

Metowers Associates., LP
1001 New Brighton Rd
Avalon, PA 15202-2539
Telephone: (412) 734-4111 Fax: (412) 734-4113

Application for Admission:

This is an Application for Admission. Please answer all questions completely and truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowance, rent, family composition, personal history, or prior tenant history **is grounds for rejection**. Enter “none” or “N/A” for those questions which you believe does not apply to you. Before offering you a unit, you will need to sign appropriate consent forms which will let us check the information you gave us. Information you provide on income and disability will be maintained as confidential. However, **in accordance with program regulations, information may be released to appropriate Federal, state or local agencies**.

The federal eligibility requirements for this housing, along with other information about the facility, are summarized in the attached Screening and Eligibility Guide Lines attached to this Application. Please read the Screening and Eligibility Guide Lines carefully, because we must verify your eligibility pursuant to federal law. Once verified, all applicants are also screened with regard to their willingness and/or ability to satisfy the essential obligations of tenancy, by themselves or with the assistance of (1) an aide, attendant, or other outside support service; (2) the provision of reasonable accommodation; and/or (3) a reasonable modification of the premises. We will consider mitigating or extenuating circumstances during the screening process if related to disability.

IF, FOR ANY REASON, YOU REQUIRE ASSISTANCE OR HAVE QUESTIONS RELATING TO THE APPLICATION OR SREENING PROCESS, PLEASE CONTACT THE PROJECT OFFICE.

HOUSING INFORMATION

Applicant Name	Social Security	Date of Birth

Current Street Address	City, State & Zip	Telephone

APPLICANT PRESENT AND PAST HOUSING: Provide the name, address and phone number of all your landlords for the past 7 years. Attach additional page(s) to this form if necessary.

Current Landlord Address:

Co-Applicant Name	Social Security	Date of Birth

Current Street Address	City, State & Zip	Telephone

Current Landlord Address:
Current Landlord Address:
Current Landlord Address:

ASSETS				
SOURCE	Applicant	Co-Applicant	Other Household Members 18 Years or Older	Total
Checking Account (avg. 6 months)	\$	\$	\$	\$
Savings Account (current balance)	\$	\$	\$	\$
Certificate of Deposit	\$	\$	\$	\$
Stocks & Bonds (Current Value)	\$	\$	\$	\$
IRA/Keogh	\$	\$	\$	\$
Real Estate (Appraised value less mortgage)	\$	\$	\$	\$
Life Insurance (Cash Surrender Value)	\$	\$	\$	\$
All other assets	\$	\$	\$	\$
Total Assets	\$	\$	\$	\$

Have you disposed of any asset(s) valued at \$1,000 or more in the past two years for less than fair market value of the item? YES NO If yes, please list the asset value under the “**other**” column in the above listing of assets.

Are there any full-time or part-time students 18 years of age or older in your household?
 YES NO

Marital Statuses: Single Married Divorced Widowed

If widowed or divorced, give date: _____

Are you currently living in Section 8 Subsidized Housing? Yes No

Is the Co-Applicant currently living in Section 8 Subsidized Housing? Yes No

Do you own an automobile? Yes No

Do you plan to have a pet upon move-in? Yes No

Have you or any household family member been convicted of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past 10 years? Yes No

If yes, list dates, crimes/violations, locations, jail/prison time served, probation, or parole status: _____

SPECIAL UNIT SELECTION

Do you or any member of your household have a condition that requires:

- | | |
|---|--|
| <input type="checkbox"/> A barrier free unit | <input type="checkbox"/> Unit for hearing impaired |
| <input type="checkbox"/> Physical Modifications to a typical unit | <input type="checkbox"/> Unit for vision impaired |

If you checked any of the above, please explain exactly what you believe is required to accommodate your situation:

What is the name of the family member requiring the features identified above?

Will you or any family member require a live-in aide to assist you?

- Yes No

Marketing Information

How did you learn about our community? _____

- Current Resident Friend Newspaper Advocate Other

If Current Resident, please list name: _____

Applicant Certification and Release

We understand the information in this application will be used to determine eligibility for a unit and understand that any false information may make me/us ineligible for a unit. We also understand that all adult members of the household must sign the Applicant's/Tenant's Consent to the Release of Information and HUD required Notice and Consent for the Release of Information to enable verification of our information before we can be offered a unit.

We also recognize and agree that management may obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment and they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing. We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

SIGNATURE PAGE

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING FEDERAL FUNDS.

Signature of Head of Household

Date

Signature of Spouse or Co-Applicant

Date

Contact Person (in the event you cannot be reached):

Name

Relationship

Address

Telephone

IF SOMEONE OTHER THAN THE APPLICANT(S) COMPLETED THIS APPLICATION:

Name of Preparer

Relationship

Signature of Preparer

Date

Address

Telephone

PROGRAM ACCESSIBILITY STATEMENT

NOTICE TO ALL APPLICANTS: Options for Applicants with Disabilities

This property is managed by United Methodist Church Union. We provide affordable housing to persons with disabilities. We do not discriminate against applicants or residents on the basis of their race, color, religion, national origin, sex, age, familial status, sexual orientation, or disability. In addition, we have a legal requirement to provide reasonable accommodations to applicants and residents if they or any member of their family have a disability. Reasonable accommodation is some modification or change that we can make to the rules or procedures or to the structure of the property that will assist an otherwise eligible applicant or resident with a disability to take advantage of the program