



Overlook Park

NOW ACCEPTING APPLICATIONS!

Apartment homes & Community features:

- Spacious floor plans • Fully-equipped modern kitchens • Full sized washer & dryer in each home • Walk-in closets • Wall to wall carpeting • Ceramic tiled bathrooms • Individually controlled heating & air conditioning • Community room • Computer lab • Community playground • On-site management and maintenance with 24-hour emergency call service • Professionally landscaped grounds • Resident meeting every month • Close to public transportation & shopping plazas

Applications will be available to pick up or drop off at the leasing office Monday through Friday from 9:00AM to 4:30PM.

If your total gross household income is outside of the minimum or maximum listed below, your application will not be accepted.

| Household Size | Minimum Income | Maximum Income |
|----------------|----------------|----------------|
| 1 Person | \$20,560 | \$30,840 |
| 2 People | \$23,520 | \$35,280 |
| 3 People | \$26,440 | \$39,660 |
| 4 People | \$29,360 | \$44,040 |
| 5 People | \$31,720 | \$47,580 |
| 6 People | \$34,080 | \$51,120 |
| 7 People | \$36,400 | \$58,140 |

Requirements to pre-qualify:

- Fully completed application. Questions left blank on application will automatically disqualify you.
- Your last six (6) most recent paystubs. (Must be consecutive)
- Any other proof of income such as SSI, SS, Pension, etc. will need to be presented with a recent date.



Property Name: OVERLOOK PARK
Property Address: 445 HANOVER AVE. , STE. 105
Property Address: ALLENTOWN, PA 18109
Phone Number: 610-774-9623
Fax Number: 610-820-7514

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

PENNROSE COMPLIANCE APPLICATION

Property: Overlook Park

**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: _____ (Date)
(Consumer)

_____ (Date)
(Consumer)

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: _____

If you will need us to contact someone who is not listed on the application in assisting you with questions the office may have regarding your application please list them below:

Other contact: _____ Mobile phone: _____

Relationship to the applicant: _____

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).



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) |
|--|--------------------------------------|-----|-----|--------------------------|--------------------------------|----------------------------|
| | HEAD | | | | | 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 crpaerid 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: _____

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

8. How did you hear about our community? _____

12/08

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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"/> | 1. Do you expect any additions to the Household in the next 12 months? |
| | | Name & Relationship: _____ Explanation: _____ When: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Is there anyone living with you now who won't be living with you at this property (Includes relatives) |
| | | Name & Relationship: _____ Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 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. |
| | | Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are there any household members who under normal conditions would live with you? (For example, a household member away in the Military) |
| | | Explanation: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Does your household have or anticipate having any pets other than those that are used as service animals? |
| | | Explanation: _____ |

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PENNROSE



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:

| | | | | |
|---|---|-----------------------------|----------------|------------------|
| YES NO <input type="checkbox"/> <input type="checkbox"/> | 6. Employment wages or salaries? <i>(Include tips, overtime, bonuses, commissions or cash payments)</i> <i>Form 221 must be included if the applicant indicates tips.</i> | | | |
| PENNROSE #205 | <u>Household Member</u> | <u>Name of Company</u> | <u>Amount*</u> | <u>Frequency</u> |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| | *# of hours per week & weeks per year or net or gross income per year | | | |
| <input type="checkbox"/> <input type="checkbox"/> | 7. Have you changed employment with in the last 6 months? | | | |
| PENNROSE #207 | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | 8. Are you or any other ADULT household members claiming zero <u>employment</u> income? <i>(i.e. Does not receive employment income)</i> | | | |
| PENNROSE #222 | Household Member: _____ Explanation: _____ | | | |
| <input type="checkbox"/> <input type="checkbox"/> | 9. Are you or any other ADULT household members claiming zero income? | | | |
| PENNROSE #222/#224 | Household Member: _____ Explanation: _____ | | | |
| <input type="checkbox"/> <input type="checkbox"/> | 10. Self-Employment? | | | |
| PENNROSE #218/#219 | <u>Household Member</u> | <u>Name of Company</u> | <u>Amount</u> | <u>Frequency</u> |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> <input type="checkbox"/> | 11. Regular pay as a member of the Armed Forces? | | | |
| PENNROSE #211 | <u>Household Member</u> | <u>Base Name and Branch</u> | <u>Amount</u> | <u>Frequency</u> |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> <input type="checkbox"/> | 12. Unemployment benefits? | | | |
| PENNROSE #223 | <u>Household Member</u> | <u>Contact Person</u> | <u>Amount</u> | <u>Frequency</u> |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> <input type="checkbox"/> | 13. Worker's Compensation, Disability, or Insurance Payments (Not Social Security)? | | | |
| PENNROSE #203/#204 | <u>Household Member</u> | <u>Contact Person</u> | <u>Amount</u> | <u>Frequency</u> |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> <input type="checkbox"/> | 14. Public Assistance, Food Stamps (not counted as income, but used for qualifying purposes), General Relief or AFDC or Temporary Assistance for Needy Families? | | | |
| PENNROSE #220 | <u>Household Member</u> | <u>Contact Person</u> | <u>Amount</u> | <u>Frequency</u> |
| | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |

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| | | | | | |
|--|---------------------------------------|-------------------------------|---------------|------------------|--|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | 15. A. Child Support | | | |
| PENNROSE #201/#202 | <u>Household Member</u> | <u>Payor & Child(ren)</u> | <u>Amount</u> | <u>Frequency</u> | |
| | _____ | _____ | _____ | _____ | |
| | _____ | _____ | _____ | _____ | |
| | _____ | _____ | _____ | _____ | |
| B. How is the support received? | | | | | |
| <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: _____ | | | | | |
| C. If court-ordered, but not actually received, are you taking legal action to remedy? | | | | | |
| Explain: _____ | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 16. Alimony/Maintenance? If there is a court order, must provide. | | | | | |
| PENNROSE #202 | <u>Household Member</u> | <u>Payor</u> | <u>Amount</u> | <u>Frequency</u> | |
| | _____ | _____ | _____ | _____ | |
| | _____ | _____ | _____ | _____ | |
| | _____ | _____ | _____ | _____ | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 17. Social Security, SSI or any other payments from the Social Security Administration? | | | | | |
| PENNROSE #217 | <u>Household Member</u> | <u>SSA Office</u> | <u>Amount</u> | <u>Frequency</u> | |
| | _____ | _____ | _____ | _____ | |
| | _____ | _____ | _____ | _____ | |
| | _____ | _____ | _____ | _____ | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities? | | | | | |
| PENNROSE#212/ #216 | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | <u>Frequency</u> | |
| | _____ | _____ | _____ | _____ | |
| | _____ | _____ | _____ | _____ | |
| | _____ | _____ | _____ | _____ | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 19. Regular payment from a severance package? | | | | | |
| PENNROSE #208 | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | <u>Frequency</u> | |
| | _____ | _____ | _____ | _____ | |
| | _____ | _____ | _____ | _____ | |
| | _____ | _____ | _____ | _____ | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 20. Regular payments from any type of settlement? (For example: insurance settlement) | | | | | |
| PENNROSE #208 | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | <u>Frequency</u> | |
| | _____ | _____ | _____ | _____ | |
| | _____ | _____ | _____ | _____ | |
| | _____ | _____ | _____ | _____ | |
| <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 21. Regular gifts or payments from anyone outside the household? (Includes anyone supplementing your income or paying any of your bills) | | | | | |
| PENNROSE #214 | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | <u>Frequency</u> | |
| | _____ | _____ | _____ | _____ | |
| | _____ | _____ | _____ | _____ | |
| | _____ | _____ | _____ | _____ | |

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PENNROSE



| | | | | | |
|---|---------------------------------------|---|-------------------------------|------------------|---------------------------|
| YES <input type="checkbox"/> | NO <input type="checkbox"/> | 22. Regular payments from lottery winnings or inheritances? | | | |
| PENNROSE #208 | | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | <u>Frequency</u> |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Regular payments from rental property or any other types of real estate transactions? | | | |
| PENNROSE #215 | | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | <u>Frequency</u> |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Any other income sources or types not listed? | | | |
| PENNROSE #200/#208 | | <u>Household Member</u> | <u>Source of Benefit</u> | <u>Amount</u> | <u>Frequency</u> |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Did you or any members of the household file a federal tax return last year? | | | |
| | | <u>Household Member</u> | <u>Social Security Number</u> | | |
| | | _____ | _____ | | |
| | | _____ | _____ | | |
| ASSET INFORMATION | | | | | |
| <ul style="list-style-type: none"> • Include all assets held and the income derived from the asset. • INCLUDED ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS, INCLUDING MINORS. <p style="text-align: center;">Do YOU or ANYONE in your household have:</p> | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. Checking or savings account? | | | |
| 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"/> | 27. CDs, Money Market accounts or treasury bills? | | | |
| 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"/> | 28. Stocks, Bonds, Mutual Funds or Securities? | | | |
| 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"/> | 29. Trust fund? | | | |
| 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"/> | 30. Pensions, IRAs, Keogh, 401K, or other retirement accounts? (Referring to benefits as a current employee) | | | |
| PENNROSE #108 | | <u>Household Member</u> | <u>Financial Institute</u> | <u>Account #</u> | <u>Type</u> <u>Amount</u> |
| | | _____ | _____ | _____ | _____ |
| | | _____ | _____ | _____ | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. Cash on hand over \$500? | | | |
| PENNROSE #112 | | <u>Household Member</u> | <u>Amount</u> | | |
| | | _____ | _____ | | |
| | | _____ | _____ | | |



| <table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> | 32. Whole Life or Universal Insurance policy? <i>(Not term insurance policy)</i> | | | | | | | | |
|--|--|----------------------------|---|----------------------------|---|-------|-------|-------|-------|-------|-------|-------|-------|
| YES | NO | | | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| PENNROSE #114 | <table border="1"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Source of Benefit</u></th> <th><u>Amount</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>Source of Benefit</u> | <u>Amount</u> | _____ | _____ | _____ | _____ | _____ | _____ | | | |
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| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| <table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | 33. Real estate, rental property, land contract / contract for deeds or other real estate holdings? <i>(This includes your personal residence, mobile homes, vacant lands, farms, vacation homes or commercial properties)</i> | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| PENNROSE #103/#107/#110/#111 | <table border="1"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Source of Benefit</u></th> <th><u>Address of Property</u></th> <th><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>Address of Property</u> | <u>Market Value</u> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| _____ | _____ | _____ | _____ | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | |
| <table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | 34. Personal property held as an investment? <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> | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| PENNROSE #109 | <table border="1"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Source of Benefit</u></th> <th><u>Type</u></th> <th><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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| _____ | _____ | _____ | _____ | | | | | | | | | | |
| _____ | _____ | _____ | _____ | | | | | | | | | | |
| <table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | 35. A safe deposit box? | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
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| _____ | _____ | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | |
| <table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | 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? | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| PENNROSE #102 | <table border="1"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Amount</u></th> <th><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> | _____ | _____ | _____ | _____ | _____ | _____ | | | |
| <u>Household Member</u> | <u>Amount</u> | <u>Explanation</u> | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| <table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | 37. Have you or any other household member received a lump sum in the past 12 months? | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| PENNROSE #106 | <table border="1"> <thead> <tr> <th><u>Household Member</u></th> <th><u>Amount</u></th> <th><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> | _____ | _____ | _____ | _____ | _____ | _____ | | | |
| <u>Household Member</u> | <u>Amount</u> | <u>Explanation</u> | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| \$ _____ | 38. What is the CASH value of your combined total assets? (Items total #25-#36) | | | | | | | | | | | | |
| | <input type="checkbox"/> Cash value is less than \$5,000 – Complete Under \$5,000 Asset Certification (#105) <input type="checkbox"/> Cash value is greater than \$5,000 – 3 rd Party verification required. <i>Complete the necessary form(s) as indicated above.</i> | | | | | | | | | | | | |
| <table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> | <input type="checkbox"/> | <input type="checkbox"/> | 39. Do you or any other household members have any assets that are held jointly with another person? | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| <p><i>The following questions pertain to specific eligibility requirements</i></p> | | | | | | | | | | | | | |
| <table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> PENNROSE #313 | <input type="checkbox"/> | <input type="checkbox"/> | 40. Are you or any other household member (INCLUDING MINORS) currently a part/full-time student? | | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| | <table border="1"> <thead> <tr> <th><u>Household Member</u></th> <th><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> | _____ | _____ | _____ | _____ | _____ | _____ | | | | |
| <u>Household Member</u> | <u>Name of School</u> | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | |
| _____ | _____ | | | | | | | | | | | | |



| | | | | | | | | | | | | | |
|---|--|---------------------------|-----------------------|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| YES NO <input type="checkbox"/> <input type="checkbox"/> | 41. Do you or any other household member (INCLUDING MINORS) expect to be a full-time student in the next 12 months? | | | | | | | | | | | | |
| PENNROSE #313/#305 | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Name of School</u></td> <td style="width: 33%;"><u>Date Last Attended</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | <u>Household Member</u> | <u>Name of School</u> | <u>Date Last Attended</u> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| <u>Household Member</u> | <u>Name of School</u> | <u>Date Last Attended</u> | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | 42. Have you or any other household member (INCLUDING MINORS) been a full-time student in the past 12 months? | | | | | | | | | | | | |
| PENNROSE #313 | <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;"><u>Household Member</u></td> <td style="width: 33%;"><u>Name of School</u></td> <td style="width: 33%;"><u>Date Last Attended</u></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table> | <u>Household Member</u> | <u>Name of School</u> | <u>Date Last Attended</u> | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| <u>Household Member</u> | <u>Name of School</u> | <u>Date Last Attended</u> | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| | 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? | | | | | | | | | | | | |
| | <u>Explanation:</u> _____ _____ _____ | | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | 44. Will you or any ADULT household member require a live-in care attendant to live independently? | | | | | | | | | | | | |
| PENNROSE #306/#307 | <u>Name of Attendant:</u> _____ <u>Relationship (if any):</u> _____ | | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | 45. Was your household receiving Section 8 or any other type of rental assistance at the time of move-in? | | | | | | | | | | | | |
| PENNROSE #304 | <u>Name of Agency:</u> _____ <u>Contact Person:</u> _____ | | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | 46. Is your household currently receiving Section 8 or any other type of rental assistance? | | | | | | | | | | | | |
| PENNROSE #304 | | | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | 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? | | | | | | | | | | | | |
| PENNROSE #304 | <u>Expected Date:</u> _____ <u>Agency/Contact Person:</u> _____ | | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | 48. Are you currently or will you be an employee of PENNROSE? Will any rental/employee discount be provided? | | | | | | | | | | | | |
| | Total Unit Rent: _____ Your Portion: _____ Discount Amount: _____ | | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | 49. Is any household member elderly (age 62 or older) or a person with disabilities? | | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | 50. Do you have medical expenses that are not paid for by an outside source such as insurance? | | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | 51. Do you have disability expenses that are not paid for by an outside source? | | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | 52. If you answered yes to #50, does the expense enable the family member (including the member with a disability to be employed? | | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | 53. Do you have attendant care expenses? | | | | | | | | | | | | |
| <input type="checkbox"/> <input type="checkbox"/> | 54. Do you currently pay for childcare services for any children under the age of 13 residing in your household? | | | | | | | | | | | | |



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 | _____ Date |
| _____ Signature | _____ Printed Name | _____ Date |

"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 department 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 uses of information collected based on the consent form. Use of the 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. Section **408 (a) (6), (7) and (8).**

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