

UNITED NEIGHBORHOODHOUSING CORPORATION

Cabrini Apartments
 113 North St. Frances Cabrini Avenue
 Scranton, Pennsylvania 18504

OFFICE USE ONLY:
 Date Received _____
 Time Received _____

PROJECT NO. PA26-T861-019/034-EH355

INITIAL APPLICATION

Applicant Name _____ Date: _____

Street Address _____

City, State, Zip Code _____

Home Phone Number _____ Work Phone Number _____

List names, addresses and phone numbers of two relatives or friends who generally know how to contact you:

1. Name _____ 2. Name _____

Address _____ Address _____

Phone _____ Phone _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the assisted unit. Give relationship of each family member to the head.

FULL NAME	RELATIONSHIP	BIRTHDATE	AGE	SEX	SOCIAL SECURITY

Race of Head of Household White Black American Indian Asian
 (for statistical data purposes) or: Do not wish to answer.

Ethnicity of Head of Household Hispanic Non-Hispanic
 (for statistical data purposes) or: _____ Do not wish to answer.

Does anyone live with you now who is not listed above? Yes No

If yes, please explain _____

Is the head or spouse of this household handicapped or disabled? Yes NO

Is anyone else in the household handicapped/disabled? Yes NO

If yes, please explain the nature and the extent of the handicap: _____

Identify any special housing needs required as a result of the handicap: _____

Are you or any member of your household a Full Time Student? If YES please print the name of the Student/s:
Student/s Name: _____

Are you the applicant or any member of your household subject to a State lifetime sex offender registration program in
“any” state? Yes NO If Yes, in what state? _____

CURRENT HOUSING STATUS

Please list all the states in which all household members have ever resided:

Head of Household: _____

Household Member: _____

How many people live in your home now? _____

How many bedrooms do you have? _____

Do you wish to move? Yes NO If yes, why? _____

Are you being evicted? Yes NO If yes, explain the circumstances? _____

Are you being displaced from your present home? Yes NO

If yes, explain the circumstances _____

What is your current rent? _____

What are your monthly costs for all utilities except telephone? _____

Are you now living in a government subsidized unit (e.g., Section 8, Section 236 or Section 221 (d) (3) subsidized
project) Yes NO

What is the condition of your current housing? _____Standard _____Unsafe or Unhealthy

_____No indoor plumbing or kitchen _____Currently without housing

Current Landlord: _____ Phone# _____

Landlord's Address: _____

INCOME INFORMATION

Please answer each of the following questions. For each “Yes” answer, provide the details in the chart below.

	YES	NO
1. Is any member of your household employed, full time, part time or seasonally?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does any member of your household expect to work for any period during the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does any member of your household work for someone who pays them in cash?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is any member of your household on leave of absence from work due to lay-off, Medical, maternity or military leave?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does any member of your household now receive or expect to receive Unemployment benefits?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does any member of your family now receive or expect to receive child support?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is any member of you household entitled to child support that he/she is not receiving?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does any member of your household now receive or expect to receive alimony payments?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is any member of your household entitled to alimony payments that he/she is not now receiving?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does any member of your household receive or expect to receive welfare assistance?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does any member of your family receive or expect to receive Social Security benefits?	<input type="checkbox"/>	<input type="checkbox"/>
12. Does any member of your household receive or expect to receive income from a pension or annuity?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	<input type="checkbox"/>	<input type="checkbox"/>
14. Does any member of your household receive income from assets including interest on Checking or savings accounts, interest and dividends from certificates of deposit, stocks, bonds, Income from rental of property?	<input type="checkbox"/>	<input type="checkbox"/>

For each type of income that your household receives, give the source of the income and the amount of income that can be Expected from that source during the next 12 months.

FAMILY MEMBER SOURCE OF INCOME/TYPE OF INCOME ANNUAL INCOME

ASSETS INFORMATION

List all checking and savings accounts (including IRA's, Keogh accounts, and Certificates of Deposit) of all household members, including amounts disposed of during the past two years.

FAMILY MEMBER BANK NAME ACCOUNT NUMBER CURRENT BALANCE

List value of all stocks, bonds, trusts, pensions contributions, or other assets.

Do you own a home or other real estate? Yes No

Have you sold or given away real property or other assets in the past two years? Yes No

If yes, what is the current market value of the asset? _____

EXPENSES

Do you pay for child care which enables you or another family member to work or go to school? Yes No

If yes, give the name and address of the child care provider, weekly cost and name of family member unable to work _____

HANDICAPPED FAMILIES ONLY:

Do you pay for a care attendant or for any equipment for the handicapped member(s) of the family necessary to permit that person or someone else in the family to work? Yes No

If yes, describe expenses _____

ELDERLY FAMILIES ONLY:

Do you have medicare? Yes No

If yes, what is your medicare premium? _____

Do you have any other kind of medical insurance? Yes No

If yes, give policy number and agent's name _____

Do you receive medical assistance through the welfare department? Yes No

Do you have any outstanding medical bills on which you are paying? Yes No

Do you expect to have any medical expenses during the next 12 months? Yes No

If yes, amount of medical expenses \$ _____

Please note that this is a preliminary application and in no way insures occupancy. Additional information may be requested to complete processing of your application. Your signature gives written consent to the management to verify information in this application. A false statement or misrepresentation on your application will affect approval of residency.

Please sign the release form below so that your income can be verified. When we receive these completed forms, you will be placed on a waiting list if you meet all eligibility criteria. Thank you for your interest.

APPLICANT CERTIFICATION:

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for Section 8 assistance. I/we authorize United Neighborhood Housing Corporation to verify all information provided on this application and to contact previous or current landlords or others sources for credit and verification information which may be released to appropriate Federal, State or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law.

I/WE HEREBY WARRANT THAT ALL OF MY/OUR STATEMENTS SET FORTH ABOVE ARE TRUE. I/WE HEREBY AUTHORIZE ANY CREDIT BUREAU TO FURNISH YOU WITH A REPORT ABOUT MY/OUR CREDIT RECORD AND/OR COMPLETE CRIMINAL BACKGROUND CHECK.

SIGNATURE OF APPLICANT _____ **DATE** _____

SIGNATURE OF SPOUSE _____ **DATE** _____

AN AGGRIEVED PERSON MAY FILE A COMPLAINT OF A HOUSING DISCRIMINATION ACT WITH:
DEPARTMENT OF HOUSING & URBAN DEVELOPMENT
107 SOUTH SEVENTH STREET
PHILADELPHIA, PENNSYLVANIA 19106-3392

