

Project Profile

Old Doctor's House Apartments 405 Main Street Laceyville, Pennsylvania

Developer/Owner: Trehab Associates, PO Box 366, Montrose, PA 18801

Contractor: Grimm Construction, Inc., Waymart, PA

Number of Units: 3 (2 One Bedroom Units and 1 Two Bedroom Unit)

Target Population: Elderly (62 and up)

Description: Two-story house located in downtown Laceyville. Affordable apartment units with electric heat, air conditioning, kitchen appliances, and washer/dryer.

Income Limits: Below 60% of Median Income for Wyoming County

<u>1 Person</u>	<u>2 People</u>	<u>3 People</u>	<u>4 People</u>
\$24,780	\$28,320	\$31,860	\$35,340

<u>Unit Size</u>	<u># of Units</u>	<u>Rent</u>	<u>Less Utility Allowance</u>	<u>Actual Rent</u>
1 bedroom	2	\$522	\$138	\$384
2 bedroom	1	\$627	\$177	\$450

**OLD DOCTOR'S HOUSE
APARTMENTS
405 Main St., Laceyville, PA 18623**

RENTAL APPLICATION FORM

The following information is confidential and will not be disclosed without your consent.

Applicant's Name			Social Security No.	Home Phone ()
Present Street Address	City	State	Zip Code	No. Yrs at Present Address
Former Street Address (if at present address for less than 2 yrs.)	City	State	Zip Code	No. Yrs. at Former Address
<p>Current Housing Status: Provide the name, address, and phone number of all your landlords for the past 3 years.</p> <p>Current Landlord: _____ Phone: _____ Address: _____</p> <p>Previous Landlord: _____ Phone: _____ Address: _____</p> <p>Previous Landlord: _____ Phone: _____ Address: _____</p>				
Name and Address of Employer			Type of Business	Self Employed? Yes _____ No _____
Business Phone Number ()	Position/Title		No. Yrs. on Job	Yrs in this line of work
Name and Address of Previous Employer (if employed at present position less than 2 yrs.)			No. of Yrs. with Previous Employer	Business Phone ()
Co-Applicant's Name			Social Security No.	Home Phone ()
Present Street Address	City	State	Zip Code	No. Yrs at Present Address
Former Street Address (if at present address for less than 2 yrs.)	City	State	Zip Code	No. Yrs at Former Address
Name and Address of Employer			Type of Business	Self-employed? Yes _____ No _____
Business Phone Number ()	Position/Title		No. Yrs. on Job	Yrs. in this line of work
Name and Address of Previous Employer (if employed at present position less than 2 yrs.)			No. of Yrs. with Previous Employer	Business Phone ()

ANNUAL INCOME

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 YRS OR OLDER	TOTAL
Gross Salary				
Overtime Pay				
Commissions/Fees/Tips/ Bonuses				
Unemployment Benefits				
Workers Compensation, etc.				
Social Security, Pensions, Retirement Funds, etc., Received Periodically				
TANF Payments				
Alimony, Child Support				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Other:				

			TOTAL:	
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ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account	\$	\$		
Savings	\$	\$		
Certificate of Deposit	\$	\$		
Mutual Funds/Stocks/Bonds	\$	\$		
Real Estate	\$	\$		
Life Insurance	\$	\$		
Other:	\$	\$		

TOTAL:	\$	\$		
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I _____ have _____ have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the "other" column in the above listing of assets.

Are all household members full-time students? Yes _____ No _____

HOUSEHOLD COMPOSITION List the head of your household and all members who live in your home.
Give the relationship of each family member to the head.

MEMBER NO.	FULL NAME	RELATIONSHIP	BIRTHDATE M/D/Y	SOCIAL SECURITY NO.
Head of Household				
2				
3				
4				
5				
6				
7				
8				

Are there any special housing needs or reasonable accommodations that the household will require?

Does any family member have a police record? Yes _____ No _____

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy.

Applicant _____

Date _____

Co-Applicant _____

Date _____

In accordance with the data collection information required by the Department of Housing and Urban Development (HUD), please provide the following information for the head of household.

RACE	
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native & White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian/Alaska Native & Black/African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other Multi-racial

ETHNICITY	GENDER
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female

If you need special services, please call us (570) 278-5287

Please return completed application to:

Trehab
Attn: Nora Buckman
PO Box 366
Montrose, PA 18801