

Grandview Pointe II150 Bobcat Drive,
Blairsville, PA 15717

724-801-8150

Trek Development Group130 7th Street
Pittsburgh, PA 15222
412.688.7200800.654.5984 TT Number
412.688.0588**RESIDENCY APPLICATION***For LIHTC/HOME/Rural Development/Section 8 Properties*

Date Received: _____	Time Received: _____	AM/PM _____	Applicant #: _____
*** Management Use Only ***			

You must provide all information requested on this application. Information you provide will be used strictly to determine your eligibility for housing in this Community. All information you provide will be handled confidentially. Incomplete applications will not be accepted. The Resident Selection Plan and Screening Criteria which provides specific detail regarding application processing as well as additional guidance regarding waiting list preferences, if any, is posted in the rental office. Copies are available upon request.

HEAD OF HOUSEHOLD INFORMATION*(Use Legal Name)*

Last Name: _____ First: _____ Middle: _____

Present Telephone #: _____ Alternate Telephone #: _____

Current Address: _____
_____Birth Date: _____ Sex: _____ Marital Status: _____
(Single, Married, Divorced, Separated, Widowed)

Social Security #: _____ E-mail Address _____

(List below the legal names of all persons in addition to yourself who will reside in the apartment with you)

*We are required to report the Race and Ethnic Origin of every applicant's household members. Please assist us in supplying accurate information by following the key codes to complete the table below. This question is optional, and your response will have **NO** bearing on your eligibility and shall not be used to discriminate against you in any way. If you choose not to furnish it, the owner is required to note the Race and Ethnic Origin of the Head of Household by visual observation or surname.*

KEY CODES

Race-- **W**-White **B**-Black **I**-American Indian or Alaskan Native **P**-Native Hawaiian or Other Pacific Islander **A**- Asian
Ethnicity—**H**-Hispanic **NH**- Non-Hispanic

	Legal Name (First, MI, Last)	Sex	Date of Birth	Relationship to you	Social Security Number	Race (key letter above)	Ethnicity (key letter above)	Do not wish to answer
1	HOH	n/a	n/a	n/a	n/a			
2								
3								
4								
5								
6								
7								
8								

Check all that apply:

A member of the Household: ____ Receives Medicare Benefits ____ Receives Medicaid Benefits ____ Is a Person with a Disability*

*A definition for disability can be provided by a staff member.

Please list any special housing accommodations that the household will require (*e.g. unit for mobility impaired, visually impaired, hearing impaired, live-in attendant, grab bars, wheel in showers, no steps, etc.*)

What size of apartment do you wish to apply for? _____

Are there any absent household members who under normal conditions would live with you?

☐ Yes ☐ No

Name / Relationship: _____

Explanation: _____

Are there any family members confined to a nursing home or hospital on a permanent basis?

☐ Yes ☐ No

Name / Relationship: _____

Explanation: _____

Do you plan to have anyone living with you in the future, who is not listed above?

☐ Yes ☐ No

Name / Relationship: _____

Explanation: _____

Will you or any ADULT household member require a live-in care attendant to live independently?

☐ Yes ☐ No

Name / Relationship: _____

Explanation: _____

Do you have full custody of your child(ren)?

☐ Yes ☐ No

(If no, obtain proof of amount of time child(ren) will be living in unit).

Explanation: _____

RESIDENCE HISTORY / REFERENCES

(Last three (3) years - use backside of this page if you need more space)

1. **Present Address:** _____
Dates of residency: From _____ To _____ Rent/Mortgage Payment \$ _____ Per month
(circle one)

Present Landlord/Mortgage holder information:
(circle one)

Name: _____ Telephone Number: _____
Mailing Address: _____
Reason for leaving: _____

2. **Previous Address:** _____
Dates of residency: From _____ To _____ Rent/Mortgage Payment \$ _____ Per month
(circle one)

Previous Landlord/Mortgage holder information:
(circle one)

Name: _____ Telephone Number: _____
Mailing Address: _____
Reason for leaving: _____

Primary Transportation Mode (Answer for Head of Household):
Motor Vehicle _____ Public Transportation _____ Other _____

VEHICLE IDENTIFICATION

(List all motor vehicles you own including motorcycles and vehicles provided by your employer for your use)

1. Make/Model: _____ Year: _____ State: _____ Color: _____
License Number: _____
2. Make/Model: _____ Year: _____ State: _____ Color: _____
License Number: _____

INCOME INFORMATION

(Include all income anticipated for next 12 months)

Do YOU or ANYONE in your household receive OR EXPECT to receive income from:

- Employment wages or salaries? ☐ Yes ☐ No
(include overtime, tips, bonuses, commissions and payments received in cash)

<u>Household Member</u>	<u>Name of Employer</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Self-employment? ☐ Yes ☐ No

_____	_____	_____ per _____
_____	_____	_____ per _____

- Regular pay as a member of the Armed Forces/Military? ☐ Yes ☐ No

<u>Household Member</u>	<u>Branch</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Unemployment or worker's compensation benefits? ☐ Yes ☐ No

<u>Household Member</u>	<u>Caseworker/ID Numbers</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- Public Assistance, General Relief, AFDC or Temporary Assistance for Needy Families? (Do not include food stamps) ☐ Yes ☐ No

<u>Household Member</u>	<u>Caseworker</u>	<u>Amount</u>
_____	_____	_____ per _____
_____	_____	_____ per _____

- *Child support payments that are received shall be included as income whether there is a court order awarding payment.*
- *Child support amounts awarded by the courts but not received can be excluded only when the applicant / resident certifies that the payments are not being made and further documents that all reasonable legal actions to collect amounts due, including filing with the appropriate courts or agencies responsible for enforcing payments, have been take*

- A. Have you been awarded alimony/child support by court order? ☐ Yes ☐ No

- i. ☐ Enforcement agency

Name agency and provide agency printout.

ii. ☐ Court of Law

Name court

Case # _____ \$ _____ ☐ monthly ☐ weekly ☐ bi-weekly

Child(ren's) names: _____

Case # _____ \$ _____ ☐ monthly ☐ weekly ☐ bi-weekly

Child(ren's) names: _____

B. Is payment being received as awarded by the courts? ☐ Yes ☐ No

If payment not received or if amount received is less than amount awarded, please provide details and documentation of collection efforts below.

C. Do you receive payments in lieu of court ordered alimony/child support? ☐ Yes ☐ No

i. ☐ Direct from responsible party

Name of payment provider

ii. ☐ Other

Explain

• Social Security, SSI or any other payments from the Social Security Administration? ☐ Yes ☐ No

Household Member

SSA Office

Amount

_____ per _____

_____ per _____

• Payments from a Veteran's benefit? ☐ Yes ☐ No

Household Member

Caseworker/ID Numbers

Amount

_____ per _____

_____ per _____

• Pension, retirement benefit or annuity payments? ☐ Yes ☐ No

Household Member

Source

Amount

_____ per _____

_____ per _____

- Regular payments from a severance package? ☐ Yes ☐ No

Household Member

Source

Amount

per

per

- Regular payments from an accident settlement, insurance settlement or any other settlement? ☐ Yes ☐ No

Household Member

Source

Amount

per

per

- Regular gifts or payments from anyone outside of your household? ☐ Yes ☐ No

Household Member

Source

Amount

per

per

- Regular payments from lottery winnings or inheritances? ☐ Yes ☐ No

Household Member

Source

Amount

per

- Regular payments from rental property or other types of real estate transactions? ☐ Yes ☐ No

Household Member

Source

Amount

per

per

- Any other income sources or types not listed? ☐ Yes ☐ No

Household Member

Source

Amount

per

per

- Do you or any other household members expect any changes to your income in the next 12 months? ☐ Yes ☐ No

Household Member

Source/Increase/Decrease

Amount

_____ per _____
 _____ per _____

- Are you or any other ADULT household members claiming zero income? ☐ Yes ☐ No

Household Member: _____

Explanation: _____

ASSET INFORMATION

(Include all assets held and income derived from the asset. Include all assets held by all household members including minor children)

Do YOU or ANYONE in your household hold:

☐ Yes ☐ No

- Checking or Savings Account?

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	per _____
_____	_____	_____	per _____

- Certificates of Deposits, Money Market accounts or Treasury Bills? ☐ Yes ☐ No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	per _____
_____	_____	_____	per _____

- Stocks, Bonds or Securities? ☐ Yes ☐ No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	per _____
_____	_____	_____	per _____

- Trust Funds? ☐ Yes ☐ No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	per _____
_____	_____	_____	per _____

- IRA, 401(k), Keogh or other retirement accounts? ☐ Yes ☐ No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	per _____
_____	_____	_____	per _____

- Personal Property held as an investment? ☐ Yes ☐ No
(This includes paintings, coin or stamp collections, artwork, collector or show cars and antiques. This does not include your personal belongings such as our car, furniture or clothing)

<u>Household Member</u>	<u>Description of Property</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	per _____
_____	_____	_____	per _____

- Whole Life Insurance Policy? (This does not mean Term Life Insurance) ☐ Yes ☐ No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	per _____
_____	_____	_____	per _____

- A Safe deposit box? ☐ Yes ☐ No

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	per _____
_____	_____	_____	per _____

- Real Estate, rental property, land contracts/contract for deeds or other real estate holdings? ☐ Yes ☐ No
(This includes your personal residence, mobile homes, vacant land, farms, vacation homes or commercial property)

<u>Household Member</u>	<u>Financial Institution</u>	<u>Value</u>	<u>Income</u>
_____	_____	_____	per _____
_____	_____	_____	per _____

- Have you or has anyone in your household disposed of any business or asset for **LESS** than fair market value during the past two (2) years? ☐ Yes ☐ No

<u>Household Member</u>	<u>Value of Disposed of Asset</u>	<u>Date of Disposition</u>
_____	_____	_____
_____	_____	_____

STUDENT STATUS

- Are you or any other household member enrolled as a FULL-TIME student in an institute of higher education? ☐ Yes ☐ No
- Were you or any other household member a FULL-TIME student any time in the current calendar year? ☐ Yes ☐ No

- Do you or any other household member expect to be a FULL-TIME student any time in the current calendar year? ☐ Yes ☐ No

Name of HH Member	School Attending
_____	_____
_____	_____
_____	_____
_____	_____

TO BE COMPLETED FOR:
PROJECT BASED SECTION 8 OR PUBLIC HOUSING ASSISTANCE ONLY

Are any members of your household over the age of 62 years, disabled or handicapped and have recurring medical expenses in EXCESS of 3% of your income which are not compensated by another party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you or anyone in your household disabled or handicapped and pay for Attendant Care or Auxiliary Apparatus?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you or does anyone in your household pay for childcare to attend school or be employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ADDITIONAL REQUIRED INFORMATION

Does your household have any pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will your household be receiving Section 8 rental assistance at time of move-in?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will your household be eligible or are you applying to receive Section 8 rental assistance in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has anyone in your household ever been evicted or otherwise involuntarily removed from rental housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or has anyone in your household ever committed fraud or been requested to repay money for knowingly misrepresenting information in a federally assisted housing program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is anyone in your household a current user of or addicted to an illegal or controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has anyone in your household ever been arrested for or convicted of the manufacture, distribution, or sale of a controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has anyone in your household ever been arrested for, charged with or convicted of a felony or misdemeanor crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any additional information that you wish to disclose? Please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

- **All Household Members 18 years of age or older must review this application, read each statement on the next page and then sign and date the rental application.**
- 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, 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 information to determine eligibility. I/We authorize management to obtain one or more "consumer reports": AS DEFINED IN THE Fair Credit Reporting Act, 15 U.S.C. Section 168 a (d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics and mode of living.
- I/We understand that it is our responsibility to contact the 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 the above information and representations contained herein are to the best of my/our knowledge and belief 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.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

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.

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 or national origin, (The Fair Housing Amendment Act of 1988). In compliance with Section 504 regulations, we do not discriminate on the basis 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 mobility impairments for reasonable accommodations in policies, practices or facilities.



Screening to verify that applicant is eligible under TREK Development Group, Inc. criteria may include a background search on the rental, credit, and criminal history for up to the past seven (7) years and determining whether the rent is affordable for the household. For the purposes of application for housing, Applicant will be defined as: the Applicant, Co-applicant and all adult family members or any adult requesting to be added to the household of a current resident.

Final decisions on eligibility cannot be made until the application and ALL verifications have been completed. If the Applicant fails to provide ALL information needed to complete the verification process, the application will be rejected. Applications will not be accepted if:

1. The application is not completed.
2. The Applicant does not have the legal capacity to enter into a legally binding lease agreement.
3. The number of persons in the household would exceed our occupancy limitations.

Applicants are required to complete an application form as consent to the release of information necessary to verify all income, household characteristics and circumstances that effect eligibility. Exceptions to the guidelines contained in this Resident Screening Criteria may be made at the discretion of the management company when it is determined that it is in the best interest of the applicant or the property to do so.

OCCUPANCY: The number of persons who may reside in the unit may not exceed the following limitations:

Number of Bedrooms	Maximum Occupants
1	2
2	4
3	6

CREDIT REVIEW: Management will check all available credit references. Lack of credit history shall not be grounds for rejection, but a poor credit history may be. Any application will be rejected for any one (1) of the following:

- Any one unsatisfied lien or judgment within the past three (3) years.
- Any one personal bankruptcy filed within the past three (3) years.
- Any three credit obligations which are two (2) months or more delinquent
- Any one foreclosure of real estate within the last three (3) years.
- Any one repossession of personal property within the last three (3) years.

All credit shown in the report issued by the credit bureau will reflect on both spouses in the absence of divorce and/or legal documentation that clearly separates the parties' credit responsibilities. In the case of unfavorable credit references, the responsibility of management is limited to informing the applicant that the application has been rejected based on confidential information received from the credit bureau. If the applicant believes the credit report is in error, management is agreeable to re-appraising a credit report forwarded to management by the credit bureau on behalf of the applicant which identifies corrections or additions made as a result of action taken by the applicant directly with the credit bureau. The application is, however, considered rejected until such updated information is received.

AFFORDABILITY: The household must, in our sole discretion, be able to afford the monthly rent. Generally speaking, the rent should be no more than 1/3 of the household's gross monthly income. Additional consideration

and further review will be given to households who have no credit, and to those who have numerous credit obligations.

VERIFICATIONS OF PRIOR RENTAL HISTORY: Any application will be rejected for any one (1) of the following:

- Any occurrence of having left a previous rental with unpaid rent or other charges.
- Any one eviction by a previous landlord within the last three (3) years.
- Any two late payments of rent within a twelve (12) month period from a current or past housing unit (late means 5 days or more after the due date).
- Any rental history indicating that the applicant, family member or visitor was destructive to the apartment, or the surrounding area, or was responsible for disturbing the safety, security, or right to peaceful enjoyment of other residents.
- Any unauthorized alteration to the apartment that would create an insurance risk or fire hazard.
- Unsanitary living due to lack of housekeeping.
- Substantial risk that the applicant, other family members or visitors to the apartment will interfere with the health, safety, security, or right to quiet enjoyment of other residents.

CRIMINAL HISTORY: In the interest of the safety and welfare of all residents, management may conduct a criminal history check on all adult members (age 18 or older) of the applicant household. Consideration shall be given to the facts of each person's criminal history. Any application will be rejected for any one (1) of the following:

- Felony Conviction
- Misdemeanor conviction involving crimes against persons and/or property within the past seven (7) years.
- Drug Related Criminal Activity: Any conviction for the manufacture, sales, or distribution, or possession with the intent to manufacture, sell, or distribute a controlled substance within the past five (5) years.
- Designated or registered as a Sex Offender or Sexual Predator as defined by Pennsylvania Statutes.
- Any of the above related charges resulting in "Adjudication Withheld" or "Adjudication Deferred".
- Release from Jail: After a jail term is served and the applicant is released, the applicant will be required to wait a period of one year prior to submitting application
- Currently on active probation or parole resulting from any of the above.
- Arrest: If an applicant or member of an applicant's family has been arrested for a crime but has not yet been tried, the application will be suspended pending the outcome of the legal proceedings. The application will be reconsidered, with the above guidelines applied, after such legal proceedings have been concluded.

SECURITY DEPOSIT: Applicant understands that any monies accepted for holding of the unit, including a Security Deposit will be forfeited if the applicant cancels the application process 3 days after agreement.

I agree to allow TREK Development Group, Inc. to do a screening to verify that I am eligible for housing.

X _____
Signature of Applicant Date

X _____
Signature of Co-Applicant Date