

**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> |
|-------------|---------------------|-------------------|--------------------|------------|------------|-------------|------------------|--------------------------|
|             | <b>HEAD</b>         |                   |                    |            |            |             |                  |                          |
|             |                     |                   |                    |            |            |             |                  |                          |
|             |                     |                   |                    |            |            |             |                  |                          |

(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:

\_\_\_\_\_

Are you or anyone in your household subject to a State lifetime sex offender registration in any state?

\_\_\_\_\_ Yes \_\_\_\_\_ No

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

\_\_\_\_\_

**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> |
|------------------------|-------------------------|---------------------------------|
| <b>HEAD</b>            |                         |                                 |
|                        |                         |                                 |
|                        |                         |                                 |
|                        |                         |                                 |

**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> |
|------------------------|------------------|------------------------|
| <b>HEAD</b>            |                  |                        |
|                        |                  |                        |
|                        |                  |                        |

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 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

**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.**

**BROCKERHOFF HOUSE CORP.  
105 S. Allegheny Street  
Bellefonte, PA 16823  
PHONE: 355-6750 x5  
FAX: 355-6909**

**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 **Brockerohoff House** 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