



HOUSING AUTHORITY OF CENTRE COUNTY

CRESTSIDE TERRACE
602 East Howard Street
Belleville Pennsylvania 16823
(814) 355-6750, Ext. 6
(814) 355-6809 Fax

LORI HAINES
Director

BOARD CHAIRMAN
SAMUEL MCGINLEY JR

EQUAL HOUSING
OPPORTUNITY



Dear Crestside Terrace Applicant:

Thank you for your interest in the Crestside Terrace.

Please complete the enclosed forms and return to the office within 2 weeks. Your information will be verified and a determination will be made regarding waiting list eligibility. In addition to the application forms, please provide a copy of the following documents with your application:

- Social security card
- Birth certificate
- Award letter from Social Security, proof of pension, wages and/or proof of cash assistance received from PA Dept. of Welfare, proof of all income and assets.

Feel free to call me with any questions or if you need assistance with the application process.

Sincerely,

Katherine M. Brownson

Katherine M Brownson
Property Manager
Crestside Terrace
602 E Howard Street
Belleville, PA 16823
814-355-6750 ext. 6

APPLICATION FOR SUBSIDIZED HOUSING

I am applying for: Crestside Terrace The Brockerhoff House

Applicant Name: _____ Date: _____

Address: _____ Time: _____

Home Phone #: _____ Head Work #: _____ Spouse Work #: _____

Two Contact People (Friends or Relatives)

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone #: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List yourself and all other household members:

<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Birth Place</u>	<u>Age</u>	<u>Sex</u>	<u>Race</u>	<u>Ethnicity</u>	<u>Social Security #</u>
	HEAD							

(Race for statistical purposes only)

1. White 2. Black 3. American Indian/Alaskan Native 4. Asian/Pacific Islander

(Ethnicity for statistical purposes only)

1. Hispanic 2. Non Hispanic

Would you rent a one bedroom unit? _____ Would you rent an efficiency apartment? _____

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

Do you plan to have anyone living with you in the future who is not listed above? Yes No

If Yes, Explain: _____

Applicant and all household members must provide a complete list of all states in which they have resided in.

RENTAL REFERENCES – List all places you have lived for the last five years, attach separate paper if you

<u>Dates Rented</u>	<u>Property Name</u>	<u>Landlord Name</u>	<u>Phone</u>	<u>Address, City, State, Zip</u>

Has anyone in your household ever been arrested and/or convicted for drug and/or alcohol abuse?

Yes No

If yes, when did arrest and/or conviction occur? _____

Has anyone in your household ever been charged with, arrested and/or convicted, or adjudicated of any criminal offense? Yes No

If yes, please list when and where criminal offense(s) occurred, as well as the disposition:

Is anyone in your household presently required or have been required in the past to report to authorities as a sexual offender? Yes No

If yes, please list when and where sexual offense occurred, as well as the disposition:

Also, please indicate whether it is a ten year or life-time register: _____

CURRENT HOUSING STATUS

How many people live in your unit 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 _____

Are you being displaced? Yes No If yes, Explain _____

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

Are you currently living a rental unit? Yes No What is your current rent? _____

What utilities do you pay? _____

Do you or any resident of your family have a physical or mental disability? Yes No

Do you or any resident family member require the features of a handicap accessible unit? Yes No

Do you or any disabled member of your family need reasonable accommodations? Yes No

If Yes, please fill out attached Reasonable Accommodation Form

Are you now living in a government subsidized unit (Public Housing, Section 8, Section 236, or Section 221 (d)(3) subsidized project)? Yes No

Have you ever lived in Public (Subsidized) Housing? Yes No If Yes,

Where? _____

Have you ever been evicted from Public Housing? Yes No If Yes, Please explain and give date evicted: _____

Have you ever participated in the Section 8 Program? Yes No If Yes, date(s) of occupancy: _____

Are you or any member of your family a FULL TIME Student? _____ Yes _____ NO If Yes, Name of Higher Educational Institution _____

INCOME INFORMATION

Do you or any of your household members receive or expect to receive income from:

- _____ Yes _____ No Public Assistance (Welfare)
- _____ Yes _____ No Child Support
- _____ Yes _____ No Entitled to Child Support that he/she is not now receiving
- _____ Yes _____ No Full-time, part-time, or seasonal employment
- _____ Yes _____ No Work for someone who pays them in cash
- _____ Yes _____ No Expect to work for any period during the next 12 months
- _____ Yes _____ No On a leave of absence from work due to lay-off, medical, maternity, or military
- _____ Yes _____ No Unemployment benefits
- _____ Yes _____ No Alimony payments
- _____ Yes _____ No Social Security benefits
- _____ Yes _____ No Pension or an Annuity
- _____ Yes _____ No Regular cash contributions from individuals not living in the unit or from an agency
- _____ Yes _____ No Earned income tax credit
- _____ Yes _____ No Assets including interest on checking or savings accounts, interest and dividends from certificates of deposits, stocks or bonds, income from rental property

List All Income:

<u>Family Member #</u>	<u>Source of Income</u>	<u>Monthly or Annual Income</u>
HEAD		

ASSET INCOME INFORMATION

List assets of all household family members (including, but not limited to, checking and savings accounts, IRA's, Keogh Accounts, Certificates of Deposit, and assets disposed of during the past two years)

<u>Family Member #</u>	<u>Bank Name</u>	<u>Current Balance</u>
HEAD		

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

Have you sold or given away any real estate or other asset in the past two years? Yes No

If you answered YES to either question, list current market value of asset: \$ _____

EXPENSES

HANDICAPPED FAMILIES

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, Medicare premium: \$ _____

Do you have PACE? Yes No

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

If Yes, Name of company and premium: _____ \$ _____

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: \$ _____

Where did you learn about Brockerhoff/Crestside Terrace? _____

All applicants receiving Social Security or SSI must provide verification of current grant. Acceptable form of verification is a statement from the Social Security Office. If you do not have one you may call the Social Security Office at 1-800-772-1213 and they will mail one to you.

All applicants must provide verification of age and social security number. Acceptable forms of verification are: birth certificate, baptismal certificate, military discharge papers, valid passport, census document showing age, naturalization certificate, Social Security administration benefits printout.

APPLICANT CERTIFICATION

I/We certify that the information given to the Housing Authority of Centre County on household composition, income, net family assets, and allowances and deductions is accurate 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 also understand that false statements or information are grounds for termination of housing assistance and termination of tenancy. I/We certify that the unit applied for will be my/our household's permanent residence and I/We will not maintain a separate subsidized rental unit in a different location.

By signing this application, you are granting the Housing Authority of Centre County permission to run a credit history and criminal background check. Any information received by the Housing Authority will be kept confidential and will only be used in the determination for tenancy at Brockerhoff House or Crestside Terrace.

Signature of Head _____ Date _____
Signature of Spouse _____ Date _____
Owner/Manager/PHA Rep. _____ Date _____

The Public Housing Authority (PHA) will not discriminate because of race, sex, color, religion (creed), age, ancestry, family status, pregnancy, sexual orientation, gender identity or gender expression, guide-dogs or support animals, handicap, disability or national origin in the leasing, rental, or other disposition of housing or related services. Also, the PHA will seek to identify and eliminate situations or procedures, which create a barrier to equal housing opportunity.

Participants choosing to register claims of discrimination shall be directed to either the Director of the Centre County Housing Authority, HUD's Office of Fair Housing and Equal Opportunity (FHEO), or the Pennsylvania Human Relations Commission.



Equal Housing
Opportunity

CRESTSIDE TERRACE

602 East Howard Street
Bellefonte Pennsylvania 16823
(814) 355-6750 x 6
FAX (814) 355-6908

BOARD CHAIR
Samuel McGinley Jr

Lori Haines
Director

**EQUAL HOUSING
OPPORTUNITY**



REQUEST FOR REASONABLE ACCOMMODATION

_____ I wish to make a reasonable accommodation request.

_____ I do not wish to make a reasonable accommodation request.

Reasonable Accommodation(s) being requested:

Requesting Reasonable Accommodations for the following reason(s):

I understand that I may offer, but am not required to, submit verification from my physician regarding my disability and special needs in order to access and use a specific unit with a reasonable expectation of success.

I understand that the Housing Authority must determine whether this request is reasonable or not. Reasonable accommodations will be focused on the individual and their situation. If this request is denied the Housing Authority will send a separate letter stating such.

The Housing Authority has the option to investigate equally effective alternatives to the requested accommodation and/or alternative methods of providing the requested accommodation.

Has the requester of the Reasonable Accommodations searched for other units that may be less expensive and/or not family owned in the area in which they desire to live and been unsuccessful?

_____ YES _____ NO

Requestor Signature

Date

Declaration

INSTRUCTIONS: Complete this Declaration for each member of the household listed on the Family Summary Sheet

LAST NAME _____

FIRST NAME _____

RELATIONSHIP TO HEAD OF HOUSEHOLD _____ SEX _____ DATE OF BIRTH _____

SOCIAL SECURITY NO. _____ ALIEN REGISTRATION NO. _____

ADMISSION NUMBER _____ If applicable (this is an 11-digit number found on DHS Form I-94 *Departure Record*)

NATIONALITY _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

SAVE VERIFICATION NO. _____
(to be entered by owner if and when received)

INSTRUCTIONS: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3.

DECLARATION

I, _____ hereby, declare, under penalty of perjury, that I am _____
(print or type first name, middle initial, last name)

_____ 1. A citizen of the United States

Sign and date below and return to the name and address specified on the attached notification letter. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature Date

Check here if adult signed for child: _____

- _____ 2. A noncitizen with eligible immigration status as evidenced by one the documents listed below.

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age document together with this format, and sign below.

If you checked this block and are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Format (Exhibit 3-7)

AND

- b. One of the following documents:

- (1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).
- (2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:
 - (a) "Admitted as Refugee Pursuant to section 207";
 - (b) "Section 208" or "Asylum";
 - (c) "Section 243(h)" or Declaration stayed by Attorney General"; or
 - (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
- (3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:
 - (a) A final court decision granting asylum (but only if no appeal is taken):
 - (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);
 - (c) A court decision granting withholding or deportation; or
 - (d) A letter from an DHS asylum officer granting withholding of deportation (If application was filed on or after October 1, 1990).
- (4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."
- (5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274A.12(11)" or "Provision of Law 274a.12."
- (6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(7) Form I-151 Alien Registration Receipt Card.

If this block is checked, sign and date below and submit the documentation required above with this declaration and a verification consent format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here is adult signed for a child: _____

REQUEST FOR EXTENSION

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check if adult signed for child _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this format to the name and address specified in the attached certification. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child _____

Applicant: Please fill in your name and your landlord info and return this form with your application. Form must be mailed by Housing Authority staff to your landlord.

**CRESTSIDE TERRACE
602 East Howard Street
Bellefonte, PA 16823**

**VOICE/TDD: 355-6750
FAX: 355-6908
PHONE: 355-6750 x7**

VERIFICATION OF RENTAL HISTORY

NAME: _____
Addressed Previously Rented: _____

Landlord Name/Address/telephone #

THIS SECTION IS TO BE COMPLETED BY THE LANDLORD

The above-identified person has applied for residency at Crestside Terrace and has indicated to us that you have recently had, this family as a tenant in your property located at: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE TENANTS'S RENTAL HISTORY:

1. How long has or did the above tenant resided at this address? _____.
2. How many bedrooms? _____.
3. What is the monthly rental? _____.
4. Has the tenant ever been behind in the payment of the monthly rent? _____.
5. Has often has tenant been late in the payment of the monthly rent? _____.
6. What type of damages, if any has the tenant caused in the unit or common property?
7. Has the tenant been charged for any damages to the unit? _____. If so how much \$ _____.
8. Has tenant action ever been taken against the tenant for disturbing other tenants, or controlling the behavior of children or guests? _____. If so what type of action _____, How many times? _____.
9. If this tenant moved and reapplied for housing in the future, would you rent to him/her again? _____. Why?

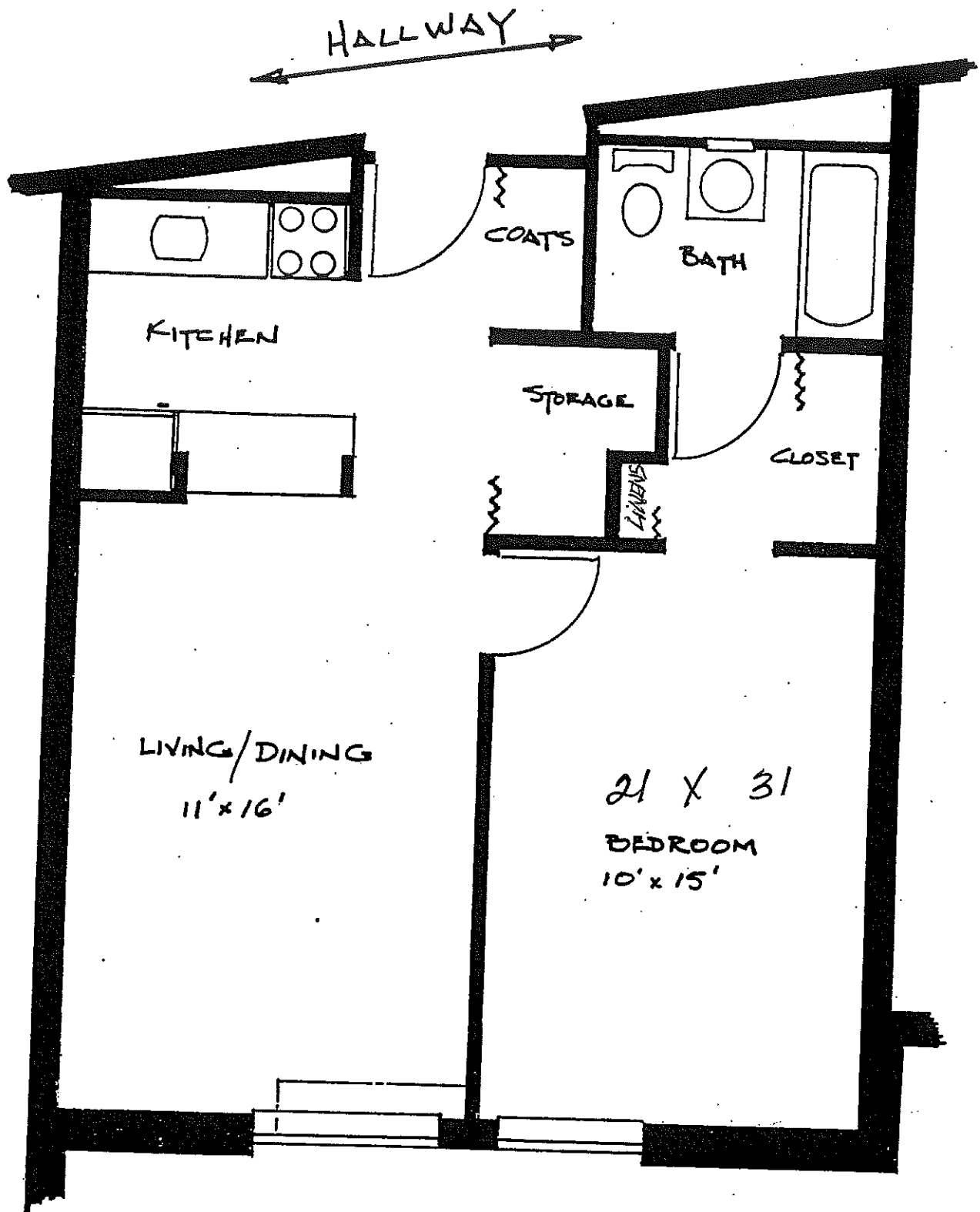
Addition comments:

Landlord Signature/ Date

I/We authorized the release of information pertaining to my rental history at the property identified above.

Applicant Signature

Date



TYPICAL APARTMENT CRESTSIDE TERRACE
602 E. HOWARD ST., BELLEFONTE, PA. 16823