

APPLICATION INFORMATION SHEET (RD/LIHTC)



Columbia Village Apartments  
173 S. Center Street  
P. O. Box 527  
Millville, PA 17846

(570) 458-4467  
TDD Relay Service 711

**This property is considered an ELDERLY PROPERTY  
To qualify for housing in an elderly property, Head or Co-Head must be 62 or older, handicapped or disabled.**

Columbia Village Apartments consists of:

1 Bedroom

1 Bedroom Wheelchair Accessible

Range, refrigerator, garbage, sewer, water, air conditioners, and mini blinds are included with rent.. Tenant pays electric, cable & phone.

Average electric: \$70/mo

We do not allow pets

We allow pets with proper deposit and signed pet agreement

**THERE IS NO SMOKING ALLOWED ANYWHERE ON THIS PROPERTY**

GENERAL INFORMATION –

1. This project is financed by the USDA, Rural Development (RD) and is operated in accordance with the RD 515 and IRS Section 42 LIHTC Program guidelines. Applicants must meet eligibility criteria, income limits, and occupancy guidelines established by the RD 515 program, and the IRS Section 42 LIHTC program. Applicants must also meet Pursel Management Group, Inc. Tenant Selection Criteria for this property.

2. Rents are based on gross household income and range from the basic rent of \$535 through the market rent of \$755. If rental subsidy is available, the rent could be lower than basic rent. In units WITH rental subsidy, tenants pay 30% of their adjusted monthly income for rent and utilities. In units WITHOUT rental subsidy, tenants pay either the base rent of \$535, or 30% of their adjusted monthly income, WHICHEVER IS GREATER, (not to exceed the market rent of \$755). Certain deductions are given to elderly, disabled and handicapped households, as well as to households with children.

This property:  Has Limited Rental Subsidy  Does not have rental subsidy  
 Accepts HUD Vouchers  Does not accept HUD

TO FILE AN APPLICATION FOR OCCUPANY

1. The application for occupancy must be completed in its entirety and submitted with the proper application fee listed on page 8 to the property address on the application.

2. Proof of Identity on all household members must be submitted with the application. (Copy of Social Security card **and** birth certificate for all members- Copy of photo ID for any member over the age of 18)
3. Proof of U. S. Citizenship or Qualified Alien status is required on all household members
4. The authorization to release information on page 8 must be signed which provides us with written permission to verify in writing all household income, assets and other required information to determine eligibility.
5. After your application has been received in its entirety, along with all supporting documents and fees, a credit report, criminal report, and previous landlord reference will be conducted.
6. Based on the findings above, and considering income and occupancy guidelines, and PMG Tenant Selection Policy, your application will then be determined to be accepted or rejected.
7. If you are accepted for occupancy your name will be placed on a waiting list, first come first served according to income (very low, lower, moderate).
8. If your application is rejected for occupancy, you will be served a written notice as to why your application has been rejected.

NOTE: All apartments are filled according to program regulations. All applicants who are accepted for occupancy are placed on the waiting list in the order of the date and time the **completed** application is received. An incomplete application will not be processed until it has been determined to be complete.

\*\*\*Applicants who fall under RD income guidelines but NOT under IRS LIHTC Section 42 income guidelines (Established by PHFA) will be placed on the waiting list, but will never be eligible for occupancy until/unless their income falls below LIHTC income guidelines.

WHEN AN APARTMENT IS AVAILABLE and your name has come to the top of the waiting list, you will be notified in writing at the address on your application. (It is the responsibility of the applicant to provide Management with any changes in income, address or phone number.)

You will then be required to deposit security monies in the amount of one month basic rent within 7 days of notification that a unit is available. If security is not received, your name will be removed from the waiting list (you will be notified of that in writing).

If you have any questions concerning the application or our apartment complex, or need assistance completing the application, please contact the rental office at the number on the application.

Thank you for your interest in our apartment community.

*"This institution is an equal opportunity housing provider and employer."*

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).*

**PURSEL MANAGEMENT GROUP  
TENANT SELECTION POLICY**



The following are criteria we use in selecting tenants for occupancy in our complex:

All applicants must submit a completed application providing **ALL** requested information.

**\*\*\*INCOME FROM ALL SOURCES AND ALL ASSETS MUST BE REPORTED ON THE APPLICATION\*\*\***

All sources of income will be verified in writing prior to move-in.

All applicants must sign an "Authorization to Release Information" for Managements use in retrieving third party verification of income and assets.

Positive ID is required on all members of the household (Photo ID, Birth Certif., Soc Sec Card)

Proof of U. S. Citizenship or Qualified Alien Status is required on all household members.

This is an Elderly Property -head or Co-head must submit proof of elderly status(62 or older/disabled/handicapped)

Applicants wishing to be Tenant or Co-Tenant must possess legal capacity to enter into a Lease.

To qualify for eligibility in the Low Income Housing Tax Credit Program (LIHTC), gross household income must not exceed 60% of the area median income (limits listed below)

| # of Persons  | 1     | 2     | 3     | 4     |
|---|-------|-------|-------|-------|
| Columbia County LIHTC<br>Income Limits as of 01/13/2017 | 27060 | 30960 | 34800 | 38640 |

Applicants whose income is determined to be above LIHTC income limits, but below Rural Housing Service income limits, will be kept on our waiting list, but will not be admitted into the complex unless their household income falls below LIHTC limits.

|  |          | 1 Person | 2 Person | 3 Person | 4 Person |
|--|----------|----------|----------|----------|----------|
| Columbia County<br>Rural Housing Service<br>Income Limits as of 01/13/2017 | Very Low | 21100    | 24100    | 27100    | 30100    |
|  | Lower    | 33700    | 38500    | 43350    | 48150    |
|  | Moderate | 39200    | 44000    | 48850    | 53650    |

Initial acceptance of the application is based on information reported on the application. If at any time prior to move in, additional information is revealed to warrant rejection of the application, the applicant would be advised of that rejection in writing.

Management must determine that household income is sufficient to pay rent, utilities, household expenses and other financial obligations. Our policy is to consider all income, assets, and income from assets.

Ideally, households should be spending no more than

30% of their adjusted annual income for rent and utilities. Households that would be spending more than 40% of their adjusted income for rent and utilities, if accepted for occupancy, will be held on the waiting list until rental subsidy is available or until their household income increases.

The number of household members must be within guidelines established below:

| # of BR's | Minimum | Maximum |
|-----------|---------|---------|
| 1         | 1       | 2       |
| 2         | 2       | 4       |

Exceptions will only be made at Management discretion.

The following are reasons for rejection of an application:

- Applicant has transmitted false information on the rental application.
- Applicant has a history of chronic or unjustified late payment or non-payment of rent or other financial obligations.
- Applicant has negative credit references.
- Applicant has negative landlord references.
- Applicant or household member has a history of criminal charges (including but not limited to: drug charges, sexual charges, homicide, burglary, arson, motor vehicle theft, armed robbery, charges directly related to children, spousal abuse, disorderly conduct, harassment, or any felony)
- Applicant has a history of failing to maintain premises in a sanitary condition
- Applicant or household member is currently using illegal drugs, or has a charge or conviction for drug possession, manufacture, sale or distribution, or any drug related charges.
- Applicant has a history of disturbances to neighbors or others property.
- Applicant has a history of violations of current or previous leases or rental agreements, especially those resulting in evictions or monetary judgments.
- Applicant would pose a direct threat to the health and safety of the apartment community, its inhabitants, or staff.
- Applicant has exhibited abusive, inappropriate or other conduct perceived as threatening, directed at residents of the community, property staff, vendors or guests as well as individuals doing business in the community.

**STUDENTS-LIHTC** - If EVERY member of the household has been a full time student during 5 calendar months of the past 12 months, or will be a full time student during 5 calendar months of the next 12 months, then the household will ONLY qualify for occupancy if one of the following questions can be answered with a YES.

- Are the full time adult students married to each other and filing a joint tax return? YES NO
- Is one of the full time students enrolled in a job training program receiving assistance under the Job Training Partnership Act or under other similar federal, state or local laws? YES NO
- Is one of the full time students a Title VI / TANF recipient? YES NO
- Is one of the full time students a single parent living with his/her minor child(ren) with neither the parent nor the child(ren) being dependants on a third party tax return? YES NO
- Have any of the full time students formerly been in a foster care program (Part B or Part E of the title IV of the Social Security Act)? YES NO

**Additional student requirements:** A student or other seemingly temporary resident of the community may be considered an eligible tenant when all of the following conditions are met:

- The student is of legal age in accordance with the applicable state law or is otherwise legally able to enter into a binding contract under state law.
- The person seeking occupancy has established a household separate and distinct from the person's parents or legal guardians.
- The person seeking occupancy is no longer claimed as a dependent by the person's parent's or legal guardians pursuant to Internal Revenue Service regulations, and evidence is provided to this effect, AND
- The person seeking occupancy signs a written statement indicating whether or not the person's parents, legal guardians, or others provide any financial assistance and this financial assistance is considered as part of current annual income and is verified in writing by the borrower.

*"This institution is an equal opportunity housing provider and employer."*

*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S.*

*Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [proqram.lntake@usda.gov](mailto:proqram.lntake@usda.gov).*

## **Notice to Applicants and Residents of Housing Programs Covered by the Violence Against Women Act (VAWA)**

To applicants and residents:

A federal law was reauthorized on March 7, 2013 and provided new housing protections for individuals who are victims of domestic violence, dating violence, sexual assault or stalking. The name of the law is the Violence Against Women Act, or "VAWA." This notice is being provided to you because you are an applicant or resident of a program covered under VAWA and you have (a) been admitted to housing under one of the covered programs; (b) been denied residency in housing under one of the covered programs; (c) been notified of eviction or termination of assistance from housing covered by VAWA; or (d) requested an emergency transfer due to your belief that you are at risk of further violence or have been sexually assaulted on the premises within the last 90 days.

Programs covered under VAWA include:

- Public housing;
- Section 8 Housing Choice Voucher program;
- Section 8 Project-based housing;
- Section 202 housing for the elderly;
- Section 811 housing for people with disabilities;
- Section 236 multifamily rental housing;
- Section 221(d)(3) Below Market Interest Rate (BMIR) housing;
- HOME program;
- Housing Opportunities for People with Aids (HOPWA);
- McKinney-Vento Act Programs;
- Rural Development (RD) multifamily housing programs; and
- Low-Income Housing Tax Credit (LIHTC) program.

Along with this notice, VAWA requires owners and landlords of the above housing programs to provide a form on which you can certify that you are a victim of domestic violence, dating violence, sexual assault or stalking. This notice further explains your rights under VAWA.

### **Protections for Victims**

If you are eligible for any of the housing programs listed above, a housing provider cannot refuse to admit you or rent to you based on acts or threats of violence committed against you. Also, criminal acts directly related to the domestic violence, dating violence, sexual assault or stalking that are caused by a member of your household or a guest cannot be the reason for evicting you or terminating assistance if you were a victim of the abuse.

### **Reasons You Can Be Evicted**

A housing provider can still evict you if it can show there is an actual and imminent (immediate) threat to other tenants, housing authority staff or employees on the property if you are not evicted. Also, the housing provider may

evict you for serious or repeated lease violations that are not related to the domestic violence, dating violence, sexual assault or stalking against you. The housing provider cannot hold you to a more demanding set of rules than it applies to tenants who are not victims.

### **Removing the Abuser from the Household**

The housing provider may split the lease to evict a tenant who has committed criminal acts of violence against family members or others, while allowing the victim and other household members to stay in the unit. If the housing provider chooses to remove the abuser, it may not take away the remaining tenants' rights to the unit or otherwise punish the remaining tenants. In removing the abuser from the household, the housing provider must follow federal, state, and local eviction procedures.

In addition, any tenant remaining in the unit has the opportunity to establish eligibility for the applicable housing program. If no tenant can establish eligibility, then the housing provider must give the tenant reasonable time to find new housing or to establish eligibility under another program covered by VAWA.

### **Moving to Protect Your Safety and Emergency Transfers**

If you have a Section 8 voucher, the housing authority may permit you to move and still keep your rental assistance, even if your current lease has not yet expired. The housing authority may require that you be current on your rent or other obligations under the Section 8 program. The housing authority may ask you to provide proof that you are moving due to incidents of abuse.

In addition, you can request an emergency transfer from your housing provider if you believe that you will face imminent harm from further violence by remaining in the unit or you are a victim of sexual assault and the assault occurred on the property within 90 days of the transfer request.

### **Proving that You are a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

The housing provider can ask you in writing to prove or "certify" that you are a victim of domestic violence, dating violence, sexual assault or stalking. The housing provider must request certification in writing and give you at least 14 business days to provide this proof. The housing provider may – but is not required to – extend this deadline. There are three ways that you can prove that you are a victim:

1. Complete the certification form given to you by the housing provider. This form will ask for your name, the name of the perpetrator (if known and safe to provide), and a description of the incident(s).
2. Provide a statement from a victim service provider, attorney, mental health professional or medical professional who has helped you address incidents of domestic violence, dating violence, sexual assault or stalking. The

professional must state that he or she believes that the incidents of abuse are real. Both you and the professional must sign the statement, and both of you must state that you are signing "under penalty of perjury;" or

3. Provide a police, administrative or court record that demonstrates that you have experienced domestic violence, dating violence, sexual assault or stalking.

If you fail to provide one of these documents within 14 business days, your landlord may move forward with the eviction process, and a housing authority may move forward with termination of your rental assistance.

### **Conflicting Proof**

If a housing provider receives conflicting information regarding the incident(s) of domestic violence, dating violence, sexual assault or stalking, then you may be required to provide any above-mentioned documentation from a third-party, such as a statement from a victim service provider or medical professional.

### **Confidentiality**

The housing provider must keep confidential any information you submit about the violence against you, unless:

- You give written permission to the housing provider to release the information;
- Your housing provider needs to use the information in an eviction proceeding, such as to evict your abuser; or
- A law requires the housing provider to release the information.

The housing provider can only disclose information about the violence in the above instances and you must be informed of any and all disclosures. You should inform the housing provider if your safety will be placed at risk if the housing provider discloses the information about the violence against you.

### **VAWA and Other Laws**

VAWA does not limit the housing provider's duty to honor court orders about access to or control of the property. This includes orders issued to protect the victim and orders dividing property among household members in cases where a family breaks up.

### **For Additional Information**

If you have any questions regarding VAWA, please contact your Property Manager at the Rental Office.

For help and advice on escaping an abusive relationship, call the National Domestic Violence Hotline at 1-800-799-7233 or 1-800-787-3224 (TTY).

### **Definitions**

For purposes of determining whether a tenant may be covered by VAWA, the following list of definitions applies:

VAWA defines "domestic violence" as felony or misdemeanor crimes of violence committed by:

- A current or former spouse or intimate partner of the victim;
- A person with whom the victim shares a child;
- A person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner;
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies; or
- Any other person who committed a crime against an adult or youth victim who is protected under the domestic or family violence laws of the jurisdiction.

VAWA defines "dating violence" as violence committed by a person:

- Who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- The existence of such relationship is determined based on the following factors:
  - Length of the relationship;
  - Type of relationship; and
  - Frequency of interaction between the persons involved in the relationship.

VAWA defines "sexual assault" as any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

VAWA defines "stalking" as engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

- Fear for his or her safety or others; or
- Suffer substantial emotional distress





**PURSEL MANAGEMENT GROUP**  
**32 Whisper Creek Drive, Suite 5**  
**Lewisburg, PA 17837**  
**(570)523-1680**  
**TDD Relay Service #711**

|                     |  |
|---------------------|--|
| OFFICE USE ONLY     |  |
| Application # _____ |  |
| Date Received _____ |  |
| Time _____          |  |

**Application for Occupancy in the following Apartment Complex: (Choose Only One)**

**X TAX CREDIT PROPERTY:** If this section is checked, all prospective tenants must be tax credit eligible (Based on Gross Income) as regulated by the Internal Revenue Service (IRS) Section 42 LIHTC program.

| Place X Here |  |  |  |
|--------------|--|--|--|
|              | Centre Estates I & II<br>302 Jacks Mill Drive #13<br>Boalsburg, PA 16827<br><b>NON SMOKING</b>                               | Ph (814)466-7553<br>Fax (814)466-7552  | ____ 1BR ____ 1BR Wheelchair Accessible<br>____ 2BR ____ 2BR Wheelchair Accessible |
| <b>X</b>     | Columbia Village Apartments<br>S. Center Street, P. O. Box 527<br>Millville, PA 17846<br><b>ELDERLY PROPERTY NON SMOKING</b> | Ph (570)458-4467<br>Fax (570)458-4929  | ____ 1BR ____ 1BR Wheelchair Accessible  |
|              | Gladeside Apartments<br>700 Tanglewood Road<br>Muncy, PA 17756   | Ph (570)546-5635<br>Fax (570)546-2708  | ____ 1BR ____ 1BR Wheelchair Accessible<br>____ 2BR Townhouse                      |
|              | Harvestview Apartments<br>77 Harvestview Road<br>Elizabethville, PA 17023  | Ph (717) 362-3317<br>Fax (717)362-8185 | ____ 1BR ____ 1BR Wheelchair Accessible<br>____ 2BR Townhouse                      |
|              | Locust Village Apartments<br>200 Leonard Street<br>Marysville, PA 17053<br><b>ELDERLY PROPERTY NON SMOKING</b>               | Ph (717)957-4830<br>Fax (717)957-4807  | ____ 1BR ____ 1BR Wheelchair Accessible  |
|              | Scottown Apartments<br>400 Railroad Street<br>Bloomsburg, PA 17815<br><b>NON SMOKING</b>                                     | Ph (570) 387-1655<br>Fax(570)387-1655  | ____ 1BR<br>____ 2BR ____ 2BR Wheelchair Accessible                                |
|              | Summit Hollow Apartments<br>15 East Summit Street, Box 21<br>Jersey Shore, PA 17740<br><b>ELDERLY PROPERTY</b>               | Ph (570) 753-8117<br>Fax (570)753-5902 | ____ 1BR ____ 1BR Wheelchair Accessible  |
|              | Walnut Manor Apartments<br>219 Fisher Street<br>Jonestown, PA 17038  | Ph (717)865-7345<br>Fax (717)865-1066  | ____ 1BR ____ 1BR Wheelchair Accessible<br>____ 2BR ____ 2BR Wheelchair Accessible |

Date of Application \_\_\_\_\_ Desired Move-In Date \_\_\_\_\_

**THANK YOU FOR YOUR INTEREST. PLEASE HELP US BY CLEARLY COMPLETING ALL THE REQUIRED INFORMATION ON THIS APPLICATION. LEAVE NO LINES BLANK**

*"This institution is an equal opportunity housing provider and employer."  
 If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).*

**Applicant Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Address \_\_\_\_\_  
 County \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_  
 Phone # \_\_\_\_\_ Own? \_\_\_\_\_ Rent? \_\_\_\_\_ Other \_\_\_\_\_ How Long? \_\_\_\_\_  
 Monthly Payment \_\_\_\_\_ Utilities you pay \_\_\_\_\_ Utility Cost \_\_\_\_\_

Owners Name or Management Co. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_ Name of Contact \_\_\_\_\_  
 Is Contact a Relative?/Explain \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Prior Address(Street, City, State, Zip) \_\_\_\_\_  
 How Long \_\_\_\_\_ Amount of Rent/Mtg \_\_\_\_\_ County \_\_\_\_\_  
 Owners Name or Management Co. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Phone # ( ) \_\_\_\_\_ Name of Contact Person \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**Co-Applicant Information**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Address \_\_\_\_\_  
 County \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_ Drivers Lic. # \_\_\_\_\_  
 Phone # \_\_\_\_\_ Own? \_\_\_\_\_ Rent? \_\_\_\_\_ Other \_\_\_\_\_ How Long? \_\_\_\_\_  
 Monthly Payment \_\_\_\_\_ Utilities you pay \_\_\_\_\_ Utility Cost \_\_\_\_\_

Owners Name or Management Co. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_ Name of Contact \_\_\_\_\_  
 Is Contact a Relative?/Explain \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Prior Address(Street, City, State, Zip) \_\_\_\_\_  
 How Long \_\_\_\_\_ Amount of Rent/Mtg \_\_\_\_\_ County \_\_\_\_\_  
 Owners Name or Management Co. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 Phone # ( ) \_\_\_\_\_ Name of Contact Person \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

**LIST ALL OCCUPANTS RESIDING IN UNIT**

|           | Name | Age | Birth Date | Sex | SS # | Relationship | Student?<br>Y / N | US Citizen?<br>Y / N | Qualified<br>Alien? |
|-----------|------|-----|------------|-----|------|--------------|-------------------|----------------------|---------------------|
| Tenant    |      |     |            |     |      |              |                   |                      |                     |
| Co Tenant |      |     |            |     |      |              |                   |                      |                     |
| 1         |      |     |            |     |      |              |                   |                      |                     |
| 2         |      |     |            |     |      |              |                   |                      |                     |
| 3         |      |     |            |     |      |              |                   |                      |                     |

|   |
|---|
| Have there been any changes in household composition within the last 12 months? _____ Yes _____ No<br>(Who resided with you) If yes, please explain:  |
| Do you anticipate any changes in household composition within the next 12 months? _____ Yes _____ No<br>(Who will reside with you) If yes, please explain:  |
| Are <b>all persons in the household</b> full time students? (undertaking any type of full time continuing education at least 5 months out of this calendar year or next calendar year. _____ Yes _____ No |

*If yes, you must answer the following questions:*

|   |                        |                      |
|---|------------------------|----------------------|
| Are any full time student(s) married to each other and filing/able to file a joint tax return?  | _____ Yes              | _____ No             |
| Are any student(s) enrolled in a job training program receiving assistance under the JTPA?  | _____ Yes              | _____ No             |
| Are any full-time student(s) a TANF or a Title IV recipient? (Cash)   | _____ Yes              | _____ No             |
| Are any full time student(s) a single parent living with his/her minor child(ren),<br>Is this parent claiming the child as a dependent on their tax return? | _____ Yes<br>_____ Yes | _____ No<br>_____ No |
| Is the single parent being claimed as a dependent on anyone else's tax return?  | _____ Yes              | _____ No             |
| Have the full time students formerly been in foster care?   | _____ Yes              | _____ No             |

Do you currently possess a housing certificate or voucher? \_\_\_\_\_ County? \_\_\_\_\_  
 Do you have childcare expenses due to employment or furthering education ? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Childcare Agency Used \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Cost you pay per week \_\_\_\_\_

Are you applying for status as an elderly household? Yes No (62 or older, disabled or handicapped)  
 Would you qualify for any of the following? Handicap/Disability adjustment to income? Y N  
 Specially designed wheelchair accessible unit? Y N

Have you ever been evicted from tenancy? Y N Date of Occurrence \_\_\_\_\_  
 If so, Landlords Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Why? \_\_\_\_\_

Have you ever been involved in a Landlord/Tenant court action? Y N  
 If so, Landlords Name \_\_\_\_\_ Phone # \_\_\_\_\_  
 Was a monetary judgment entered against you? \_\_\_\_\_ If so, in what amount? \_\_\_\_\_  
 Has that judgment been satisfied? Y N On what Date? \_\_\_\_\_

Do you own pets? Y N Type \_\_\_\_\_  
 Vet Name \_\_\_\_\_ Immunizations up to date? \_\_\_\_\_

**PETS MAY OR MAY NOT BE ALLOWED IN THIS PROJECT. A SERVICE ANIMAL IS NOT CONSIDERED A PET.**

|  |     |    |
|--|-----|----|
| Is any member of the household enrolled either part-time or full-time at an institute of higher education?   | Yes | No |
| Is any member of the household currently engaged in illegal use of a controlled substance, or has a pattern of such use ?  | Yes | No |
| Does any member of the household, currently or previously, have a pattern of alcohol abuse that has interfered or does interfere with the health, safety, or right to peaceful enjoyment of the premises by other persons? | Yes | No |
| Has any member of the household been evicted from Federally assisted housing in the last 3 years for drug related criminal activity?   | Yes | No |
| Have you or any member of your household ever been convicted of a felony?  | Yes | No |
| Have you or any member of your household ever filed for bankruptcy?  | Yes | No |
| Is any member of the household subject to a lifetime sex offender registration?  | Yes | No |
| If yes to any of the above, explain here:  |     |    |

**LIST ALL SOURCES OF INCOME AS REQUESTED BELOW**  
**IF A SECTION DOES NOT APPLY, WRITE NO, NONE, OR N/A**

**Applicant:**

**Co-Applicant:**

Name of Employer \_\_\_\_\_ Name of Employer \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax \_\_\_\_\_ Phone # \_\_\_\_\_ Fax \_\_\_\_\_  
Supervisor \_\_\_\_\_ Supervisor \_\_\_\_\_  
Occupation \_\_\_\_\_ Date Hired \_\_\_\_\_ Occupation \_\_\_\_\_ Date Hired \_\_\_\_\_  
Hourly Wage \_\_\_\_\_ Hrs Per Week \_\_\_\_\_ Hourly Wage \_\_\_\_\_ Hrs Per Week \_\_\_\_\_  
# Hrs OT/week \_\_\_\_\_ OT Rate of Pay \_\_\_\_\_ # Hrs OT/week \_\_\_\_\_ OT Rate of Pay \_\_\_\_\_

**Prior Employment:**

Name of Employer \_\_\_\_\_ Name of Employer \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_  
Date Employment Ended \_\_\_\_\_ Date Employment Ended \_\_\_\_\_  
Reason \_\_\_\_\_ Reason \_\_\_\_\_  
Hourly Wage \_\_\_\_\_ Hrs Per Week \_\_\_\_\_ Hourly Wage \_\_\_\_\_ Hrs Per Week \_\_\_\_\_

Is any other household member receiving any employment income? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does any household member work for cash? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you anticipate changes in employment income within the next 12months? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Explain \_\_\_\_\_

| Source of Income   | Household Member | Gross Monthly Amount | Office Use Only |
|--|------------------|----------------------|-----------------|
| Wages  |                  |                      |                 |
| Wages  |                  |                      |                 |
| Social Security  |                  |                      |                 |
| Social Security  |                  |                      |                 |
| SSI  |                  |                      |                 |
| Pension/Annuity  |                  |                      |                 |
| Name/Address-Source of Pension                                   |                  |                      |                 |
| VA Benefits  |                  |                      |                 |
| Unemployment Compensation  |                  |                      |                 |
| Public Assistance/TANF/Title IV                                  |                  |                      |                 |
| Full Time Student Income(18 & Over)                              |                  |                      |                 |
| Interest Income (List Source)                                    |                  |                      |                 |
| Interest Income (List Source)                                    |                  |                      |                 |
| Long Term Medical Care Insurance Payments in excess of \$180/day |                  |                      |                 |
| Misc contributions to the household                              |                  |                      |                 |
| Cash on hand(wallet,car,home,etc)                                |                  |                      |                 |
| Other Income   |                  |                      |                 |
| <b>Child Support:</b>  |                  |                      |                 |
| Are you <b>legally entitled</b> to receive?                      | Yes              | No                   |                 |
| If yes, amount you are entitled to.                              |                  |                      |                 |
| Do you receive child support?                                    | Yes              | No                   |                 |

|   |     |    |  |
|---|-----|----|--|
| If yes, amount you receive?                                       |     |    |  |
| <b>Alimony:</b>   |     |    |  |
| Are you <b>legally entitled</b> to receive?                       | Yes | No |  |
| If yes, amount you are entitled to.                               |     |    |  |
| Do you receive alimony?   | Yes | No |  |
| If yes, amount you receive?                                       |     |    |  |
| <b>TOTAL GROSS ANNUAL INCOME</b><br>(based on amounts above) x 12 |     |    |  |
| <b>TOTAL GROSS ANNUAL INCOME</b><br><b>FROM LAST YEAR</b>         |     |    |  |

Do you anticipate any changes in the above income within the next 12 months?    \_\_\_ Yes \_\_\_ No  
 Is any member of the household entitled to receive income assistance (monetary or not)  
 from someone who is not a member of the household? (Gifts)    \_\_\_ Yes \_\_\_ No  
 Is any member of the household likely to receive income assistance (monetary or not)  
 from someone who is not a member of the household?    \_\_\_ Yes \_\_\_ No  
 If yes, explain. \_\_\_\_\_  
 Is any income assistance received?    \_\_\_ Yes \_\_\_ No

|   |
|---|
| <b>LIST ALL ASSETS HELD BY ALL MEMBERS OF HOUSEHOLD AS REQUESTED BELOW</b><br>IF A SECTION DOES NOT APPLY, WRITE NO, NONE, OR N/A<br>LIST NAMES AND ADDRESSES OF FINANCIAL INSTITUTIONS |
|---|

|   | Balance | Interest Rate     | OfficeUse          |
|---|---------|-------------------|--------------------|
| <b>Checking Accounts</b>                                  |         |                   |                    |
| Bank Name   |         |                   |                    |
| Bank Name   |         |                   |                    |
| <b>Savings Accounts</b>                                   |         |                   |                    |
| Bank Name   |         |                   |                    |
| Bank Name   |         |                   |                    |
| <b>Debit Card Accounts</b>                                |         |                   |                    |
| Card Name   |         |                   |                    |
| <b>Certificates of Deposit</b>                            |         |                   |                    |
| Bank  |         |                   |                    |
| <b>Do you have an EPPICARD?</b>                           |         |                   |                    |
| Yes          No   |         |                   |                    |
| <b>Trust Accounts</b>                                     |         |                   |                    |
| Held With   |         |                   |                    |
| <b>Other Bank Accounts (Xmas club, Credit Union, etc)</b> |         | <b>Value</b>      |                    |
| Bank  |         |                   |                    |
| <b>Savings Bonds          /          Issue Date</b>       |         |                   |                    |
| Bond #  | / /     |                   |                    |
| Bond #  | / /     |                   |                    |
| <b>Life Insurance Policies</b>                            |         | <b>Cash Value</b> | <b>Whole/Term?</b> |
| Policy #  | Company |                   |                    |
| Policy #  | Company |                   |                    |

| <b>Mutual Funds</b> | # of Shares | Interest Or Dividend | Value |
|---------------------|-------------|----------------------|-------|
| Fund Name           |             | \$                   | \$    |
| Fund Name           |             | \$                   | \$    |
| Fund Name           |             | \$                   | \$    |

| <b>Bonds</b> | Interest rate | Interest or Dividends | Value |
|--------------|---------------|-----------------------|-------|
| Bond Name    |               | \$                    | \$    |
| Bond Name    |               | \$                    | \$    |

| <b>Stocks</b> | # of Shares | Dividends Paid | Value |
|---------------|-------------|----------------|-------|
| Stock Name    |             | \$             | \$    |
| Stock Name    |             | \$             | \$    |
| Stock Name    |             | \$             | \$    |

| <b>Annuity/IRA</b> |                                  |               |                                      |
|--------------------|----------------------------------|---------------|--------------------------------------|
| Cash Value         | Monthly Withdrawal               | Interest Rate |                                      |
| Held Where?        | Do you have access to the funds? | Yes No        | Penalty for Early withdrawal? Yes No |

|  |                   |    |
|--|-------------------|----|
| <b>Do you own investment property?</b> | Yes               | No |
| Appraised Value                        | Date of appraisal |    |
| Cost to convert to cash?               |                   |    |
| Any revenue generated by the property? | Yes               | No |
| Gross Income Per Month                 |                   |    |

|  |     |    |
|--|-----|----|
| Do you own any other Real Estate?            | Yes | No |
| If yes, type of property:                    |     |    |
| Location of property                         |     |    |
| Appraised Market Value                       | \$  |    |
| Balance due on mortgage or outstanding loans | \$  |    |
| Amount of annual insurance premium           | \$  |    |
| Amount of most recent tax bill               | \$  |    |

|   |     |    |
|---|-----|----|
| Does any member of the household have any asset(s) owned jointly with a person who is not a member of this household? | Yes | No |
| If yes, describe  |     |    |
| Do they have access to the asset(s)?  | Yes | No |

|   |     |    |
|---|-----|----|
| Has any member of the household sold or disposed of any property in the last 2 years? | Yes | No |
| If yes, type of property:   |     |    |
| Market value when sold/disposed of  | \$  |    |
| Amount sold/disposed for  | \$  |    |
| Date of transaction   |     |    |

|   |     |    |
|---|-----|----|
| Has any member of the household disposed of any other asset in the past 2 years for less than fair market value? (Given money away to relatives, set up irrevocable trust, etc) | Yes | No |
| If yes, describe the asset  |     |    |
| Date disposed of  |     |    |
| Amount disposed   | \$  |    |

Do you have any other asset(s) not listed above (excluding personal property)? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please list all \_\_\_\_\_

### Credit References

Company Name \_\_\_\_\_ Address \_\_\_\_\_  
 Date Opened \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Phone # \_\_\_\_\_

Company Name \_\_\_\_\_ Address \_\_\_\_\_  
 Date Opened \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payment \_\_\_\_\_ Phone # \_\_\_\_\_

**Personal References (Not Relatives)**

Reference Name \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Known \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Reference Name \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Known \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Reference Name \_\_\_\_\_ Address \_\_\_\_\_  
Occupation \_\_\_\_\_ Years Known \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

**Automobile Information**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

Owner \_\_\_\_\_ Inspected? \_\_\_Y \_\_\_N Registered? \_\_\_Y \_\_\_N

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Plate # \_\_\_\_\_ State \_\_\_\_\_

Owner \_\_\_\_\_ Inspected? \_\_\_Y \_\_\_N Registered? \_\_\_Y \_\_\_N

**Drivers License Numbers**

Applicants # \_\_\_\_\_ State \_\_\_\_\_ Co-Applicant # \_\_\_\_\_ State \_\_\_\_\_

**CERTIFICATION**

I/We do hereby certify that I/We do/will not maintain a separate subsidized rental unit in a different location. I/We further certify that this will be my/our permanent residence. I/We understand that I/we must pay a security deposit prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by Management’s selection criteria. I/We certify that all information on this application is true and correct to the best of my/our knowledge and I/we understand that making false statements or giving false information are both punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

Other Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency notify:

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you do not choose to furnish it, the Owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observance or surname. Applicant please furnish the following:

GENDER: \_\_\_ Male \_\_\_ Female ETHNICITY: \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino

RACE: \_\_\_1 American Indian/Alaska Native \_\_\_2 Asian \_\_\_3 Black/African American  
\_\_\_4 Native Hawaiian or Other Pacific Islander \_\_\_5 White

**Authorization to Release Information** - By signing below, I/we do hereby authorize Pursel Management Group (or its agents or employees) to contact any businesses, agencies, offices, groups or individuals necessary to verify my/our income, eligibility factors (including student status), assets or references.

|                   |                   |
|-------------------|-------------------|
| Applicant         | Co-Applicant      |
| Address           | Address           |
| City State Zip    | City State Zip    |
| Social Security # | Social Security # |
| Signature _____   | Signature _____   |
| Date _____        | Date _____        |

**This apartment complex runs credit & criminal reports on all persons over the age of 18.**  
 By signing below, I hereby give consent for Pursel Management Group, Inc., to retrieve a Credit and Criminal Report on myself from CBC Innovis.

|                 |                    |
|-----------------|--------------------|
| Applicant _____ | Co-Applicant _____ |
| Date _____      | Date _____         |

**ITEMS REQUIRED WITH THIS APPLICATION**

- 1) **Processing Fee For Credit and Criminal Reports**– A processing fee of **\$30.00 per adult individual** must be submitted with this application. The application will not be processed until the processing fee is paid. Make check payable to CPAMHA.
- 2) **Proof of Identity on ALL Household Members:**  
 Copy of Drivers License, State ID or Passport, Social Security Card, and Birth Certificate

**OFFICE USE ONLY**

Processing Fee Enclosed?    Yes    No    Amount \_\_\_\_\_    Initials \_\_\_\_\_    Date \_\_\_\_\_

**To be completed at time of Applicant making Earnest (Security) Deposit:**

I understand that I am paying a security deposit of \$\_\_\_\_\_ for Apartment #\_\_\_\_\_ in \_\_\_\_\_ . I understand that my eligibility for housing will be based on government income limits used by this property and on Management’s tenant selection criteria. I further understand that by paying this security deposit, I am agreeing to enter into a 12 month lease with the owner. If I cancel my agreement to move in prior to the projected move in date of \_\_\_\_\_, this security deposit, full or partial, may be held by the owner to cover loss of rent, processing fees, or other charges.

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

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_