

Applicant Name: _____



82 W. Queen Street, Chambersburg, PA 17201

717-977-3900 www.luminest.org

Luminest Application Process

- The initial application and documentation are to determine eligibility for the **WAITING LIST**.
- Fill out the application, blue or black ink **ONLY**. **NO WHITE OUT** allowed.
- Please read and double check your application. Every question must be answered, including all yes/no boxes. Write N/A if not applicable to you.
- All information will be verified by Luminest staff.
- The following documents are required with your application for every person in your household:

Income Documentation		Asset Documentation
<input type="checkbox"/> Photo ID (driver's license, passport, military ID) - everyone 18+	<input type="checkbox"/> Paystubs: past 2 months Biweekly (7), weekly (10)	<input type="checkbox"/> Bank statements: most recent statement, all pages
<input type="checkbox"/> Social Security Card – everyone in household	<input type="checkbox"/> Current Social Security/SSI "Benefits Verification Letter"	<input type="checkbox"/> Cash App/PayPal/Venmo: most recent statement, all pages
<input type="checkbox"/> Birth Certificate – everyone in household	<input type="checkbox"/> Pension	
No fee for Waiting List Application	<input type="checkbox"/> Any other Recurring Income	

- **DOUBLE CHECK** your application, that everything is filled out and all the information is correct.
- **When you have completed filling out the application and collected the above documents, please call 717-977-3900 to submit your application. Application appointments are preferred as intake specialists are not available at all properties.**

Your application will be processed to determine if you are eligible for the **waiting list** of the properties that you selected on your application. You will receive a letter from property management when this process is completed.

When there is a possible opening available for you, property management will reach out to you.

- Additional paperwork, including an updated application, provided by property management will need to be filled out and returned within a specified timeframe once we have a specific open unit.
- Updated **Income** and **Asset Documentation** of the items listed in the chart above will need to be resubmitted at that time along with:

<input type="checkbox"/> TANF/SSP Document	<input type="checkbox"/> Life Insurance Policy	<input type="checkbox"/> Updated Landlord Information
<input type="checkbox"/> Child Support Court Order	<input type="checkbox"/> Retirement/Investment Accounts	<input type="checkbox"/> Non-refundable Application Fee \$15.00/adult
<input type="checkbox"/> Workers Compensation & Unemployment Awards Letter	<input type="checkbox"/> Savings Bonds & Certificates of Deposits (CD's)	
<input type="checkbox"/> Any other Recurring Income not already provided	<input type="checkbox"/> Any other Assets not already provided	

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Eligibility is based on your income along with your credit, criminal and past landlord report history. To see if you qualify according to your annual income, see the charts below, note the household size, and check the development(s) for which you are applying:

**Tax Credit Properties
MAXIMUM GROSS Income Guidelines**

	Franklin County	Adams County	Cumberland County
1 person	\$41,940	\$44,880	\$45,960
2 person	\$47,940	\$51,300	\$52,500
3 person	\$53,940	\$57,720	\$59,040
4 person	\$59,880	\$64,080	\$65,580
5 person	\$64,680	\$69,240	
6 person	\$69,480	\$74,340	

Chambersburg Family Developments:

Sunset Terrace (Choose) 2 Bedroom 3 Bedroom

Chambersburg Senior (62+) Developments:

Parkview Corner (Choose) 1 Bedroom 2 Bedroom

Waynesboro Family Developments:

Valley Terrace (Choose) 2 Bedroom 3 Bedroom

Mount Vernon Terrace (Choose) 1 Bedroom 2 Bedroom 3 Bedroom

Waynesboro Senior (62+) Developments:

Wayne Gardens (Choose) 1 Bedroom 2 Bedroom

Shippensburg Senior (62+) Development:

Citrus Grove (Choose) 1 Bedroom 2 Bedroom

Gettysburg Family Development:

Meadow View (Choose) 2 Bedroom 3 Bedroom

How did you hear about us?

Luminest Website

Facebook

Zillow/Hotpads/Trulia

Radio Station _____

Family/Friend who live at Property

Brochure/Flyer
(from) _____

Other: _____

Were you referred by the 811 program? Yes No

If yes, application fee does not apply.

Is anyone in the household a member of the military?

Yes No

FOR MANAGEMENT USE ONLY	
Date & Time Application Received:	
Requested Accessible Unit:	
AMI Set Aside (20%, 30%, 50%, 60%)	
Program (LIHTC, HOME, etc.):	

RENTAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED.

Bedroom Size (Please check all you are willing to accept;) 1BR 2BR 3BR

HOUSEHOLD COMPOSITION

List each person who will reside in the unit along with all requested information. Do not include minors who will be present less than 50% of the time. If more than 6 household members, list on separate sheet.

Member No.	Full Name, including middle initial	Relationship to HOH	Gender [M/F]	Date of Birth	Age	Full Time Student [Y/N]***	Last 4 Digits of SSN
1		Head of Household					
2							
3							
4							
5							
6							

***List Full-Time student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12, college, university, technical, trade, mechanical, and on-line schools.

CONTACT INFORMATION

Current Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Is or has anyone on this application ever been known by any other name? [] YES [] NO

If 'YES' explain: _____

Are any household changes expected in the next 12 months? [] YES [] NO

If 'YES' explain: _____

Are any household members currently absent from the home? [] YES [] NO

If 'YES' explain: _____

Are any student changes expected in the next 12 months? [] YES [] NO

If 'YES' explain: _____



ADDRESS HISTORY – Where have you lived the past 36 months?

From _____ (month & year) to Current Applicant who lived there _____

Address: _____ Rent: \$ _____

Landlord/Owner Info: _____ Relationship to you: _____

Address: _____ Phone#: _____

From _____ (month & year) to _____ Applicant who lived there _____

Address: _____ Rent: \$ _____

Landlord/Owner Info: _____ Relationship to you: _____

Address: _____ Phone#: _____

From _____ (month & year) to _____ Applicant who lived there _____

Address: _____ Rent: \$ _____

Landlord/Owner Info: _____ Relationship to you: _____

Address: _____ Phone#: _____

From _____ (month & year) to _____ Applicant who lived there _____

Address: _____ Rent: \$ _____

Landlord/Owner Info: _____ Relationship to you: _____

Address: _____ Phone#: _____

STUDENT STATUS

Is every member of the household a Full-Time Student as defined on Page 1?

Yes No

Are there any Part-Time Adult Students in the household?

Yes No



HOUSEHOLD INCOME

INCOME INSTRUCTIONS:

- *List GROSS amounts anticipated to be received in the 12-month period following effective date of certification.*
- *For adults include both earned income from jobs and unearned income. Do not list income of Foster Adults.*
- *Answer each 'YES' – 'NO' question. For each 'YES' include the GROSS ANNUAL amount.*
- **DO NOT LEAVE ANY UNANSWERED QUESTIONS.**

(For additional household members 18 and older use a separate sheet of paper.)

Type of Income	Head of Household		Co-Head and/or Other Member	
	Check One	Yearly Amount	Check one	Yearly Amount
1. Employment	[] YES [] NO	\$	[] YES [] NO	\$
2. Overtime or Shift Pay	[] YES [] NO	\$	[] YES [] NO	\$
3. Bonus/commission/etc	[] YES [] NO	\$	[] YES [] NO	\$
4. Tips	[] YES [] NO	\$	[] YES [] NO	\$
5. Cash Pay (under the table)	[] YES [] NO	\$	[] YES [] NO	\$
6. Self-Employment	[] YES [] NO	\$	[] YES [] NO	\$
7. Do you have a 2 nd job?	[] YES [] NO	\$	[] YES [] NO	\$
8. Gig Income (Uber, Ebay, etc.)	[] YES [] NO	\$	[] YES [] NO	\$
9. Recurring Cash Contributions	[] YES [] NO	\$	[] YES [] NO	\$
10. Child Support	[] YES [] NO	\$	[] YES [] NO	\$
11. Informal Child Support	[] YES [] NO	\$	[] YES [] NO	\$
12. Spousal Support	[] YES [] NO	\$	[] YES [] NO	\$
13. Informal Spousal Support	[] YES [] NO	\$	[] YES [] NO	\$
14. Social Security	[] YES [] NO	\$	[] YES [] NO	\$
15. SSI	[] YES [] NO	\$	[] YES [] NO	\$
16. SSP	[] YES [] NO	\$	[] YES [] NO	\$
17. TANF/AFDC/etc. <small>NOT food stamps</small>	[] YES [] NO	\$	[] YES [] NO	\$
18. Unemployment	[] YES [] NO	\$	[] YES [] NO	\$
19. Severance Pay	[] YES [] NO	\$	[] YES [] NO	\$
20. Pension	[] YES [] NO	\$	[] YES [] NO	\$
21. Veterans/VA Income	[] YES [] NO	\$	[] YES [] NO	\$
22. Investment *	[] YES [] NO	\$	[] YES [] NO	\$
23. Annuity Account *	[] YES [] NO	\$	[] YES [] NO	\$
24. Trust Account *	[] YES [] NO	\$	[] YES [] NO	\$
25. Disability/Death Benefits *	[] YES [] NO	\$	[] YES [] NO	\$
26. Student Financial Aid	[] YES [] NO	\$	[] YES [] NO	\$
27. Military Pay	[] YES [] NO	\$	[] YES [] NO	\$
28. Real Estate Rental Income	[] YES [] NO	\$	[] YES [] NO	\$
29. Other:	[] YES [] NO	\$	[] YES [] NO	\$
30. Other:	[] YES [] NO	\$	[] YES [] NO	\$
YEARLY GROSS	TOTAL INCOME	\$	TOTAL INCOME	\$

*Receiving a regular periodic payment (weekly, monthly, quarterly, annually, etc.)



Are any income changes (this includes pay raises, seasonal work, day laborer) expected in the next 12 months? YES NO If 'YES', please explain: _____

Does any member of your household who is not now working, expect to work for any period during the next twelve months? YES NO

Employment Information:

Employer: _____ Phone: _____
 Address: _____ FAX: _____
 Date of Hire: _____ Supervisor: _____

2nd Employer (if applicable):

Employer: _____ Phone: _____
 Address: _____ FAX: _____
 Date of Hire: _____ Supervisor: _____

(If more than 2 employers, please use a separate sheet of paper.)

ASSETS

Assets include cash (wherever held), all bank accounts, stocks, bonds, money market accounts, annuities (non-retirement accounts), cash value of whole or universal life insurance policies, equity in real estate or capital investments, items held as an investment, (jewelry, art, coin or stamp collections, etc), etc. *You must also include the value of any assets disposed of in the past 24 months for less than fair market value.*

ASSET INSTRUCTIONS: Check Yes or No for each asset.

- List assets for all household members including minors. Do not include assets of Foster Children/Adults.
- Cash value is market value minus any costs/penalties/fees required to convert to cash.

(Additional household members—use a separate sheet of paper. Do not complete for minors who do NOT have assets.)

Type of Asset	Head of Household			Co-Head and/or Other Member		
	Check One	Approx Cash Value	Income from Asset	Check one	Approx Cash Value	Income from Asset
1. Checking Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
2. 2 nd Checking Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
3. Savings Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
4. 2 nd Savings Acct	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
5. Debit Card Payroll	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
6. Direct Express (SS/SSI)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
7. ACCESS Card (SSP/TANF) NOT FOOD STAMPS	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
8. Money Network Card (Unemployment)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$



9. EPPICARD (Child Support)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
10. Prepaid Debit Card	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
11. Cash (e.g. in a Safe Deposit Box, etc.)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
12. Certificate of Deposit(s) (CD's)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
13. Other Bank Accts	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
14. Mutual Fund	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
15. Stocks	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
16. Portfolio, Brokerage, Investment Accts	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
17. Savings Bonds	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
18. Treasury Bills	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
19. Annuity (non-retirement)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
20. Trust	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
21. Life Insurance	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
22. Real estate	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
23. Digital/Cash Apps (Venmo, Paypal, etc.)	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
24. Other asset	[] YES [] NO	\$	\$	[] YES [] NO	\$	\$
	TOTALS	\$	\$	TOTALS	\$	\$

Has anyone received a **Federal Tax Refund in the past 12 months? [] YES, amount? _____ [] NO

Has anyone received any **lump sum amounts in the past 2 years (i.e., lottery/ inheritance)? [] YES [] NO

Has anyone **disposed of any assets for less than fair market value in the past 2 years? [] YES [] NO

If you answered 'YES' to any of the questions above, please explain (include amounts):

For each asset on the Asset Chart checked 'YES', please complete the following:

Type of Asset	HH Member	Name of Financial Institution/Company

(If necessary, please use an additional sheet to list additional asset sources.)



OTHER INFORMATION

Have eviction charges ever been filed against you at a District Magistrate's office for non-payment and/or late payment of rent to your landlord or for any other reason? [] Yes [] No

Have you or any other household member or person you wish to reside with you ever been convicted of a crime? (Omit only minor Traffic Violations; DUI is considered a crime.) [] Yes [] No

Are you or any other member of your household subject to any state or federal lifetime sex offender registration in this or any other state? If yes, who? _____ [] Yes [] No

Do you have a Housing Choice Voucher (Section 8) or any other rental assistance? [] Yes [] No

Do you have a pet or other animals? If yes, describe: _____ [] Yes [] No

Are there any special housing needs or reasonable accommodations (Examples: a unit for mobility impaired, visually impaired or hearing impaired person, etc.) that the household will require to meet the needs of a disabled family member? [] Yes [] No. If Yes, please explain:

Will you or anyone in your household require a live-in care attendant? [] Yes [] No
If yes, please provide name of the live-in care attendant and relationship (if any):

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

Address: _____

I/We certify that if selected, the unit I/we occupy will be my/our only residence. I/We understand the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that providing false statements or information is punishable under federal law.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Head of Household Signature: _____ Date: _____

Co-Head or Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

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 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 willingly 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 at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).



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, Ethnicity, 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 N = Nonbinary O = Other 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)