

# PENNROSE

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## PRE-APPLICATION INSTRUCTIONS:

- Pre-application **MUST** be filled out in its entirety to be eligible for housing.
- Pre-application can be returned via email, fax, US MAIL (address listed on the first page of the Pre-application), or dropped off at the community's management office (with prior notice).
- Pre-applications are processed in the order they are received or entered into a housing lottery (if applicable). When an apartment becomes available, the leasing office will contact qualified applicants to schedule an appointment.

### You will need to bring all of the following documents to your appointment:

**APPLICATION FEE** - A non-refundable \$25 money order per adult that will be residing in the apartment (including live-in aide) is required for most Pennrose communities. Please confirm with the management office what is needed before acquiring a money order.

**PROOF OF INCOME** – Statements (not more than 90 days old) to verify: Social Security, SSI, SSDI, TANF, Pension, Welfare, Child Support, Alimony, Unemployment, your last six (6) pay stubs from your employer or a letter from your employer stating your hire date, hourly rate/salary, hours worked per week, and any other type of income you may be receiving or expect to receive

**PROOF OF BANKING** - Six (6) current bank statements from your financial institution for EACH account.

**ASSETS** - Current (not more than 90 days old) statements for stocks, bonds, mutual funds, 401k, certificates of deposits, and any other type of asset you may have or expect to have

**SCHOOL VERIFICATION** – A current letter (not more than 90 days old) from the school/college, for any member of your household 18 years and older who currently is, was, or will be a full-time student.

**ADDITIONAL INCOME** – It is very important to report any income. Failure to disclose all sources of income may delay/deny your application for housing.

**BIRTH CERTIFICATES AND SOCIAL SECURITY CARDS** - For all household members.

**VALID GOVERNMENT ISSUED ID, DRIVER'S LICENSE OR PASSPORT** – For all household members 18 years and older.

**FEDERAL INCOME TAXES** – You can obtain these from the IRS if you do not have your latest tax return. If you did not file taxes, you will need to provide proof that you were not required to file taxes. You can call the IRS and visit their official website at [www.irs.gov](http://www.irs.gov).

**Contact information for the Pennrose community you are applying for can be found on the first page of the Pre-application, and the community's website on [Pennrose.com](http://Pennrose.com).**





Address: 827 N. Lewis Road  
Limerick, PA 19468  
Phone: 610.495.8886  
Fax: 610.495.8823  
Email: limerick@pennrose.com  
TTY: 800.545.1833 x648

To be completed by office staff:

Application Number \_\_\_\_\_  
Date Application Rec'd \_\_\_\_\_  
Time Application Rec'd \_\_\_\_\_  
Initials of Staff Member \_\_\_\_\_

### HEAD OF HOUSEHOLD

M F

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
(First) (Middle Initial) (Last)

CURRENT ADDRESS: \_\_\_\_\_ HOME #: \_\_\_\_\_  
(House #) (Street Name) (Apt. #)

CELL #: \_\_\_\_\_  
(City) (State) (Zip Code) WORK #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ D.O.B: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ DRIVER LICENSE STATE: \_\_\_\_\_

Desired Bedroom Size: \_\_\_\_\_ (1 or 2 Bedroom) DRIVER LICENSE NUMBER: \_\_\_\_\_

### HOUSEHOLD MEMBERS

A non-refundable \$25 application fee per adult household member is required. Paid via money order or certified funds only.

Name	DOB	M/F	Relationship	Soc. Sec. Number	DL State & Number

### ANNUAL HOUSEHOLD INCOME

Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Please Specify):	\$



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**Preferences for Determining Waiting List Position (if applicable)**

Do you or any member of your household have a DISABILITY?			Y	N
Is the Head of Household or Spouse 62 years of age or older or disabled?			Y	N
Are you currently employed?			Y	N
Are you a student or recent graduate of an educational or training program?			Y	N
Were you involuntarily displaced due to a natural disaster?			Y	N
Are you homeless?			Y	N
Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)			Y	N
If yes above, please circle features required:				
Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired		
Grab bars	No steps	Other:		
Describe:				

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I, \_\_\_\_\_, hereby give my permission for a credit and criminal background check, which is part of the application process.

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Types of Program Assistance (For Office Use ONLY)**

**\*\*Important: You must notify us promptly should any information on this application change**

Tax Credit ☐ 50% ☐ 60% ☐  
 ACC ☐ 30 ☐ ☐

May 2020



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