



CENTENNIAL VILLAGE | APPLICATION INSTRUCTIONS

Thank you for your interest in applying for housing at Centennial Village. Please complete the attached application and return to us by either mail or hand deliver to the following address:

Centennial Village
 c/o Octavia Hill Association
 Public Ledger Building
 620 Chestnut St.
 Suite 1025
 Philadelphia, PA 19106

QUESTIONS? - Please contact Joyce Smith at 215-848-1032 or jsmith@community-ventures.org

The following instructions apply to all applications:

1. All questions **MUST** be answered. If a response is zero (0) or not applicable (N/A) this must be indicated.
2. All adults aged 18 or older listed as household members **MUST** sign the application.
3. Each household may only submit one application. Faxed applications will not be accepted.
4. Only complete applications will be accepted. If questions are not answered it will delay the application being processed.
5. Applications will be processed in order of the date the complete application is received.
6. All information provided will be verified prior to move in.

Applications will be reviewed for income eligibility. Applications that do not meet the income qualifications will not be accepted. Income eligibility information is as follows:

MAXIMUM INCOME LIMITS

% of Median Income	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
20%	\$11,660.00	\$13,320.00	\$14,980.00	\$16,640.00	\$17,980.00	\$19,320.00	\$20,640.00	\$21,980.00
40%	\$23,320.00	\$26,640.00	\$29,960.00	\$33,280.00	\$35,950.00	\$38,640.00	\$41,280.00	\$43,960.00
50%	\$29,150.00	\$33,300.00	\$37,450.00	\$41,600.00	\$44,950.00	\$48,300.00	\$51,600.00	\$54,950.00
60%	\$34,980.00	\$39,960.00	\$44,940.00	\$49,920.00	\$53,940.00	\$57,960.00	\$61,920.00	\$65,940.00

MINIMUM INCOME REQUIRED (Non Subsidized Only)

% of Median Income	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
50%	\$22,000.00	\$27,000.00	\$30,000.00	\$36,000.00
60%	\$26,000.00	\$32,000.00	\$36,000.00	\$40,000.00





Date Application Received:	
Time Application Received:	
Requested Accessible Unit:	
Set Aside:	

**Low Income Housing Tax Credit
Centennial Village
RENTAL APPLICATION FORM**

HOUSEHOLD COMPOSITION: List the head of your household and all members who will live in your home. Give the relationship of each family member to the head.

Member No.	Full Name	Relationship	Birth Date	Age	Sex	Social Security No.	Full Time Student [Y/N]
1		Head of Household					
2							
3							
4							
5							
6							
7							
8							

What size unit is preferred: 1 BR _____ 2 BR _____ 3 BR _____ 4 BR _____

Please answer YES or NO to the following questions. Please answer *all* of the questions.

- YES NO Does anyone live WITH you now who is not listed above?
- YES NO Do you plan to have anyone living with you in the future who is not listed above?

3 Explain if you answered YES to either question 1 or 2 above:

- YES NO Is the head, spouse or co-head of this household handicapped or disabled?
- YES NO Are any other household member(s) handicapped or disabled?



6. Please identify any special housing needs your household has:

RENTAL HISTORY:

Current Address: _____ Landlord's Phone: _____

Rent: \$ _____ Length of Residency: _____ Landlord's Name: _____

If less than three years, provide previous address and landlord's name:

Previous Address: _____ Landlord's Phone: _____

Rent: \$ _____ Length of Residency: _____ Landlord's Name: _____

CONTACT INFORMATION:

Home Phone: _____ Day Phone: _____

Cell Phone: _____ Other Phone: _____

EMPLOYMENT:

HEAD OF HOUSEHOLD:

Current Employer: _____ Position: _____ Supervisor: _____

Address: _____ Phone: _____ Fax: _____

Current Wages: \$ _____ per: (circle one) Hour Week Month Year

Hours Worked Per Week: _____ Tips or Commissions per Week: \$ _____ Annual Bonus: \$ _____

Do you have more than one job? [] Yes [] No

CO-APPLICANT OR ADULT MEMBER:

Current Employer: _____ Position: _____ Supervisor: _____

Address: _____ Phone: _____ Fax: _____

Current Wages: \$ _____ per: (circle one) Hour Week Month Year

Hours Worked Per Week: _____ Tips or Commissions per Week: \$ _____ Annual Bonus: \$ _____

Do you have more than one job? [] Yes [] No



ANNUAL INCOME: For each type of income that your household received, give the source of the income and the amount of income that can be anticipated from that source during the next 12 months:

SOURCE	APPLICANT	CO-APPLICANT	OTHER ADULT	TOTAL
Gross Salary				
Overtime Pay				
Commissions/Tips/ Bonuses/Fees				
Unemployment Benefits				
Worker's Compensation/Disability				
Social Security				
Pensions/Retirement Funds, etc.				
Alimony/Child Support				
TANF Payments				
Income from Business				
Recurring Income or Gifts				
			TOTAL:	

Please answer each of the following questions. For each "YES" answer, provide the details in the chart *above* this section.

1. YES NO Is any member of your household employed full-time, part-time or seasonally?

2. YES NO Does any member of your household expect to work for any period during the next twelve months?

3. YES NO Does any member of your household work for someone who pays them in cash?

4. YES NO Is any member of your household on leave of absence from work due to lay-off, medical, maternity or military leave?

5. YES NO Does any member of your household now receive or expect to receive unemployment benefits?

6. YES NO Does any member of your household now receive or expect to receive child support?

7. YES NO Has any member of your household been awarded child support by a court order?

8. YES NO Does any member of your household now receive or expect to receive alimony/support payments?



9. YES NO Has any member of your household been awarded alimony/support payments by a court order?
10. YES NO Does any member of your household receive or expect to receive public assistance (welfare)?
11. YES NO Does any member of your household receive or expect to receive Social Security benefits?
12. YES NO Does any member of your household receive or expect to receive income from a pension or annuity?
13. YES NO Does any member of our household receive regular cash contributions from organizations or from individuals not living in the unit?
14. YES NO Does any member of your household receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds, or income from rental of property?

ASSETS: Assets include cash (wherever held), equity in real estate or capital investments, notes receivable, stocks, bonds, money market account, certificates of deposits, IRA's, retirement and pension funds, 401K's, 403B's, luxury personal property (gems, jewelry, art, coin collections, etc...), etc. You must also include cash value of whole or universal life insurance policies as well as the value of any assets disposed of in the past 24 months for less than fair market value.

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTE	ACCOUNT NUMBER
Checking Account				
Savings				
Certificate of Deposit				
Mutual Funds/ Stocks/Bonds				
401K/IRA/Other Retirement Account				
Real Estate				
Life Insurance				
Savings Bonds				
Other				
TOTAL:				



1. List the value of all stocks, bonds, trusts, pension contributions, or other assets owned by any household member.

2. () YES () NO Do you own a home or other real estate?

3. () YES () NO **Have you sold or given away real estate or other assets valued at \$1000 or more in the past two years for less than fair market value of item?**

If you answered YES to 2 or 3 please provide details: _____

OTHER:

Have eviction charges ever been filed against you at a District Magistrate's office for non-payment and/or late payment of rent to your landlord or for any other reason? [] Yes [] No

Have you or any other household member or person you wish to reside with you ever been convicted of a crime? (Omit only minor Traffic Violations; DUI is considered a crime.) [] Yes [] No

Have you or any other household member or person you wish to reside with you been released from jail in the past five (5) years? [] Yes [] No

Are there any special housing needs or reasonable accommodations that the household will require? For example, a unit for mobility impaired, unit for visually impaired, unit for hearing impaired, a live-in aide, etc. Please list.

EMERGENCY CONTACT:

Name and address of nearest relative **NOT** living with you:

_____ Relationship: _____
Telephone Number _____

Name and address of person to be contacted **in case of an emergency:**

_____ Relationship: _____
Telephone Number _____
Cell Phone Number _____

How did you hear about this Development:

Sign posted on building _____ Newspaper _____ Local organization or church _____ Friend or Family _____
Other _____



In accordance with the data collection information required by the Department of Housing and Urban Development (HUD), please provide the following information for the head of household.

RACE	
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native & White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian/Alaska Native & Black/African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other Multi-racial
ETHNICITY	GENDER
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female

I decline to provide this information.

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements to any Department or Agency of the United States as to any matter within its jurisdiction.

I/We certify that if selected, the unit I/we occupy will be my/our only residence. I/We understand the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to obtain credit/criminal histories on all of the undersigned persons, to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which, may be released to appropriate federal, state, or local agencies. 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.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Head of Household Signature: _____ Date: _____

Co-Head Signature: _____ Date: _____

Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Owner/Manager: _____ Date: _____

FOR MANAGEMENT USE ONLY

Received Social Security Cards [] Received Income Verification [] Passed Criminal []

Received Birth Certificates [] Received Asset Verification [] Passed Credit []

Received Photo Ids [] Received Rental Verification [] Passed Home Inspection []



FULL TIME STUDENT STATUS

1) I/We hereby certify that as a current/potential resident of this development that all household members are:

_____ Not full-time or part-time students and ***do not*** anticipate becoming a full-time student within the next 12 months.

_____ Part-time students and ***do not*** anticipate becoming a full-time student within the next 12 months. *Please provide verification of part-time status.*

_____ Full-time students. (Complete Part A & B)

Parts A – Please list every full-time college students in the household:

NAME	BIRTHDATE	SOCIAL SECURITY #

Part B

Check the applicable criteria:

_____ Our household receives assistance under title IV of the Social Security Act (for example, payments under AFDC or TANF). *Please provide third party verification.*

_____ At least one member of the household is currently in a job training program that receives assistance under the Job Training Partnership Act (JTPA) or is funded by a state or local public agency. *Please provide verification of enrollment.*

_____ The head of household is a single parent with child(ren) and neither the parent nor the child(ren) are dependents on another person’s most recent tax return. *Please provide a signed copy of the most recent tax return.*

_____ At least one adult in the unit is married, not necessarily to another adult living in the unit, and filed a joint federal tax return the previous year. *Please provide a signed copy of the most recent tax return and a copy of the marriage license.*

_____ None of the 4 exceptions list above are applicable.

2) Were ***all*** household members full-time students for 5 months during the current calendar year?

Yes _____ No _____

I hereby certify that the statements above are true and complete to the best of my knowledge.

Applicant/Resident’s Signature

Date

Household Member (18years & older)

Date

Household Member (18years & older)

Date

