



# Rental Application

Westmoreland Non-Profit Housing Corporation  
Grand View Senior Residences  
c/o WCHA  
167 South Greengate Road  
Greensburg, PA 15601

PLEASE BE ADVISED THAT THIS IS A  
SMOKE-FREE BUILDING. YOU OR YOUR  
GUESTS **CANNOT SMOKE** INSIDE THE  
BUILDING, IN YOUR APARTMENT OR  
IN PATIO AREAS.

MANAGER USE ONLY
Date Received:
Time Received:
Received by:

**1) Household Information:** Complete the following information for each household member that will occupy the unit at least 50% of the time in the next 12 months:

Name (Last, First, MI)	Relationship to the Head of Household	Birth Date (mm/dd/yyyy)	Student (Y/N)	Veteran (Y/N)	Social Security Number
1.	Head of Household				
2.					
3.					

Do you need any forms in a language other than English? Yes  No

If yes, please explain:

\_\_\_\_\_

Primary Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Bedroom Size: 1BR  2BR

1. Do you or anyone in your household require the features of an accessible unit (mobility, vision, or hearing impairment)? Yes  No

a. If yes, please describe:

\_\_\_\_\_

2. Will you or anyone in your household require a live-in care attendant? Yes  No

Name and relationship of live-in care attendant:

\_\_\_\_\_

3. Are there any absent household members who under normal conditions would live with you, or plan on living with you in the future? Yes  No

Name and relationship:

\_\_\_\_\_

4. Are there any family members confined to a nursing home or hospital on a permanent basis? Yes  No

Name and relationship:

\_\_\_\_\_

5. Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**2) Household Race/Ethnicity/Disability Report Form**

**PLEASE READ CAREFULLY AND FOLLOW INSTRUCTIONS EXACTLY.**

The following information is needed in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low-Income Housing Tax Credit (LIHTC) properties to collect and submit to the US Dept of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although we would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information or whether or not you choose to furnish it.

**Property Name:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

**The following RACE codes should be used when completing the table below (choose all options that apply):**

- 1—White
- 2—Black/African American
- 3—American Indian/Alaskan Native
- 4—Asian
- 5—Asian India
- 6—Chinese
- 7—Filipino
- 8—Japanese
- 9—Korean
- 10—Vietnamese
- 11—Other Asian
- 12—Native Hawaiian/Other Pacific Islander
- 13—Native Hawaiian
- 14—Guamanian or Chamorro
- 15—Samoan
- 16—Other Pacific Islander
- 17—Other
- 18—Decline to answer Race

**The following Ethnicity codes should be used when completing the table below:**

- Y—Hispanic or Latino (person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin regardless of race)
- N—Not Hispanic or Latino
- D—Decline to answer Ethnicity

**Disability Status:** Fair Housing Act definition of disability (or handicap): A physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment or being regarded as having such impairment (24 CFR 100.201). Disability does not include illegal use of or addiction to controlled substance.

- Y—Disabled
- N—Not Disabled
- D—Decline to answer Disability

**Enter both Relationship to Head of Household, Race, Disability codes (as shown above) for each household member:**

Last Name, First Name, MI	Relationship to HOH*	Race (use code above)	Ethnicity (Y/N/D)	Disabled (Y/N/D)	Gender M = Male F = Female D = Declined

\*Please enter one of the following codes to indicate Relationship to Head of Household: **H** – Head; **S** – Spouse; **A** – Adult co-tenant; **O** – Other Family Member; **C** – Child ( 17 years and younger); **U** – Unborn Child; **F** – Foster child/adult; **L** – Live-in caretaker; **N** – None of the above.

**Resident/Applicant’s Signatures (all HH members 18 and over must sign/date):**

\_\_\_\_\_ (date) \_\_\_\_\_ (date)  
 \_\_\_\_\_ (date) \_\_\_\_\_ (date)

**3) Rental History**

Provide two years of rental history:

<b>Current Address</b>		Own		Rent	
City, State, Zip		Date Moved In			
Landlord Name/ Mortgage Company		Rent/Mortgage Amount			
Reason for leaving					

<b>Previous Address</b>		Own		Rent	
City, State, Zip		Date Moved In			
Landlord Name/ Mortgage Company		Rent/Mortgage Amount			
Reason for leaving					

Have you or any other household members ever been evicted or otherwise involuntarily removed from rental housing? If yes, please explain: Yes  No

**4) Background History**

1. Have you or any member of your household ever been convicted of a crime? Yes  No

If yes, please explain:

2. Are any of the above convictions a felony? Yes  No

If yes, please explain:

3. Are there any criminal charges pending now? Yes  No

If yes, please explain:

4. Are you or any member of your household subject to a lifetime sex offender registration program in any state? Yes  No

If yes, please explain:

**5) Current Employment Information**

Household Member: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**6) Additional Employment Information**

Household Member: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**7) Current Income**

Identify each source of income currently received and/or anticipated to be received in the next 12 months. Income should be listed as gross not net.

	Check One		Member #1 Annual Gross Income	Member #2 Annual Gross Income
	Yes	No		
<b>NOT</b> Employed				
Wages, salaries (include overtime, tips, bonuses, commissions, etc.)				
Self-employed or works for someone who pays in cash				
Public assistance (AFDC/TANF, <b>not food stamps</b> )				
Unemployment Compensation				
Worker's Compensation/Severance Pay				
Social Security/SSI Benefits				
Disability benefits including social security disability				
Regular payments from pensions (railroad, etc.)				
Income from annuities or life insurance dividends				
Income from inheritance, insurance settlements, lottery winnings				
Military Pay				
Child Support/Alimony				
Student financial assistance (public, private, not including student loans)				
Regular gifts or payments from anyone outside of your household				
Rental Income				
Death Benefits				
Trust Income				
Other Income (Inheritance, insurance policies, <b>required minimum distribution</b> )				
Zero Income (No income from any source)				

**8) Assets**

List all assets for all household members.

	Check One		Financial Institution	Member #1 Cash Value	Member #2 Cash Value
	Yes	No			
Checking Account #1					
Checking Account #2					
Savings Account #1					
Savings Account #2					
Cash cards used to receive government benefits or other income					
<u>Cash</u> on hand (in your wallet, at your residence, etc.)					
Stocks					
Certificates of Deposits					
Money Markets or Mutual Funds					
Treasury Bills					
US Savings Bonds					
IRA/Keogh					
401K					
Pension/Retirement/Annuity					
Whole/Universal Life Insurance					
Land Contract/Deed of Trust					
Real Estate					
Safety Deposit Box					
Personal property held as an investment (stamps, jewelry, coins, etc.)					

In the past 2 years have you sold or given away any assets in excess of \$1000 or less than Fair Market Value?

Yes

No

**9) Student Status**

- 1. Are you or any other household member enrolled as a FULL-TIME student at an institute of higher education? Yes  No
- 2. Where you or any other household member a FULL-TIME student at any time in the current calendar year? Yes  No
- 3. Do you or any other household member expect to be a FULL-TIME student at any time in the current calendar year? Yes  No
- 4. Do you or any other household members (INCLUDING MINORS) expect to be a full-time student in the next 12 months? Yes  No

**10) Additional Questions**

- 1. Are you currently receiving assistance from HUD? (Tenant or project-based voucher) Yes  No
- 2. Will this be your sole place of residency? Yes  No
- 3. Does your household have any pets? (One 30lb or less pet per household) Yes  No

- I/We understand that management is relying on this information to prove my household’s eligibility for the Housing Program(s) applicable to this Community. I/We will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I/We understand that my occupancy is contingent on meeting management’s resident selection criteria and the Program requirements applicable to this Community.
- I/We consent to release the necessary criminal background information to determine eligibility, by signing the “Authorization for Criminal Background Record Check”.
- **I/We understand that it is our responsibility to contact the Management Office if any of the information provided on this application changes, including but not limited to, changes in mailing address, phone numbers, household composition, income, or asset information.**
- I/We declare that all of the above information and representations contained herein are to the best of my/our knowledge and believe true and correct. I/We understand that providing false information or making false statements may be grounds for denial of my application and may result in criminal penalties.
- I/We understand that any Lease Agreement I/We enter into for an apartment may be cancelled at any time without liability by the Owner or its Agent if any information or representation upon which they relied and made in the application is misleading, incorrect or untrue regardless of my/our intent.
- I/We certify that if approved for occupancy, the unit I/We occupy shall be my/our only residence.
- **All Household Members 18 years of age or older must review this application and then sign below:**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Co-Applicant Signature**

\_\_\_\_\_  
**Date**

If, upon preliminary review, your application appears to be eligible based upon the information you have provided, you will be placed on the waiting list. This does not indicate that you will be offered an apartment. When we expect an apartment to be available in the near future, we will process your application in accordance with the Resident Selection Criteria. If this establishes that your household is not eligible or not qualified, your application will be denied.

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act \*\* 208 (a) (6), (7) and (8).\*\*Violation of these provisions are cited as violations of 42 U.S.C. Section \*\* 408 (a) (6), (7) and (8).\*\*

*We do business in Accordance with the Federal Fair Housing Law. We will not discriminate against any person because of race, color, religion, sex, handicap, familial status, elderliness, or national origin. (The Fair Housing Amendment Act of 1988). In compliance with Section 504 regulations, we do not discriminate on the bias of handicapped status in the admission or access to, or treatment, or employment in, our federally assisted programs and activities. Management will consider requests from individuals with disabling conditions or military impairments for reasonable accommodations in policies, practices, or facilities.*

**WARNING! TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

**WESTMORELAND COUNTY HOUSING AUTHORITY**

137 South Greengate Road

Greensburg, PA 15601

Office: 724-832-7248

Fax: 724-836-0988

Westmoreland County Housing Authority, does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988).

**Michael L. Washowich, Executive Director**

**504 Coordinator**

**167 South Greengate Road**

**Greensburg, PA 15601**

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**Fax: 724-836-0988**