



Return to Wynne Senior Residences, PO Box 21578, Philadelphia, PA 19131

Head of Household

NAME: _____ (First) (Middle Initial) (Last) SSN: _____ Male
 Female

Current Address: _____ (House #) (Street Name) (Apt #) Birth Date: _____
Home Phone #: _____
City: _____ State: _____ Zip Code: _____ Work Phone #: _____
Cell Phone #: _____
Email Address: _____ Number of Adults in Household: _____

Household Members

NAME	M/F	RELATIONSHIP	SSN	Birth Date

Annual Household Income

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

Preferences for Determining Waiting List Position

- Do you require a unit with accessible features?
- Is everyone in your household 62 years or older?
- Do you or does any member of your household have an existing voucher?
- Are you currently employed?
- Are you living in substandard housing?
- Are you homeless?

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

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 U.S. Code.

- I _____ hereby give my permission for a credit and criminal background check, which is part of the application process.
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Head of Household Signature: _____ Date: _____
Household Member Signature: _____ Date: _____
Household Member Signature: _____ Date: _____
Household Member Signature: _____ Date: _____

Types of Program Assistance (For Office Use Only)

Tax Credit HOME 50%
 RAD 30% 60%

