

**Summit Hollow Apartments**

**15 E. Summit Street, Box 21**

**Jersey Shore, PA 17740**

**Office (570)753-8117**

**Fax (570)753-5902**

**TDD Relay 711**

(This property is located in Avis, PA)



*"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).*

**RENTAL INFORMATION**

20 – 1BR Apartments - \$555 - \$740 / Mo.      Average monthly electric expense \$68

**Wheelchair Accessible Units Available**

We currently have rental assistance available to all 20 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 (\$555)

If a household does not qualify for Rental Assistance, rents will range from Basic Rent (\$555) to Market Rents (\$740)

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 \$68. This is what you will pay for rent, not to exceed Market rent (\$740)

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:

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
- Storage area provided
- Off street lighted parking provided
- Lawn care and snow removal provided
- Unit interiors renovated in 2009!

## 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)

In 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
Clinton County LIHTC Income Limits as of 02/10/2016	25860	29520	33240	36900

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
Clinton County Rural Housing Service Income Limits as of 02/10/2016	Very Low	20700	23650	26600	29550
	Lower	33100	37850	42550	47300
	Moderate	38600	43350	48050	52800

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 will be denied acceptance into the project until that household obtains rental subsidy of some kind. (RA, HUD Voucher)

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, or any other 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 conviction for drug possession, manufacture, sale or distribution, etc.
- 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.
- Applicant would pose a direct threat to the health and safety of the apartment community or its inhabitants.

**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.

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*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 [progam.lntake@usda.gov](mailto:progam.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	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	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
	Locust Village Apartments 200 Leonard Street Marysville, PA 17053	Ph (717)957-4830 Fax (717)957-4807	____ 1BR ____ 1BR Wheelchair Accessible
	Scottown Apartments 400 Railroad Street Bloomsburg, PA 17815	Ph (570) 387-1655 Fax(570)387-1655	____ 1BR ____ 2BR ____ 2BR Wheelchair Accessible
<b>X</b>	Summit Hollow Apartments 15 East Summit Street, Box 21 Jersey Shore, PA 17740	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**

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**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 <b>all persons in the household</b> 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.**

Are you or any member of the household currently using an illegal controlled substance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Have you or any member of your household ever been charged with a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Have you or any Member of your household ever filed for bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If yes, describe \_\_\_\_\_

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

**Applicant:**

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

**Co-Applicant:**

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

**Prior Employment:**

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

Name of Employer \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Date Employment Ended \_\_\_\_\_  
 Reason \_\_\_\_\_  
 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> (based on amounts above) x 12			
<b>TOTAL GROSS ANNUAL INCOME 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> IF A SECTION DOES NOT APPLY, WRITE NO, NONE, OR N/A LIST NAMES AND ADDRESSES OF FINANCIAL INSTITUTIONS
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	Balance	Interest Rate	OfficeUse
<b>Checking Accounts/EPPICARD</b>			
Bank			
EPPICARD/Other Debit card			
<b>Savings Accounts</b>			
Bank			
Bank			
<b>Certificates of Deposit</b>			
Bank			
Bank			
<b>Trust Accounts</b>			
Held With			
<b>Other Bank Accounts (Xmas club, Credit Union, etc)</b>			
Bank			
Bank			
<b>Savings Bonds</b>	/	<b>Issue Date</b>	<b>Value</b>
Bond #		/ /	
Bond #		/ /	
Bond #		/ /	
<b>Life Insurance Policies</b>			
	<b>Cash Value</b>	<b>Whole/Term?</b>	
Policy #                      Company			
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 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/or Criminal Report on myself from Kroll Factual Data/CBC Innovis.

_____ Applicant	_____ Date	_____ Co-Applicant	_____ Date
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**ITEMS REQUIRED WITH THIS APPLICATION**

**1) Processing Fee For Credit and Criminal Reports**– A processing fee of **\$20.00** per adult individual must be submitted with this application. The application will not be processed until the processing fee is paid. Make checks payable to CPAMHA.

<b>OFFICE USE ONLY</b>			
Processing Fee Enclosed?	Yes	No	Amount _____ Initials _____ Date _____

**2) PROOF OF IDENTITY ON ALL MEMBERS OF HOUSEHOLD**

Copy of Drivers License or State ID, 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 \_\_\_\_\_