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

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

<table>
<thead>
<tr>
<th>% of Median Income</th>
<th>1 Person</th>
<th>2 Person</th>
<th>3 Person</th>
<th>4 Person</th>
<th>5 Person</th>
<th>6 Person</th>
<th>7 Person</th>
<th>8 Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>20%</td>
<td>$13,540.00</td>
<td>$15,460.00</td>
<td>$17,400.00</td>
<td>$19,320.00</td>
<td>$20,880.00</td>
<td>$24,420.00</td>
<td>$23,960.00</td>
<td>$25,520.00</td>
</tr>
<tr>
<td>50%</td>
<td>$33,850.00</td>
<td>$38,650.00</td>
<td>$43,500.00</td>
<td>$48,300.00</td>
<td>$52,200.00</td>
<td>$56,050.00</td>
<td>$59,900.00</td>
<td>$63,800.00</td>
</tr>
<tr>
<td>60%</td>
<td>$40,620.00</td>
<td>$46,380.00</td>
<td>$52,200.00</td>
<td>$57,960.00</td>
<td>$62,640.00</td>
<td>$67,260.00</td>
<td>$71,880.00</td>
<td>$76,560.00</td>
</tr>
</tbody>
</table>

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.
SEE THE RENTAL APPLICATION ON THE NEXT PAGE.
PLEASE ONLY RETURN THE RENTAL APPLICATION AND NOT THIS COVER SHEET.
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.

<table>
<thead>
<tr>
<th>Member No.</th>
<th>Full Name</th>
<th>Relationship</th>
<th>Birth Date</th>
<th>Age</th>
<th>Sex</th>
<th>Social Security No.</th>
<th>Full Time Student [Y/N]</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Head of Household</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
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<td>3</td>
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<td>6</td>
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<td>7</td>
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<td>8</td>
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</tr>
</tbody>
</table>

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.

1. (    ) YES   (    ) NO  Does anyone live WITH you now who is not listed above?
2. (    ) YES   (    ) NO  Do you plan to have anyone living with you in the future who is not listed above?
3. (    ) 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:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

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

Page 1 of 7
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.

<table>
<thead>
<tr>
<th>SOURCE</th>
<th>APPLICANT</th>
<th>CO-APPLICANT</th>
<th>OTHER ADULT</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Salary</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overtime Pay</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commissions/Tips/Bonuses/Fees</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Benefits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Worker’s Compensation/Disability</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pensions/Retirement Funds, etc.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alimony/Child Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TANF Payments</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income from Business</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recurring Income or Gifts</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

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 your 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.

<table>
<thead>
<tr>
<th>ASSETS</th>
<th>CASH VALUE</th>
<th>INCOME FROM ASSETS</th>
<th>NAME OF FINANCIAL INSTITUTE</th>
<th>ACCOUNT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Account</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Savings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Certificate of Deposit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mutual Funds/Stocks/Bonds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>401K/IRA/Other Retirement Account</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Real Estate</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Life Insurance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Savings Bonds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>TOTAL:</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
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 _____

Grands 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.

<table>
<thead>
<tr>
<th>RACE</th>
<th>ETHNICITY</th>
<th>GENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ White</td>
<td>□ Hispanic or Latino</td>
<td>□ Male</td>
</tr>
<tr>
<td>□ Black or African American</td>
<td>□ Not Hispanic or Latino</td>
<td>□ Female</td>
</tr>
<tr>
<td>□ Asian</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ American Indian or Alaska Native</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Native Hawaiian or Other Pacific Islander</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ 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:

<table>
<thead>
<tr>
<th>NAME</th>
<th>BIRTHDATE</th>
<th>SOCIAL SECURITY #</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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.

__________________________________________  Date
Applicant/Resident’s Signature

__________________________________________  Date
Household Member (18 years & older)

__________________________________________  Date
Household Member (18 years & older)