

Address: 217 N. 9th Street
Philadelphia, PA 19107
Phone: 267.857.9501
Email: ManAnHouse@penrose.com
TTY: 711

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

Please return all pre-applications via US MAIL to PO Box 56315, Philadelphia, PA 19130 OR drop off at The Crane Building, 1001 Vine Street, Philadelphia, PA 19107 during business hours. 請通过美国邮政将所有预申请表寄回: PO Box 56315, Philadelphia, PA, 19130 或在工作时间将其提交至: The Crane Building, 1001 Vine Street, Philadelphia, PA 19170

HEAD OF HOUSEHOLD 户主信息

M	F
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NAME: _____ SSN: _____ 男 女
姓名 (First名) (Middle Initial中间名首字母) (Last姓) 社保卡:

CURRENT ADDRESS: _____ HOME #: 联系电话 _____
现住地址: (House #门牌号) (Street Name街道名称) (Apt. #公寓号)

CELL #: 手机号码 _____

(City城市) (State州) (Zip Code邮政编码) WORK #: 工作电话 _____

EMAIL: _____ D.O.B: 出生日期 _____
电子邮箱

Desired Bedroom Size? Rank in order of your preference (Rank using 1, 2, & 3). DRIVER LICENSE STATE 驾驶执照州: _____
希望的卧室数量 (使用1、2、3进行排名)

DRIVER LICENSE NUMBER 驾驶执照号码: _____

Studio 单间 _____ 1 Bedroom 一卧室 _____ 2 Bedroom 二卧室 _____

Do you need English Language Support: Yes | No If "Yes", what is your preferred language? _____
是否需要英语语言支持: 是 | 否 如果“是”，请标注您首选的语言

HOUSEHOLD MEMBERS 家庭成员信息

A non-refundable \$25 application fee per adult household member is required. Paid via money order or certified funds only.
每位家庭成员需要支付25美元不可退还的申请费。费用必须通过汇票或认证资金支付。不接受现金

Name姓名	DOB出生日期	Gender性别	Relationship关系	Soc. Sec. Number 社会安全号码	DL State & Number 驾驶执照州及号码



ANNUAL HOUSEHOLD INCOME 家庭年收入

Employment/Wages 工作/工资收入	\$
Social Security Income 社会安全收入	\$
Social Security Disability Income 社会安全残疾收入	\$
Public Assistance (Welfare/TANF) 公共援助 (福利/TANF)	\$
Child Support 儿童抚养费	\$
Pension 养老金	\$
Other Income (Please Specify): 其他收入 (请注明)	\$

Preferences for Determining Waiting List Position (if applicable) 请确定等待名单位置的优先级 (如适用)

Do you have a Housing Choice Voucher? 您是否拥有住房选择券	Y	N
Do you or any member of your household have a DISABILITY? 您或者您的家人是否有残疾	Y	N
Are you currently employed? 您目前是否有工作	Y	N
Are you homeless? 您是否无家可归	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.) 您时候需要具有特殊功能的单元 (例如: 行动不便、视力障碍、听力障碍、无障碍淋浴、扶手、无台阶等)	Y	N
If yes above, please circle features required: 如果是, 请圈出所需功能:		
Unit for mobility impaired 行动不便	Unit for visually impaired 视力障碍	Unit for hearing impaired 听力障碍
Grab bars 扶手	No steps 无台阶	Other: 其他
Describe:请描述		

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.

我在此证明上述信息是准确、真实和完整的, 基于我的最佳知识。我明白任何虚假陈述或失实陈述将成为从项目中开除和/或依据美国法律第18篇第1001节进行起诉的依据。

I, _____, hereby give my permission for a credit and criminal background check, which is part of the application process. 我, 特此同意进行信用和刑事背景调查, 这是申请过程的一部分。

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Applicant Signature: 申请人签名 _____ Date: 日期 _____

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Types of Program Assistance (For Office Use ONLY)

****Important: You must notify us promptly should any information on this application change 重要提示: 如果申请表上的任何信息变化, 请及时通知我们。**

Tax Credit	<input type="checkbox"/>	50%	<input type="checkbox"/>	60%	<input type="checkbox"/>
	<input type="checkbox"/>	20%	<input type="checkbox"/>		<input type="checkbox"/>

May 2022

