

Locust Village Apartments

200 Leonard Street

Marysville, PA 17053

Office (717)957-4830

Fax (717)957-4807

TDD Relay 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.

THERE IS NO SMOKING PERMITTED ANYWHERE ON THIS PROPERTY

RENTAL INFORMATION

32 – 1BR Apartments - \$625 - \$715 / Mo. Average monthly electric expense \$67

Wheelchair Accessible Units Available

We currently have rental assistance available to all 32 units in the complex. Rental Assistance helps very low income households by basing rent on 30% of gross monthly income. For households qualifying for rental assistance, rental rates are between \$0 and basic rent (\$625)

If a household does not qualify for Rental Assistance, rents will range from Basic Rent (\$625) to Market Rents (\$715)

To calculate your rental payment, determine your gross annual income from all sources, (Income plus income from assets). Divide this number by 12. This is your Monthly Income. Divide by .30. This is 30% of your monthly income. Subtract \$67. This is what you will pay for rent and utilities, not to exceed Market rent of \$715 + \$67.

This is generally the formula to determine rent, however, all income and assets must be verified in accordance with government regulations, Ultimately, Pursel Management Group, Inc., following applicable government regulations, will determine the amount of rent a household will be required to pay.

Please find below a list of allowable medical expenses which can be used as deductions from gross income: (Including these in the rental calculation will normally lower the tenant portion of rent)

1. Medicare Premiums
2. Health Insurance Premiums
3. Prescription expenses
4. Doctor/hospital co-payments
5. Eyeglasses/dental/medical aides/medical related travel expenses
6. Doctor prescribed over the counter medications.

OTHER INFORMATION:

- Rents include garbage, sewer and water. Tenant pays total electric.
- Apartments include range, refrigerator, air conditioners, and mini blinds.
- All leases are for an initial period of 1 year, renewals after the initial term being month to month.
- Pet Deposits are required on all pets, along with records verifying current immunizations. (See Pet Policy)
- Coin-Operated laundry on site, available 24/7
- Inside storage provided
- Off street lighted parking provided
- Lawn care and snow removal provided
- Unit interiors renovated in 2009!

"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, 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.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)

This is an elderly properties - 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 |
|--|-------|-------|-------|-------|
| Perry County LIHTC Income Limits as of 02/28/2018 | 31620 | 36120 | 40620 | 45120 |

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 |
|---|----------|----------|----------|----------|----------|
| Harrisburg-Carlisle Area Rural Housing Service Income Limits as of 06/13/2018 | Very Low | 26350 | 30100 | 33850 | 37600 |
| | Lower | 42100 | 48100 | 54150 | 60150 |
| | Moderate | 47600 | 53600 | 59650 | 65650 |

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.

Government formulas suggest 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, 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.



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 302 Jacks Mill Drive #13 Boalsburg, PA 16827 NON SMOKING | Ph (814)466-7553 Fax (814)466-7552 | ____ 1BR ____ 1BR Wheelchair Accessible ____ 2BR ____ 2BR Wheelchair Accessible |
| | Columbia Village Apartments S. Center Street, P. O. Box 527 Millville, PA 17846 ELDERLY PROPERTY NON SMOKING | Ph (570)458-4467 Fax (570)458-4929 | ____ 1BR ____ 1BR Wheelchair Accessible |
| | Gladeside Apartments 700 Tanglewood Road Muncy, PA 17756 | Ph (570)546-5635 Fax (570)546-2708 | ____ 1BR ____ 1BR Wheelchair Accessible ____ 2BR Townhouse |
| | Harvestview Apartments 77 Harvestview Road Elizabethville, PA 17023 | Ph (717) 362-3317 Fax (717)362-8185 | ____ 1BR ____ 1BR Wheelchair Accessible ____ 2BR Townhouse |
| X | Locust Village Apartments 200 Leonard Street Marysville, PA 17053 ELDERLY PROPERTY NON SMOKING | Ph (717)957-4830 Fax (717)957-4807 | ____ 1BR ____ 1BR Wheelchair Accessible |
| | Scottown Apartments 400 Railroad Street Bloomsburg, PA 17815 NON SMOKING | Ph (570) 387-1655 Fax(570)387-6400 | ____ 1BR ____ 2BR ____ 2BR Wheelchair Accessible |
| | Summit Hollow Apartments 15 East Summit Street, Box 21 Jersey Shore, PA 17740 ELDERLY PROPERTY | Ph (570) 753-8117 Fax (570)753-5902 | ____ 1BR ____ 1BR Wheelchair Accessible |
| | Walnut Manor Apartments 219 Fisher Street Jonestown, PA 17038 | Ph (717)865-7345 Fax (717)865-1066 | ____ 1BR ____ 1BR Wheelchair Accessible ____ 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, 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.*

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? Y / N | US Citizen? Y / N | Qualified Alien? |
|-----------|------|-----|------------|-----|------|--------------|-------------------|----------------------|---------------------|
| Tenant | | | | | | | | | |
| Co Tenant | | | | | | | | | |
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |

| |
|---|
| Have there been any changes in household composition within the last 12 months? _____ Yes _____ No (Who resided with you) If yes, please explain: |
| Do you anticipate any changes in household composition within the next 12 months? _____ Yes _____ No (Who will reside with you) If yes, please explain: |
| Are all persons in the household full time students? (attending an educational institution with regular faculty and students 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), Is this parent claiming the child as a dependent on their tax return? | _____ Yes _____ Yes | _____ No _____ 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 to further 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 | | | |
| Child Support: | | | |
| Are you legally entitled to receive? | Yes | No | |
| If yes, amount you are entitled to. | | | |
| Do you receive child support? | Yes | No | |
| If yes, amount you receive? | | | |

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

Do you anticipate any changes in the above income within the next 12 months? _____ Yes _____ No
Does any member of the household currently receive gifts, either monetary or not, from someone who is not a member of the household? _____ Yes _____ No
Will any member of the household receive gifts, either monetary or not, in the next 12 months, from someone who is not a member of the household. _____ Yes _____ No
If yes, explain. _____

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

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

| Mutual Funds | # of Shares | Interest Or Dividend | Value |
|---------------------|-------------|----------------------|-------|
| Fund Name | | \$ | \$ |
| Fund Name | | \$ | \$ |
| Fund Name | | \$ | \$ |

| Bonds | Interest rate | Interest or Dividends | Value |
|--------------|---------------|-----------------------|-------|
| Bond Name | | \$ | \$ |
| Bond Name | | \$ | \$ |

| Stocks | # of Shares | Dividends Paid | Value |
|---------------|-------------|----------------|-------|
| Stock Name | | \$ | \$ |
| Stock Name | | \$ | \$ |
| Stock Name | | \$ | \$ |

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

| Do you own investment property? | 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 # _____

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 | _____ Date | _____ Co-Applicant | _____ 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. Apply at property.

| | | | |
|--------------------------|-----|----|--|
| OFFICE USE ONLY | | | |
| Processing Fee Enclosed? | Yes | No | Amount _____ Initials _____ Date _____ |

2) PROOF OF IDENTITY ON ALL MEMBERS OF HOUSEHOLD

Copy of Drivers License, State ID or Passport, Social Security Card, and Birth Certificate

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 _____

Central PA MHA Associates, LP- Locust Village Apartments
Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants - The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that all Federally Assisted Affordable Housing is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

Protections for Applicants - If you otherwise qualify for assistance under Rural Development Program 515 or Rental Assistance, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants - If you are receiving assistance under Rural Development 515 Program or Rental Assistance, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under Rural Development 515 Program or Rental Assistance, solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household - Your Landlord may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If your Landlord chooses to remove the abuser or perpetrator, your Landlord may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, your Landlord must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, your Landlord must follow Federal, State, and local eviction procedures. In order to divide a lease, your Landlord may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit - Upon your request, your Landlord may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, your Landlord may ask you to

provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, your

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Landlord may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

Your Landlord will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

Your Landlord's emergency transfer plan provides further information on emergency transfers, and your Landlord must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking - Your Landlord can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from your Landlord must be in writing, and your Landlord must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. Your Landlord may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to your Landlord as documentation. It is your choice which of the following to submit if your Landlord asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by your Landlord with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that your Landlord has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, your Landlord does not have to provide you with the protections contained in this notice.

If your Landlord receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), your Landlord has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, your Landlord does not have to provide you with the protections contained in this notice.

Confidentiality - Your Landlord must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

Your Landlord must not allow any individual administering assistance or other services on behalf of your Landlord (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

Your Landlord must not enter your information into any shared database or disclose your information to any other entity or individual. Your Landlord, however, may disclose the information provided if:

- You give written permission to your Landlord to release the information on a time limited basis.
- Your Landlord needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires your landlord to release the information.

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

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated - You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, your Landlord cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking. The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if your Landlord can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If your Landlord can demonstrate the above, your Landlord should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws - VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice - You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **HUD, 100 Penn Square East, Wannamaker Building, Philadelphia, PA.**

For Additional Information - You may view a copy of HUD’s final VAWA rule at <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.pdf>

Additionally, your housing provider must make a copy of HUD’s VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact your landlord.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact any of the resources below as appropriate.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime’s Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact an of the resources below as appropriate. Victims of stalking seeking help may contact any of the resources below as appropriate

Although your landlord does not provide direct services, below you will find a list of references to other resources covering a wide variety of needs. The list below is not intended to be comprehensive, but rather a starting point. If you become aware of other resources, please forward them to us so we can share them with others.

Resources: - For help addressing domestic violence, dating violence, sexual assault and stalking, please refer to the following agencies

| | | |
|--|---|--|
| The National Domestic Violence Hotline | 1-800-799-7233 | www.ndvh.org |
| National Dating Abuse Hotline | 1-866-331-9474 | www.loveisrespect.org |
| National Child Abuse Hotline/Childhelp | 1-800-4-A-CHILD 1-800-422-4453 | www.childhelp.org |
| National Sexual Abuse Hotline | 1-800-656-4673 | www.rainn.org |
| National Center for Victims of Crimes | 1-202-467-8700 | www.victimsofcrimes.org |
| National Human Trafficking Resource Center/ Polaris Project | 1-888-373-7888 Text HELP to BeFree (233733) | www.polarisproject.org |
| National Resource Center on Domestic Violence | 1-800-537-2237 | www.nrcdv.org www.vawnet.org |
| Deaf Abused Women’s Network (DAWN) | 1-202-559-5366 | Hotline@deafdawn.org www.deafdawn.org |
| Women of Color Network | 1-80-537-2238 | www.wocninc.org |
| Casa de Esperanza | 1-651-772-1611 | www.casadeesperanza.org |
| Asian and Pacific Islander Institute on Domestic Violence | 1-415-954-9988 | www.apiidv.org |
| National Gay and Lesbian Task Force | 1-202-393-5177 | www.nglhf.org |
| National Center for Elder Abuse | 1-855-500-3537 | http://www.ncea.aoa.gov |
| Stalking Resource Center | | www.victimsofcrime.org/our-programs/stalking-resource-center |
| Centre County Women’s Resource Center | 1-877-234-5050 | 24 Hour HOTLINE 1-814-234-5050 |
| The Women’s Center, Inc. (Bloomsburg, PA) | 1-800-544-8293 | www.thewomenscenterinc.org |
| Women’s Resource Center | 1/570-346-4671 | wrcnepa.org |

Attachment: Certification form HUD-5382

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

1. Date the written request is received by victim: _____

2. Name of victim: _____

3. Your name (if different from victim's): _____

4. Name(s) of other family member(s) listed on the lease: _____

5. Residence of victim: _____

6. Name of the accused perpetrator (if known and can be safely disclosed): _____

7. Relationship of the accused perpetrator to the victim: _____

8. Date(s) and times(s) of incident(s) (if known): _____

10. Location of incident(s): _____

| |
|--|
| In your own words, briefly describe the incident(s): _____ _____ _____ _____ |
|--|

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.