

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 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.**

RENTAL INFORMATION

20 – 1BR Apartments - \$565 - \$743 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 (\$565)

If a household does not qualify for Rental Assistance, rents will range from Basic Rent (\$565) to Market Rents (\$743)

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!

"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
Clinton County LIHTC Income Limits as of 01/13/2017	26580	30360	34140	37920

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 01/13/2017	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.

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.

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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.

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 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
	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)387-1655	____ 1BR ____ 2BR ____ 2BR Wheelchair Accessible
X	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

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

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			
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
 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

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 # _____

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 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.

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 _____