

NAME: _____ EMAIL: _____

PHONE: _____ CURRENT ADDRESS: _____

**PLEASE CALL TO SCHEDULE AN APPOINTMENT TO RETURN YOUR COMPLETED APPLICATION
 ALL APPLICATIONS MUST BE RETURNED TO: 82 W. Queen Street, Chambersburg, PA**

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 and note the household size, and check which development (s) for which you wish to apply:

Tax Credit Properties
GROSS MAXIMUM Income Guidelines

1 person	\$32,940
2 person	\$37,620
3 person	\$42,300
4 person	\$46,980
5 person	\$50,760
6 person	\$54,540

78 W. Queen Street
 (Choose) Front Rear

78 W. Queen St.
GROSS MAXIMUM Income Guidelines

1 person	\$43,920
2 person	\$50,160
3 person	\$56,400
4 person	\$62,640

Chambersburg Family Developments:

Sunset Court (Choose) 2 Bedroom 3 Bedroom

Redwood (Choose) 2 Bedroom 3 Bedroom 4 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

Were you referred by the 811 program? ___ yes ___ no

Do you require a handicap accessible unit? ___ yes ___ no

How did you hear about us?

Luminest Website

Facebook

Zillow/Hotpads/Trulia

Radio Station _____

Family/Friend who live at Property

Brochure/Flyer
(from) _____

Other: _____

82 W. Queen Street - Chambersburg, PA 17201
 (717) 977-3900 Fax (717)655-2685
 www.luminest.org

DOUBLE CHECK YOUR APPLICATION

- We require a non-refundable \$25 per adult application fee with application. We accept money order or check. **NO CASH.** (For Section 811 applicant fee is waived.)
- Please read and answer every question on the application. If there are questions that do not pertain to you, check no or write **N/A** for “not applicable.” **INCOMPLETE applications will be returned.**
- **Do not** use white out. Use only black or blue pen to fill out the application. All information provided will need documentation and will be verified.
- **Return Application to 82 W. Queen Street, Chambersburg**
 For each member on the application we will need **copy** of:

<u>Identity Verification</u>	<u>Income Verification</u>	<u>Asset Verification</u>	<u>Miscellaneous</u>
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Paystubs: Past 2 months Biweekly (6), weekly (8)	<input type="checkbox"/> Bank Statements for past 2 months (must include all pages)	<input type="checkbox"/> Landlord Information
<input type="checkbox"/> Photo ID: (drivers license, passport, military ID)	<input type="checkbox"/> Current Social Security Benefits letter	<input type="checkbox"/> SSP Information	<input type="checkbox"/> Each Adult Sign Consent Form
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> SSI information (current year)	<input type="checkbox"/> 401K	\$ <input type="checkbox"/> 25.00 non-refundable application fee per adult
	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Life Insurance Policy	<input type="checkbox"/> Application fee does not apply to 811 applicants
	<input type="checkbox"/> Information on Bonuses	<input type="checkbox"/> Savings Bonds	
	<input type="checkbox"/> TANF Documents	<input type="checkbox"/> Unemployment Awards letter	
	<input type="checkbox"/> Child Support Court Order		
	<input type="checkbox"/> Recurring income info		

811 Applicants: Please request and sign a supplemental form #92006

All information provided will need documentation and will be verified.

RECEIVED AND CHECKED BY : _____
 NAME OF LUMINEST STAFF:

Staff-Please do visual inspection of documents

Household Race/Ethnicity/Disability Reporting Form

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 U. S. Department 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 on whether or not you choose to furnish it.

Property Name: (TBD)

Unit #: (TBD)

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

- 1 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- 2 – Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 3 – Black/African American – A person having origins in any of the black racial groups of Africa. Terms such as “Haitian or “Negro” also apply.
- 4 – Native Hawaiian/Other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 5 – White – A person having origins in any of the original people of Europe, the Middle East or North Africa.

Note: Multiple racial categories may be indicated as such: 1-5 – American Indian/Alaska Native & White, 2-5 – Asian & White, etc.

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

- 1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as “Latino” or “Spanish origin” also apply.
- 2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Enter “Y” if any member of the household is disabled according to the Fair Housing Act definition for 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 an impairment. For the Fair Housing definition of “physical or mental impairment” and other terms used, please see [24 CFR 100.201](#).
- “Disability” **does not include current**, illegal use of or addiction to a controlled substance.

Enter both Race and Ethnicity codes for each household member (**code # definitions are provided above**).

DEMOGRAPHIC PROFILE						
Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Do not wish to furnish (initial)

Resident/Applicants’ Signatures & Dates:

RESIDENTIAL/RENTAL HISTORY for past 36 months for each adult applicant:

Please list each place each adult has lived for the past 36 months, starting with the most recent. Include the property owner's name and contact information. Use additional paper if necessary. Be sure to include the address on your photo ID.

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

ADDRESS: _____ Rent: \$ _____ Landlord/Owner: _____

Relationship to you: _____ Landlord's Address & phone: _____

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

ADDRESS: _____ Rent: \$ _____ Landlord/Owner: _____

Relationship to you: _____ Landlord's Address & phone: _____

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

ADDRESS: _____ Rent: \$ _____ Landlord/Owner: _____

Relationship to you: _____ Landlord's Address & phone: _____

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

ADDRESS: _____ Rent: \$ _____ Landlord/Owner: _____

Relationship to you: _____ Landlord's Address & phone: _____

I CERTIFY THAT I/we HAVE NOT HAD ANY LANDLORDS FROM WHOM I'VE/ we've RENTED IN THE PAST 36 MONTHS (if true). Please still list the past 36 month history of where all adults have lived, even if there was no lease in place.

Signature of Applicants to whom this applies: _____

(Title 18, Section 1001 of U.S. Code states that *a person is guilty of a felony for knowingly and willingly making false or fraudulent statements here or anywhere on the application.*)

If any adult applicant has lived in any other states not listed above, please provide name and states:

DO YOU HAVE A HCV/SECTION 8/Rental Assistance? _____ Describe: _____

OTHER things we should know:



RENTAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED.

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

1BR
 2BR
 3BR
 4BR (Redwood Only)

HOUSEHOLD COMPOSITION

List each person who will reside in the unit along with the all requested information. Do not include minors who will be present less than 50% of the time. If more than 8 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.

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: _____



STUDENT STATUS

- Is every member of the household a Full-Time Student? As defined on Pg 5? Yes No
- Are there any Part-Time adult students in the household? Yes No

*If you answered **YES** to either question above, you **MUST** answer the following questions. If you answered, no to both questions above, you may proceed to the next part of the application.*

- Are you of legal age in accordance with state law or otherwise legally able to enter into a binding contract under state law? Yes No
- Is the full-time adult student(s) married and filing a joint tax return? Yes No
- Does full-time adult student receive assistance under Title IV of the Social Security Act? (i.e, AFDC or TANF, but not SS or SSI)? Yes No
- Is full-time adult student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program? Yes No
- Is the full-time adult student a single parent who is not claimed as a dependent by another individual? Yes No
- Was the full-time adult student previously a foster child under Part B of E Title IV of the Social Security Act? Yes No
- Are the minors in the household claimed as a dependent by a parent? 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.
- 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. Periodic Gift Income	[] YES [] NO	\$	[] YES [] NO	\$
9. Non-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. <i>NOT food stamps</i>	[] YES [] NO	\$	[] YES [] NO	\$
18. Unemployment	[] YES [] NO	\$	[] YES [] NO	\$
19. Severance Pay	[] YES [] NO	\$	[] YES [] NO	\$
20. Pension	[] YES [] NO	\$	[] YES [] NO	\$
21. Retirement Account	[] YES [] NO	\$	[] YES [] NO	\$
22. Investment Account	[] YES [] NO	\$	[] YES [] NO	\$
23. Worker's Comp	[] YES [] NO	\$	[] YES [] NO	\$
24. Annuity Account	[] YES [] NO	\$	[] YES [] NO	\$
25. Trust Account	[] YES [] NO	\$	[] YES [] NO	\$
26. Disability/Death Benefits	[] YES [] NO	\$	[] YES [] NO	\$
27. Student Financial Aid	[] YES [] NO	\$	[] YES [] NO	\$
28. Military Pay	[] YES [] NO	\$	[] YES [] NO	\$
29. Real Estate Rental Income	[] YES [] NO	\$	[] YES [] NO	\$
30. Veterans/VA Income	[] YES [] NO	\$	[] YES [] NO	\$
31. Other:	[] YES [] NO	\$	[] YES [] NO	\$
	TOTAL INCOME	\$	TOTAL INCOME	\$



Are any income changes 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, IRA's, annuities, retirement/pension funds, 401K's, 403B's, 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:

- List assets for all household members, including minors.
- 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)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
8. Reliacard (Unemployment)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
9. EPPICARD (Child Support)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$



10. Prepaid Debit Card	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
11. Cash on Hand	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
12. Certificate of Deposit(s) (CD's)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
13. Other Bank Accts	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
14. Mutual Fund	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
15. Stocks	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
16. Portfolio, Brokerage, Investment Accts	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
17. IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
18. 2 nd IRA/401K/etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
19. Savings Bonds	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
20. Treasury Bills	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
21. Annuity	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
22. Revocable trust	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
23. Life Insurance	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
24. Real estate	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
25. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
26. Other asset	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	\$
	TOTALS	\$	\$	TOTALS	\$	\$

Imputed Income. If total assets are more than \$5,000 multiply by .06%: \$ _____

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 either question above, please explain:

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 nonpayment 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

Are any criminal charges currently pending now for any household member? Yes No If yes, explain: _____

Do you have a Housing Choice Voucher? Yes No

Do you have a pet? 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, a live-in aide, etc.), that the household will require to meet the needs of a disabled family member? Yes No. If Yes, please list:

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: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder



AUTHORIZATION FOR THE RELEASE OF INFORMATION

_____ has applied for residency (or is a resident) at a Luminest managed property. As part of our processing and on-going compliance it is necessary to obtain various forms of documentation including income, rental history, assets, credit and criminal verification. The information obtained will be used solely for the purpose of determining eligibility.

I/we, the undersigned, hereby authorize the release, without liability to any and all information that may be requested concerning my income, wages, salaries, credit report, references, etc. in connection with my application to determine whether I am eligible to occupy a home, or to continue to occupy a Luminest Community home.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.

Print Applicant/Tenant Name	Signature	Date
Other family member over age 18	Signature	Date
Other family member over age 18	Signature	Date
Other family member over age 18	Signature	Date

