



**SUSQUEHANNA SQUARE | APPLICATION INSTRUCTIONS**

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

Susquehanna Square  
 c/o Community Ventures  
 Susquehanna Rental Office  
 1421 W. Susquehanna Avenue, Suite 100  
 Philadelphia, PA 19121

**QUESTIONS?** - Please contact Leslie Harris or LaToya Murray at 215-765-5335 or [application@community-ventures.org](mailto:application@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%	\$13,540.00	\$15,460.00	\$17,400.00	\$19,320.00	\$20,880.00	\$24,420.00	\$23,960.00	\$25,520.00
50%	\$33,850.00	\$38,650.00	\$43,500.00	\$48,300.00	\$52,200.00	\$56,050.00	\$59,900.00	\$63,800.00
60%	\$40,620.00	\$46,380.00	\$52,200.00	\$57,960.00	\$62,640.00	\$67,260.00	\$71,880.00	\$76,560.00

**Note:** All units at Susquehanna Square have project-based vouchers from the Philadelphia Housing Authority and the tenant paid rent for each unit will be determined by PHA and will be, at maximum, 30% of each household income.



[THIS PAGE IS INTENTIONALLY BLANK FOR DOUBLE SIDED PRINTING]

SEE THE RENTAL APPLICATION ON THE NEXT PAGE.

PLEASE ONLY RETURN THE RENTAL APPLICATION AND NOT THIS COVER SHEET.



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

**Low Income Housing Tax Credit  
Susquehanna Square  
RENTAL APPLICATION FORM**

APPLICANT'S NAME: \_\_\_\_\_  
 CURRENT ADDRESS: \_\_\_\_\_ APT. NUMBER: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 PREFERRED PHONE: \_\_\_\_\_ OTHER PHONE: \_\_\_\_\_  
 SPOUSE/CO-HEAD PREFERRED PHONE: \_\_\_\_\_

**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?
- ( ) YES ( ) NO Do you NOT have legal custody of any minors (younger than 18 years old) listed above?

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



5.     ( ) YES ( ) NO     Is the head, spouse or co-head of this household handicapped or disabled?
6.     ( ) YES ( ) NO     Are any other household member(s) handicapped or disabled?
7.     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: \_\_\_\_\_

Email: \_\_\_\_\_ Preferred Contact Method: \_\_\_\_\_

**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. For each income source that your household receives please include the two most recent pay-stubs or other evidence with this application.

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				
			<b>TOTAL:</b>	

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				
<b>TOTAL:</b>				



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 \_\_\_\_\_

Grants As Parents \_\_\_\_\_ Philadelphia Housing Authority \_\_\_\_\_ 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

