



LOTTERY PRE-APPLICATION INSTRUCTIONS:

- Pre-application MUST be filled out in its entirety to be eligible for housing (only one pre-application per household).
- All Pre-applications MUST be submitted via US Mail to:
Pennrose, Attn: PHARE, 1301 N. 31st Street, Philadelphia, PA 19121
- Pre-application must be postmarked by 4/8/25 to be entered into the lottery.
- The lottery will be conducted on 4/22/25 via Facebook Live. A link to virtually attend will be available at PhareApts.com.
- The full application and interview process will begin immediately following the lottery with all eligible applicants catalogued into their lottery selection slot.
- The following income restrictions apply: *(Effective 1/2025, subject to change)*

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
1 Bedroom	1 person	\$44,160 - \$53,160	60%	\$1,288
	2 people	\$44,160 - \$60,780		
	1 person	\$58,217 - \$68,500	80%	
	2 people	\$58,217 - \$78,250		
2 Bedroom	2 people	\$52,526 - \$60,780	60%	\$1,532
	3 people	\$52,526 - \$68,340		
	4 people	\$52,526 - \$75,960		
	2 people	\$69,429 - \$78,250	80%	
	3 people	\$69,429 - \$88,050		
	4 people	\$69,429 - \$97,800		
3 Bedroom	3 people	\$58,937 - \$68,340	60%	\$1,719
	4 people	\$58,937 - \$75,960		
	5 people	\$58,937 - \$82,080		
	6 people	\$58,937 - \$88,140		
	3 people	\$78,411 - \$88,050	80%	
	4 people	\$78,411 - \$97,800		
	5 people	\$78,411 - \$105,650		
	6 people	\$78,411 - \$113,450		

* There are (9) 30% AMI PBV and MRVP units available (5 one-bedrooms, 3 two-bedrooms, 1 three-bedroom). Rent is based on income for these units.

Contact Us:

19 West Road, Orleans, MA 02563 (NOT OPEN)
 PhareApts.com | Phare@Pennrose.com
 T: 508.456.9800 | TTY: 711



MAIL TO: 1301 N. 31st Street
 Philadelphia, PA 19121
 Phone: 508.456.9800
 Email: Phare@pennrose.com
 TTY: 711



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

**Lottery Pre-Applications MUST BE Sent via U.S. Mail and Addressed to:
 Pennrose, Attn: PHARE, 1301 N. 31st Street, Philadelphia, PA 19121**

HEAD OF HOUSEHOLD

M	F	D
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D = Do not wish to disclose

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: _____
 DRIVER LICENSE NUMBER: _____

HOUSEHOLD MEMBERS

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

ANNUAL HOUSEHOLD INCOME

(Gross Income Before Deductions)

(Circle One)

Gross Employment/Wages	\$	per	Year / Month
Social Security Income	\$	per	Year / Month
Social Security Disability Income	\$	per	Year / Month
Public Assistance (Welfare/TANF)	\$	per	Year / Month
Child Support	\$	per	Year / Month
Pension	\$	per	Year / Month
Payments from Gig Income (Uber, Lyft, Instacart, Venmo, Cash App, etc)	\$	per	Year / Month
Assets (Approximate Total Balance of Checking, Savings, 401(k), IRA, etc.)	\$	per	Year / Month
Other Income (Please Specify):	\$	per	Year / Month



Preferences for Determining Waiting List Position (if applicable)

Do you or any member of your household have a DISABILITY?			Y	N
Do you or a member of your household live, work, or have children that go to school in Orleans, MA?			Y	N
Do you or a member of your household live, work, or have children that go to school in Eastham, Chatham, Brewster, Wellfleet, Truro, Provincetown, or Harwich?			Y	N
Are you currently employed?			Y	N
Are you a student or recent graduate of an educational or training program?			Y	N
Do you have a portable section 8 voucher (HCVP)?			Y	N
If yes above, through what agency?				
What year did you last file taxes?			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:				

Additional Questions

Do you have any pets that will be residing with you? <i>Pet policy: 2 pet maximum, 35 lb. limit each. Breed restrictions apply. Additional security deposit required.</i>			Y	N
If yes to above, how many?				
How many bedrooms are you interested in? (1BR, 2BR, 3BR)	1 st Preference:	2 nd Preference:		

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: _____

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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 60% 80%

PBV/MRVP 30%

January 2025

