

**NAME:**  
**ADDRESS**  
**ADDRESS**  
**PHONE#**

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

## PENNROSE COMPLIANCE APPLICATION

Property: \_\_\_\_\_

### CONSUMER NOTICE FOR TENANTS THIS IS NOT A CONTRACT

*(Not to be used when licensee is subagent for the landlord, agent for the tenant, or transaction licensee)*

Licensee hereby states that with respect to this property, licensee is acting in the following capacity: (check one)

- Owner/Landlord of the Property;
- A direct employee of the Owner/Landlord; OR
- An agent of the Owner/Landlord pursuant to a property management or exclusive listing agreement.

I acknowledge I have received this Notice: \_\_\_\_\_  
(Consumer) (Date)

\_\_\_\_\_  
(Consumer) (Date)

We certify that we have provided this Notice: Pennrose Management Company \_\_\_\_\_  
(Date)

- All household members 18 years of age or older must sign the application.
- The use of Liquid Paper (white-out), pencil or erasable ink will void this form
- To make a correction, please draw a single line through the incorrect information, initial and correct information

### RESIDENT CONTACT INFORMATION

Resident: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
\_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_

12/08

Pennrose Compliance – Application: PA

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7), (8).



# PENNROSE



## HOUSEHOLD INFORMATION

Please list all household members that are applying to live in the apartment with you

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F	SS#	Birth date (MM/DD/YY)	Marital Status S/M/W/SEP/D*	Student (Circle One)
	<b>HEAD</b>					Y   N
						Y   N
						Y   N
						Y   N
						Y   N
						Y   N
						Y   N
						Y   N
						Y   N

\*S=Single / M=Married / W=Widowed / SEP=Separated / D=Divorced

**A. General Information:**

1. Do you own a pet?  YES  NO If yes, what kind? \_\_\_\_\_ Weight: \_\_\_\_\_

2. Have you ever filed bankruptcy:  YES  NO

If yes, please explain (include dates):  
\_\_\_\_\_

3. Have you ever been convicted of a felony?  YES  NO

If yes, please explain:  
\_\_\_\_\_

4. Have you ever been evicted from an apartment for any reason?  YES  NO

If yes, please explain: \_\_\_\_\_

5. Have you ever been convicted of a drug offense?  YES  NO

If yes, please explain:  
\_\_\_\_\_

6. Are you or any members of your household currently receiving assistance from HUD?  YES  NO

If Yes, Property and Landlord Name: \_\_\_\_\_

City/State: \_\_\_\_\_

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7. Do you or any members need an accessible unit?  YES  NO

8. How did you hear about our community? \_\_\_\_\_

**B. Housing Reference:** (List all residences and applicable landlord reference in the past three years.)

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ (Mth/Yr) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Do you own this residence?  YES  NO If NO, do you rent this residence?  YES  NO

Landlord \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord phone # \_\_\_\_\_ Rent per month \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ (Mth/Yr) \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Did you own this residence?  YES  NO If NO, did you rent this residence?  YES  NO

Landlord \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Landlord phone # \_\_\_\_\_ Rent per month \_\_\_\_\_

**C. Emergency Contact:** (Other than person listed on application). Please list someone in the immediate area if possible.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone Number ( ) \_\_\_\_\_ Work Phone Number ( ) \_\_\_\_\_

**D. Drivers License #: Head:** \_\_\_\_\_ **Co-Head:** \_\_\_\_\_ **State Issued:** \_\_\_\_\_

<u>YES</u> <input type="checkbox"/>	<u>NO</u> <input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<b>1. Do you expect any additions to the Household in the next 12 months?</b>
		Name & Relationship: _____ Explanation: _____ When: _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>2. Is there anyone living with you now who won't be living with you at this property (Includes relatives)</b>
		Name & Relationship: _____ Explanation: _____
<input type="checkbox"/>	<input type="checkbox"/>	<b>3. Do all the children in the household live with you 50% or more of the time? If no, obtain proof of amount of time child(ren) will be living in the unit.</b>
		Explanation: _____

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**PENNROSE**



<input type="checkbox"/> <input type="checkbox"/>	<b>4. Are there any household members who under normal conditions would live with you? (For example, a household member away in the Military)</b> Explanation: _____
<input type="checkbox"/> <input type="checkbox"/>	<b>5. Does your household have or anticipate having any pets other than those that are used as service animals?</b> Explanation: _____

**INCOME INFORMATION**

- Income is counted for any household member who is 18 years of age or older or 17 years of age turning 18 in the next 12 months, unless legally emancipated. However, if the income is unearned, such as a grant or benefit, it is counted for all household members, including minors.
  - Include all income anticipate over the next 12 months.

**Do YOU or ANYONE in your household receive OR expect to receive income from:**

<input type="checkbox"/> <input type="checkbox"/> <b>PENNROSE #205</b>	<b>6. Employment wages or salaries? (Include tips, overtime, bonuses, commissions or cash payments)</b> <i>Form 221 must be included if the applicant indicates tips.</i>																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"><u>Household Member</u></th> <th style="width: 25%;"><u>Name of Company</u></th> <th style="width: 25%;"><u>Amount*</u></th> <th style="width: 25%;"><u>Frequency</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p style="text-align: center; font-size: small;">*# of hours per week &amp; weeks per year or net or gross income per year</p>	<u>Household Member</u>	<u>Name of Company</u>	<u>Amount*</u>	<u>Frequency</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____																		

<b><u>YES</u>   <u>NO</u></b> <input type="checkbox"/> <input type="checkbox"/> <b>PENNROSE #207</b>	<b>7. Have you changed employment with in the last 6 months?</b>												
<input type="checkbox"/> <input type="checkbox"/> <b>PENNROSE #222</b>	<b>8. Are you or any other ADULT household members claiming zero <u>employment</u> income?</b> <i>(i.e. Does not receive employment income)</i> Household Member: _____ Explanation: _____												
<input type="checkbox"/> <input type="checkbox"/> <b>PENNROSE #222/#224</b>	<b>9. Are you or any other ADULT household members claiming zero income?</b> Household Member: _____ Explanation: _____												
<input type="checkbox"/> <input type="checkbox"/> <b>PENNROSE #218/#219</b>	<b>10. Self-Employment?</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"><u>Household Member</u></th> <th style="width: 25%;"><u>Name of Company</u></th> <th style="width: 25%;"><u>Amount</u></th> <th style="width: 25%;"><u>Frequency</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Household Member</u>	<u>Name of Company</u>	<u>Amount</u>	<u>Frequency</u>	_____	_____	_____	_____	_____	_____	_____	_____
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<input type="checkbox"/> <input type="checkbox"/> <b>PENNROSE #211</b>	<b>11. Regular pay as a member of the Armed Forces?</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;"><u>Household Member</u></th> <th style="width: 25%;"><u>Base Name and Branch</u></th> <th style="width: 25%;"><u>Amount</u></th> <th style="width: 25%;"><u>Frequency</u></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table>	<u>Household Member</u>	<u>Base Name and Branch</u>	<u>Amount</u>	<u>Frequency</u>	_____	_____	_____	_____	_____	_____	_____	_____
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<input type="checkbox"/> <input type="checkbox"/>	<b>12. Unemployment benefits?</b>			
PENNROSE #223	<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>	<u>Frequency</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<b>13. Worker's Compensation, Disability, or Insurance Payments (Not Social Security)?</b>			
PENNROSE #203/#204	<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>	<u>Frequency</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<b>14. Public Assistance, Food Stamps (not counted as income, but used for qualifying purposes), General Relief or AFDC or Temporary Assistance for Needy Families?</b>			
PENNROSE #220	<u>Household Member</u>	<u>Contact Person</u>	<u>Amount</u>	<u>Frequency</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<b>15. A. Child Support</b>			
PENNROSE #201/#202	<u>Household Member</u>	<u>Payor &amp; Child(ren)</u>	<u>Amount</u>	<u>Frequency</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
<b>YES</b> <b>NO</b>	<b>B. How is the support received?</b>			
	<input type="checkbox"/> Child Support Enforcement Agency Name of Agency: _____ <input type="checkbox"/> Court of Law Name of Court : _____ <input type="checkbox"/> Directly from Person Name of Person: _____ <input type="checkbox"/> Other Explain: _____			
	<b>C. If court-ordered, but not actually received, are you taking legal action to remedy?</b>			
	Explain: _____ _____			
<input type="checkbox"/> <input type="checkbox"/>	<b>16. Alimony/Maintenance? If there is a court order, must provide.</b>			
PENNROSE #202	<u>Household Member</u>	<u>Payor</u>	<u>Amount</u>	<u>Frequency</u>
	_____	_____	_____	_____
	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<b>17. Social Security, SSI or any other payments from the Social Security Administration?</b>			
PENNROSE #217	<u>Household Member</u>	<u>SSA Office</u>	<u>Amount</u>	<u>Frequency</u>
	_____	_____	_____	_____
	_____	_____	_____	_____

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**PENNROSE**



<input type="checkbox"/> <input type="checkbox"/>	<b>18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities?</b>												
PENNROSE#212/ #216	<table border="1"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Source of Benefit</u></th> <th><u>Amount</u></th> <th><u>Frequency</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Frequency</u>	_____	_____	_____	_____	_____	_____	_____	_____
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<input type="checkbox"/> <input type="checkbox"/>	<b>19. Regular payment from a severance package?</b>												
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_____	_____	_____	_____										
<input type="checkbox"/> <input type="checkbox"/>	<b>20. Regular payments from any type of settlement? (For example: insurance settlement)</b>												
PENNROSE #208	<table border="1"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Source of Benefit</u></th> <th><u>Amount</u></th> <th><u>Frequency</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Frequency</u>	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____										
_____	_____	_____	_____										
<input type="checkbox"/> <input type="checkbox"/>	<b>21. Regular gifts or payments from anyone outside the household? (Includes anyone supplementing your income or paying any of your bills)</b>												
PENNROSE #214	<table border="1"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Source of Benefit</u></th> <th><u>Amount</u></th> <th><u>Frequency</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Frequency</u>	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____										
_____	_____	_____	_____										
<input type="checkbox"/> <input type="checkbox"/>	<b>22. Regular payments from lottery winnings or inheritances?</b>												
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_____	_____	_____	_____										
_____	_____	_____	_____										
<b>YES NO</b>													
<input type="checkbox"/> <input type="checkbox"/>	<b>23. Regular payments from rental property or any other types of real estate transactions?</b>												
PENNROSE #215	<table border="1"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Source of Benefit</u></th> <th><u>Amount</u></th> <th><u>Frequency</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Frequency</u>	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____										
_____	_____	_____	_____										
<input type="checkbox"/> <input type="checkbox"/>	<b>24. Any other income sources or types not listed?</b>												
PENNROSE #200/#208	<table border="1"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Source of Benefit</u></th> <th><u>Amount</u></th> <th><u>Frequency</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>	<u>Frequency</u>	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____										
_____	_____	_____	_____										
<input type="checkbox"/> <input type="checkbox"/>	<b>25. Did you or any members of the household file a federal tax return last year?</b>												
	<table border="1"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Social Security Number</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Social Security Number</u>	_____	_____	_____	_____						
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_____	_____												
_____	_____												

**ASSET INFORMATION**

- Include all assets held and the income derived from the asset.
- INCLUDED ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS, INCLUDING MINORS.

**Do YOU or ANYONE in your household have:**

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<input type="checkbox"/> <input type="checkbox"/>	<b>26. Checking or savings account?</b>				
PENNRose #101	<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<b>27. CDs, Money Market accounts or treasury bills?</b>				
PENNRose #101	<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<b>28. Stocks, Bonds, Mutual Funds or Securities?</b>				
PENNRose #113	<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<b>29. Trust fund?</b>				
PENNRose #101	<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
<input type="checkbox"/> <input type="checkbox"/>	<b>30. Pensions, IRAs, Keogh, 401K, or other retirement accounts? (Referring to benefits as a current employee)</b>				
PENNRose #108	<u>Household Member</u>	<u>Financial Institute</u>	<u>Account #</u>	<u>Type</u>	<u>Amount</u>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
<b>YES</b> <b>NO</b>					
<input type="checkbox"/> <input type="checkbox"/>	<b>31. Cash on hand over \$500?</b>				
PENNRose #112	<u>Household Member</u>	<u>Amount</u>			
	_____	_____			
	_____	_____			
<input type="checkbox"/> <input type="checkbox"/>	<b>32. Whole Life or Universal Insurance policy? (Not term insurance policy)</b>				
PENNRose #114	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Amount</u>		
	_____	_____	_____		
	_____	_____	_____		
<input type="checkbox"/> <input type="checkbox"/>	<b>33. Real estate, rental property, land contract / contract for deeds or other real estate holdings?</b> <i>(This includes your personal residence, mobile homes, vacant lands, farms, vacation homes or commercial properties)</i>				
PENNRose #103/#107/#110/#111	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Address of Property</u>	<u>Market Value</u>	
	_____	_____	_____	_____	
	_____	_____	_____	_____	

12/08

Penrose Compliance – Application: PA

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**PENNRose**



<p><b>YES</b>   <b>NO</b></p> <p><input type="checkbox"/>   <input type="checkbox"/></p> <p><b>PENNROSE #109</b></p>	<p><b>34. Personal property held as an investment?</b>  <i>(This includes paintings, coin/stamp collections, artwork, collector or show cars, campers, boats, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)</i></p>												
	<table border="1"> <thead> <tr> <th data-bbox="349 210 730 241"><u>Household Member</u></th> <th data-bbox="730 210 990 241"><u>Source of Benefit</u></th> <th data-bbox="990 210 1266 241"><u>Type</u></th> <th data-bbox="1266 210 1573 241"><u>Market Value</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Source of Benefit</u>	<u>Type</u>	<u>Market Value</u>	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____										
_____	_____	_____	_____										
<p><input type="checkbox"/>   <input type="checkbox"/></p> <p><b>PENNROSE #112</b></p>	<p><b>35. A safe deposit box?</b></p> <table border="1"> <thead> <tr> <th data-bbox="349 409 844 441"><u>Household Member</u></th> <th data-bbox="844 409 1573 441"><u>Amount</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Amount</u>	_____	_____	_____	_____						
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_____	_____												
_____	_____												
<p><input type="checkbox"/>   <input type="checkbox"/></p> <p><b>PENNROSE #102</b></p>	<p><b>36. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past two years?</b></p> <table border="1"> <thead> <tr> <th data-bbox="349 630 730 661"><u>Household Member</u></th> <th data-bbox="730 630 958 661"><u>Amount</u></th> <th data-bbox="958 630 1573 661"><u>Explanation</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Amount</u>	<u>Explanation</u>	_____	_____	_____	_____	_____	_____			
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_____	_____	_____											
_____	_____	_____											
<p><input type="checkbox"/>   <input type="checkbox"/></p> <p><b>PENNROSE #106</b></p>	<p><b>37. Have you or any other household member received a lump sum in the past 12 months?</b></p> <table border="1"> <thead> <tr> <th data-bbox="349 840 730 871"><u>Household Member</u></th> <th data-bbox="730 840 958 871"><u>Amount</u></th> <th data-bbox="958 840 1573 871"><u>Explanation</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Amount</u>	<u>Explanation</u>	_____	_____	_____	_____	_____	_____			
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_____	_____	_____											
_____	_____	_____											
<p>\$ _____</p>	<p><b>38. What is the CASH value of your combined total assets? (Items total #25-#36)</b></p>												
	<p><input type="checkbox"/> Cash value is less than \$5,000 – Complete Under \$5,000 Asset Certification (#105)</p> <p><input type="checkbox"/> Cash value is greater than \$5,000 – 3<sup>rd</sup> Party verification required.</p> <p><i>Complete the necessary form(s) as indicated above.</i></p>												
<p><b>YES</b>   <b>NO</b></p> <p><input type="checkbox"/>   <input type="checkbox"/></p>	<p><b>39. Do you or any other household members have any assets that are held jointly with another person?</b></p>												
<p><i>The following questions pertain to specific eligibility requirements.</i></p>													
<p><input type="checkbox"/>   <input type="checkbox"/></p> <p><b>PENNROSE #313</b></p>	<p><b>40. Are you or any other household member (INCLUDING MINORS) currently a part/full-time student?</b></p> <table border="1"> <thead> <tr> <th data-bbox="349 1438 860 1470"><u>Household Member</u></th> <th data-bbox="860 1438 1573 1470"><u>Name of School</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Name of School</u>	_____	_____	_____	_____	_____	_____				
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_____	_____												
_____	_____												
_____	_____												





<input type="checkbox"/> <input type="checkbox"/> PENNROSE #313/#305	<b>41. Do you or any other household member (INCLUDING MINORS) expect to be a full-time student in the next 12 months?</b>												
	<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>Household Member</u></th> <th style="text-align: left; width: 33%;"><u>Name of School</u></th> <th style="text-align: left; width: 33%;"><u>Date Last Attended</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Name of School</u>	<u>Date Last Attended</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
<input type="checkbox"/> <input type="checkbox"/> PENNROSE #313	<b>42. Have you or any other household member (INCLUDING MINORS) been a full-time student in the past 12 months?</b>												
	<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>Household Member</u></th> <th style="text-align: left; width: 33%;"><u>Name of School</u></th> <th style="text-align: left; width: 33%;"><u>Date Last Attended</u></th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	<u>Household Member</u>	<u>Name of School</u>	<u>Date Last Attended</u>	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____											
_____	_____	_____											
_____	_____	_____											
	<b>43. If yes to #39, #40, or #41 and you are attending any school other than elementary through high school, how are you paying for the tuition and all other necessary fees associated with school, college, tech school, et cetera?</b>												
	<u>Explanation:</u> _____ _____ _____												
<input type="checkbox"/> <input type="checkbox"/> PENNROSE #306/#307	<b>44. Will you or any ADULT household member require a live-in care attendant to live independently?</b> <u>Name of Attendant:</u> _____ <u>Relationship (if any):</u> _____												
<input type="checkbox"/> <input type="checkbox"/> PENNROSE #304	<b>45. Was your household receiving Section 8 or any other type of rental assistance at the time of move-in?</b> <u>Name of Agency:</u> _____ <u>Contact Person:</u> _____												
<input type="checkbox"/> <input type="checkbox"/> PENNROSE #304	<b>46. Is your household currently receiving Section 8 or any other type of rental assistance?</b>												
<b>YES    NO</b> <input type="checkbox"/> <input type="checkbox"/> PENNROSE #304	<b>47. Will your household be eligible or are you applying to receive Section 8 or any other type of rental assistance in the next 12 months?</b>												
	<u>Expected Date:</u> _____ <u>Agency/Contact Person:</u> _____												



<input type="checkbox"/> <input type="checkbox"/>	<b>48. Are you currently or will you be an employee of PENNROSE? Will any rental/employee discount be provided?</b>
	Total Unit Rent: _____ Your Portion: _____ Discount Amount: _____
<input type="checkbox"/> <input type="checkbox"/>	<b>49. Is any household member elderly (age 62 or older) or a person with disabilities?</b>
<input type="checkbox"/> <input type="checkbox"/>	<b>50. Do you have medical expenses that are not paid for by an outside source such as an insurance?</b>
<input type="checkbox"/> <input type="checkbox"/>	<b>51. Do you have disability expenses that are not paid for by an outside source?</b>
<input type="checkbox"/> <input type="checkbox"/>	<b>52. If you answered yes to #50, does the expense enable the family member (including the member with a disability) to be employed?</b>
<input type="checkbox"/> <input type="checkbox"/>	<b>53. Do you have attendant care expenses?</b>
<input type="checkbox"/> <input type="checkbox"/>	<b>54. Do you currently pay for childcare services for any children under the age of 13 residing in your household?</b>



**SIGNATURE CLAUSE**

I understand that management is relying on this information to prove my household’s eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent upon meeting management’s resident selection criteria and the Housing Credit Program requirements.

**\*ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW\***

**APPLICANT/RESIDENT SIGNATURES**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
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\_\_\_\_\_  
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