,350 maximum**

## **Enterprise Income Verification (EIV):**

HUD now requires all income verification of employment and social security benefits be processed through the **Enterprise Income Verification (EIV)** system for current residents. Additionally, management has the option of using the Exist Resident Search option within the **EIV** system for determining if new residents are currently receiving subsidy elsewhere. If you become a resident of **Spring City Elderly**, we will verify your applicable income information through the use of this system. The Income Reports in **EIV** contain the social security numbers (SSNs), full dates of birth, first and last names, and physical address of tenant families. This is all sensitive information that **must not** be handled carelessly. Therefore, **Spring City Elderly** realizes that it must be careful not to share this information with anyone who is not authorized to have it. Please review **Spring City Elderly's EIV Policy** for further information regarding staff access, EIV Coordinator role, physical and administrative safeguards. Management does utilize the features of the Existing Resident search feature within the **EIV** system for new move-ins to the property.

## **Proof of Social Security Numbers:**

HUD now requires all persons applying for housing to provide proof of Social Security numbers for all household members. Applicants must provide documentation of SSNs in order to be eligible for assistance at **Spring City Elderly**. Adequate documentation means a social security card issued by the **Social Security Administration (SSA)** or other acceptable evidence of the SSN. The head of household/spouse/co-head must disclose SSNs for all family members. According to **Federal Register 24 CFR Part 5**, all social security numbers for an applicant's household must be verified using appropriate documentation before the household may be admitted into the project.

## **Non-Smoking Facility:**

**Spring City Elderly** is a smoke-free environment. The purpose of this rule is to protect the health and safety of our residents and property. It is a violation of the House Rules for any resident, guest; visitor, contractor and/or staff persons to smoke, carry, inhale or exhale lighted cigarettes, pipes, cigars or any other tobacco product anywhere inside the building, except in designated areas. The public designated areas are located outside the building and there are posted signs. Violations of the smoke-free policy can result in eviction as a violation of the House Rules (which Rules are incorporated by reference in the Lease). A violation of the Lease agreement allows for immediate termination of the Lease by the Landlord.

## **SPRING CITY ELDERLY** **APPLICATION PROCEDURES**

1. You must file your application at the Office, either by mail or in person, after which you will be notified of your eligibility. An interview will be scheduled.
2. When the applicant comes to the top of the waiting list, s/he will be interviewed. When an apartment becomes available they will be offered the available apartment unit. If possible the notification will be thirty (30) days in advance. An applicant may turn down an apartment offer, but only once. If applicant turns down a second apartment, they are removed from the Waiting List unless there are verifiable medical reasons.
3. If notified by phone, you must accept the offer within twenty-four hours of the phone call.
4. If notified by mail, you must respond within three (3) working days by telephone or by coming into the office.
5. You must complete the appropriate verification forms needed to complete and approve your application for tenancy within five (5) working days.
6. Having your application processed is not a guarantee of acceptance for tenancy **Spring City Elderly**.
7. At lease signing, the resident pays all of the security deposit and the first payment of the pet deposit (if applicable); and either full month's rent or the pro-rated rent for the remainder of the current month. The resident receives keys and possession of the unit immediately and may move in at any time.
8. If you have a disability and you need a reasonable accommodation or modification in order to comply with the requirements of the application process, please bring this fact to the attention of Management. **Spring City Elderly** is committed to serving all eligible and qualified individuals.
9. For further processing information please see our Tenant Selection Plan.

If you have any questions regarding our policies, please contact our Management Office at **(610) 948-1797**.

## **REJECTION CRITERIA**

1. Your family income (using the HUD definition of income) is over the applicable income limits published by HUD.
2. You have derogatory or unsatisfactory credit history as reported by a Credit Reporting Agency; unsatisfactory includes, but is not limited to, late payment of obligations, judgments, bankruptcy.
3. You or another household member have negative Criminal History including a felony, registration as a lifetime sexual predator/offender, or history of drug or alcohol abuse which may interfere with residents' rights to peaceful enjoyment of the premises. (Please review Resident Selection and Screening Criteria.)
4. Negative references from prior landlords, including poor housekeeping habits, or evidence of gang or illegal substance activity.
5. Submission of false or untrue information on your application, or failure to cooperate, in any way, with the verification process.
6. Inappropriate household size for the available unit.
7. You or another family member, are not a citizen, national or eligible as a non-citizen to pay an "assisted" rent where applicable.
8. Failure to sign designated forms and/or documents upon request, including the lease.
9. Applicant has a pet that does not conform to management's or HUD's Pet Rules.
10. By HUD formula you cannot show a need for the subsidy assistance (where applicable).
11. You are not capable of fulfilling the lease agreement, with or without assistance.
12. You have repeatedly (up to two times) been offered a housing unit, and for other than a verified medical reason, you have refused to take the unit offered.
13. This will not be your only residence and you will pay an assisted rent.
14. Inability to disclose and document all Social Security Numbers in the household.
15. Applicant or member of family has been previously removed for trespassing from the apartment community by management or the local Police Department.
16. The applicant/family is not elderly or disabled, where required.
17. You or your household is comprised of students who do not meet the exception requirements per HUD (please refer to the TSP for further information).

**WARNING:** This application may be refused or rejected solely on the grounds that it is not complete and/or legible, or if any information is found to be false.

<b>Office Use Only:</b>	_____ <b>Very Low Income</b>
<b>Date/Time Received:</b>	_____ <b>Accessible Unit Requested</b>

**Application for Eligibility Determination for Residency with Spring City Elderly  
250 North Main Street, Spring City, PA 19475**

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:

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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:

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**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		Bank Statement; Forms 1099

	Investments		
<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:

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**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:

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**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:

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

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

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**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:

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*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:

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Do you have a pet you wish to bring into this facility?  Yes  No  
If yes, please describe the animal:

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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 \_\_\_\_\_ Date \_\_\_\_\_

Applicant on Filling-In the Appl.

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 applications to: Phoenixville Homes  
Attn: Donna Beard  
P. O. Box 67  
Spring City, PA 19475*

