



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

TempoApts.com | Tempo@Pennrose.com

T: 401.297.3028 | TTY: 711

MAIL TO: PO Box 56033  
 Philadelphia, PA 19130  
 Phone: 401.297.3028  
 Fax: 401.626.4249  
 Email: Tempo@pennrose.com  
 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 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. #)

(City) (State) (Zip Code) CELL #: \_\_\_\_\_ 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
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? (Studio, 1BR, 2BR)	1 <sup>st</sup> Preference:	2 <sup>nd</sup> 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: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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  30%  60%  Market

HOME  50%  120%

August 2024

