

Thank you for your interest in residing at Tempo.

## Studio, 1-, & 2-Bedroom Apartment Homes

# PRE-APPLICATION INSTRUCTIONS:

- Pre-application MUST be filled out in its entirety to be eligible for housing (one pre-application per household).
- All Pre-applications MUST be submitted via US Mail to:

## TEMPO, PO BOX 56033, Philadelphia, PA 19130

- Screening charges will apply unless the applicant provides an official state criminal background and a credit report.
- Pre-applications are processed in the order they are received. The Tempo leasing office will reach out to schedule an appointment with qualified applicants.
- The following income restrictions apply: (Effective 8/2024, subject to change)

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent	
	1 person	\$30,823 - \$39,350	50%	\$899	
	2 people	\$30,823 - \$45,000	50%	\$899	
Studio	1 person	\$35,577 - \$47,220	CO0/	¢1,000, ¢1,100	
	2 people	\$35,577 - \$54,000	60%	\$1,096 - \$1,180	
	1 - 2 people	Minimum of \$57,463	Market	\$1,676	
	1 person	\$40,183 - \$47,220	C00/	\$1,172 - \$1,265	
	2 people	\$40,183 - \$54,000	60%		
1 Bedroom	1 person	\$62,743 - \$94,440	1200/	\$1,830	
	2 people	\$62,743 - \$108,000	120%		
	1 - 2 people	Minimum of \$71,109	Market	\$2,074	
	2 people	\$48,069 - \$54,000		\$1,402	
	3 people	\$48,069 - \$60,720	60%		
2 Bedroom	4 people	\$48,069 - \$67,440			
	2 people	\$71,280 - \$108,000			
	3 people	\$71,280 - \$121,440	120%	\$2,079	
	4 people	\$71,280 - \$134,880			
	1-4 people	Minimum of \$88,663	Market	\$2,586	

TempoApts.com | Tempo@Pennrose.com



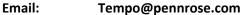




Address: PO Box 56033

Philadelphia, PA 19130

Phone: 401.297.3028 Fax: 401.626.4249



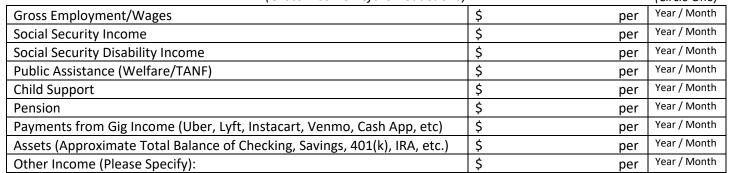
TTY: 711



To be completed by office staff:
Application Number
Date Application Rec'd
Time Application Rec'd
Initials of Staff Member

### Pre-Applications MUST BE Sent via U.S. Mail and Addressed to: Tempo, PO Box 56033, Philadelphia, PA 19130

			HEAD	OF HOUSE	HOLE			М	F	D
NAME:						SSN:		D = Do n	ot wish	to Disclo
(First)	(M	iddle Ini	tial)	(Last)						
CURRENT ADDRE	SS:					HOME #:				
	(House #)	(St	reet Name)	(A	pt. #)	CELL #.				
						CELL #:				
(City)	(State)			(Zip Code)		WORK #:				
EMAIL:						D.O.B:				
How did you hea	r about us?					DRIVER LICENSI	E STATE:			
RACE: (W)-White	Do not wish to Disclose, <b>(B)</b> -Black, <b>(I)</b> -Americ Hispanic, <b>(NH)</b> -Non Hi	can India		ative, (P)-Nati			fic Islander, <b>(A)</b> -A:	sian		
•	ıl Name MI, Last)	Sex (F/M/ D)	Birth Date	Relationship	Socia	al Security Number	Race (key code letter from above)	(key	Ethnicit code le om abov	etter
			ΔΝΝΙΙΔΙ Ι	HOUSEHOL	D INC	OMF				
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Preferences for	or Determining	<b>Waiting List Position</b>	(if applicable)
ricici ciices i	or Determining	Waiting List rosition	i (ii appiicabie)

Do you or any member of your household have a DISABILITY?				
Are you currently employed?			Υ	N
Are you a student or recent graduate	of an educational or training p	program?	Υ	Ν
Do you have a portable section 8 vou	icher (HCVP)?		Υ	N
If yes above, through what agency?				
What year did you last file taxes?				
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.)				
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:				

#### **Additional Questions**

Do you have any pets that will be residing with you?			<	N
Pet policy: 2 pet maximum, 35 lb. limit each. Breed restrictions apply. Additional security deposit required.			ı	IN
If yes to above, how many?				
How many bedrooms are you interested in? (Studio, 1BR, 2BR) 1st Preference: 2nd Preference			2:	

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,, check, which is part of the application process.	hereby give my permission for a credit and criminal background
I,, check, which is part of the application process.	hereby give my permission for a credit and criminal background
I,, check, which is part of the application process.	hereby give my permission for a credit and criminal background
Applicant Signature:	Date:
Applicant Signature:	Date:
Applicant Signature:	Date:
Types of Program Assistance (For Office Use ONL	Y) **Important: You must notify us promptly should any information on this application change
Tax Credit 30% 60%   HOME 50% 120%	Market November 2024





