

**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.

Applicants whose income is determined to be within Rural Development income limits, will qualify for housing.

Union County, PA Rural Development Income Limits as of 1/18/20		1 Person	2 Person	3 Person	4 Person
	Very Low	21150	24150	27200	30200
	Lower	33800	38650	43450	48300
	Moderate	39300	44150	48950	53800

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 and assets. In most cases 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.

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

# of BR's	Minimum	Maximum
1	1	2
2	2	4
3	3	6

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 manufacture, sale or distribution.
- 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 - 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 none of the persons being dependants on a third party tax return?
 _____Yes _____No

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S. W., Washington, DC 20250-9401, or call (800)795-3272(voice) or (202)720.6382(TTY)



PURSEL MANAGEMENT GROUP
88 Bull Run Crossing, Suite 5A
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)

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
	Summit Hollow Apartments 15 East Summit Street Avis, PA 17721	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 ____ 2BR
X	Kelly Court Apartments 332 Timberhaven Drive Lewisburg, PA 17837	Ph (570) 523-8082 Fax (570)523-7802	____ 1BR ____ 1BR Wheelchair Accessible ____ 2BR ____ 2BR Townhouse ____ 3BR

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

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S. W., Washington, DC 20250-9401, or call (800)795-3272(voice) or (202)720.6382(TDD)

Applicant Information

Name _____ Age ____ Date of Birth _____ Marital Status _____
 Address _____ Soc. Sec. # _____
 City, State, Zip _____ Drivers Lic. # _____
 Phone # _____ Own? ____ Rent? ____ Other ____ Monthly Payment _____
 How Long? _____ Utilities you pay _____ Monthly Cost _____

Owners Name or Management Co. _____
 Mailing Address _____
 Phone # () _____ Name of Contact Person _____
 Reason for Leaving _____ How many bedrooms _____

Prior Address(Street, City, State, Zip) _____
 How Long _____ Amount of Rent/Mtg _____ Utilities you paid _____
 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 _____ Soc. Sec. # _____
 City, State, Zip _____ Drivers Lic. # _____
 Phone # _____ Do You ____ Own? ____ Rent? ____ Monthly Payment _____
 How Long? _____ Utilities you pay _____ Monthly Cost _____

Owners Name or Management Co. _____
 Mailing Address _____
 Phone # () _____ Name of Contact Person _____
 Reason for Leaving _____ How many bedrooms _____

Prior Address(Street, City, State, Zip) _____
 How Long _____ Amount of Rent/Mtg _____ Utilities you paid _____
 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? (undertaking any type of full time continuing education for 5 mos, Of the last 12 months or 5 mos. of the next 12 months) _____ Yes _____ No

If yes, you must answer the following questions:

Are any full time student(s) married 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? _____ 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 convicted of 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			
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? _____ 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	Office Use
Checking Accounts			
Bank			
Bank			
Savings Accounts			
Bank			
Bank			
Certificates of Deposit			
Bank			
Bank			
Trust Accounts			
Held With			
Other Bank Accounts (Xmas club, Credit Union, etc)			
Bank			
Bank			
Savings Bonds	/	Issue Date	Value
Bond #	/	/	
Bond #	/	/	
Bond #	/	/	
Life Insurance Policies			
Policy #	Company	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 applicants.

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.

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

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.
- 2) Proof of Identity on ALL Household Members:**
Copy of Drivers License or State ID, Social Security Card, and Birth Certificate

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

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

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

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Kelly Court Apartments
332 Timberhaven Drive
Lewisburg, PA 17837
Office 570-523-8082, Fax 570-523-7802

RENTAL RATES

PHASE III

- 1 BR - \$515 - 675, utility allowance \$75**
- 2 BR Townhouse - \$630 - 810, utility allowance \$105**

Phase II

- 2 BR - \$620 - 738, utility allowance \$90**
- 3 BR - \$670 - 788 , utility allowance \$125**

Phase I

- 2 BR - \$620 - 717, utility allowance \$90**
- 3 BR - \$670 - 767, utility allowance \$125**

All rental rates include water, sewer & trash removal. Tenant pays total electric. Apartments have baseboard electric heating in each room. No central air, but window air conditioners may be used.

Floor plans for each unit attached for square footage and room measurements.

Phone jacks are located in each kitchen and both bedrooms.
Cable TV lines are Located in each living room and 1 or both bedrooms.
Satellite dishes are NOT Permitted at this time.
Cable lines in garden apartments do not provide high Speed cable.

Some extra storage is available in basements of buildings.

Laundry facilities are located next to office.
8 washers/8 dryers are available for Your use. No specified hours.

Dumpsters are located throughout the site for trash disposition. Everything EXCEPT refrigerators, air conditioners, and computers can be disposed of. Recycling in Lewisburg is voluntary and must be taken to area sites.

“In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202)720-6382 (TDD). USDA is an equal opportunity provider, employer, and lender.”