

Catholic at heart . . . welcoming to all



PRE-APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

Please note this pre-application may place you on the wait list. Does not guarantee eligibility.

- Antonian Towers, Easton, PA
Holy Family Apartments, Bethlehem, PA
Queen of Angels Apartments, Laureldale, PA
St Catharine Senior Apartments, Reading, PA
Queen of Peace Apartments, Pottsville, PA
Neumann Apartments, St. Clair, PA
Holy Family Apartments, New Philadelphia, PA
St Ann Senior Apartments, Lansford PA

1. List each person who will live with you if you receive housing assistance. (Start with yourself.)

Table with 7 columns: LAST NAME, FIRST NAME, Date Of Birth, SEX, RELATIONSHIP TO YOU, ANNUAL INCOME, S.S. NUMBER. Two empty rows for data entry.

- 2. Current Address: Street Address, City, State, Zip Code, Apt. #, Daytime Phone, Evening Phone
3. Please identify any special housing need your household has:
4. Do you currently use marijuana? Medical marijuana?

Form with multiple questions regarding household composition, student status, and tax returns. Includes checkboxes for Yes/No and a section for explaining changes.

INCOME: All sources of regularly received monies must be listed regardless of the recipient's age.

Family Member Name	Sources of Income	Gross Amount
	Social Security Gross Monthly Amount	\$
	Social Security Gross Monthly Amount	\$
	Pension	\$
	Other	\$

ASSETS:

Family Member Name	Sources of Asset	Total Amount/Balance
	Checking	\$
	Savings	\$
	Real Estate	\$
	CD	\$
	Stocks/Bonds	\$
	Life insurance	\$
	Other	\$

I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on the Department of Housing and Urban Development's eligibility criteria and Catholic Senior Housing Mgmt's resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap 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 choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

APPLICANT CERTIFICATION: I certify that the statements made on this pre-application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information may result in punishment under Federal Law.

X _____ Date _____ Signature of Spouse or Co-head _____ Date _____
 Signature of Head of Household

For Statistical purposes only mark one line each in "a" and "b"

- a. Is the head of your household?
 ___ White ___ Black ___ American Indian/Alaskan Native ___ Asian/Pacific Islander ___ Other
- b. Ethnicity of the Head of Household: ___ Hispanic ___ non-Hispanic



"TT" Only 1-800-654-5984 Voice Only 1-800-654-5988

