

Oak Bottom Village III

123 Groffdale Road, Quarryville, PA 17566
717-786-8019

Thank you for your inquiry to Housing Development Corporation MidAtlantic. Our non-profit organization is dedicated to providing residential opportunities for low to moderate income families, senior citizens and individuals by providing affordable, safe and secure housing in Pennsylvania, Maryland & Delaware.

Oak Bottom Village is a general occupancy community. Oak Bottom Village I, II and III combined feature 98 one, two or three bedroom apartments for low to moderate income individuals and families. Enclosed is an application and fact sheet that includes property information, amenities, unit rents*, and income guidelines. *Maximum and minimum income limits must be met to qualify. If you have any questions regarding income guidelines, length of waiting list or availability, please contact the Community Manager at 717-786-8019 or email OakBottomVillage@hdcweb.com.

When completing emailed or downloaded applications, please note the following:

- **You must complete and return this application to be placed on this waiting list.**
- There is a different application for every property, please make sure you are filling out the correct application.
- You must print out the application in order to complete it.
- You may NOT email or fax applications. All applications must be mailed or hand delivered to the property where you are applying for residency.
- A non-refundable application fee is required with your application: \$17 for 1 applicant or \$34 for 2 or more applicants
- **This application must be returned to:**
Oak Bottom Village Apartments
123 Groffdale Road
Quarryville, PA 17566

We look forward to welcoming you home to HDC MidAtlantic!
Thank you,

HDC MIDATLANTIC TEAM

info@hdcweb.com

www.hdcweb.com

Equal Housing Opportunity



Another property professionally managed by Housing Development Corporation MidAtlantic

4-6 West King Street, Suite 4 • Lancaster, PA 17603-3824 • 717-291-1911 • National Relay Service: Dial 711





123 Groffdale Drive
Quarryville, PA 17566
Phone: 717-786-8019
Fax: 717-786-2714

OBV III
FACT SHEET



RENTAL INFORMATION:

18 Affordable Housing, General Occupancy Apartments

2 Apartments are specifically designed for individuals needing accessibility features

(6) 1 Bedroom Apartments (1 Full Bath, 785 s/f)

40% Income Limit 1 BR Apartments = \$452 per month

50% Income Limit 1 BR Apartments = \$585 per month

60% Income Limit 1 BR Apartments = \$625 per month

(12) 3 Bedroom Apartments (1 Full Bath & 1 ½ Bath, 1,438 s/f)

40% Income Limit 3 BR Apartments = \$608 per month

50% Income Limit 3 BR Apartments = \$748 per month

60% Income Limit 3 BR Apartments = \$850 per month

RENT INCLUDES WATER, SEWER AND TRASH REMOVAL

Section 8 Vouchers Accepted

AMENITIES INCLUDE:

- Washer/Dryer in Units
- Fully Equipped Kitchen with
- Dishwasher
- Community Room
- Central Air Conditioning
- Outdoor Picnic Pavilion
- Playground Lot
- Storage Sheds
- On-Site Building Management
- On-Site Maintenance
- 24-Hour Emergency Maintenance
- Off-Street Parking
- Pet Friendly
- Supportive Services
- Tobacco Free Community



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INCOME LIMITS:

Oak Bottom Village 3 is an affordable rental community where maximum and minimum income limits apply for all rental opportunities. The maximum income levels are based on a percentage of the Lancaster County median income by household size. When applying for residency, applicants will be required to complete forms pertaining to their household composition, gross household income (before any deductions) and your income from assets.

MAXIMUM INCOME LIMITS:

| Number of Persons | 1 person | 2 people | 3 people | 4 people | 5 people | 6 people |
|--------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Income Limit 40% | \$19,920 | \$22,760 | \$25,600 | \$28,440 | \$30,720 | \$33,000 |
| Income Limit 50% | \$24,900 | \$28,450 | \$32,000 | \$35,550 | \$38,400 | \$41,250 |
| Income Limit 60% | \$29,880 | \$34,140 | \$38,400 | \$42,660 | \$46,080 | \$49,500 |

MINIMUM INCOME LIMITS:

40% Income Limit 1 BR Apartments = \$12,792 per year
50% Income Limit 1 BR Apartments = \$15,984 per year
60% Income Limit 1 BR Apartments = \$16,944 per year

40% Income Limit 3 BR Apartments = \$17,472 per month
50% Income Limit 3 BR Apartments = \$20,832 per year
60% Income Limit 3 BR Apartments = \$23,280 per month

APPLICATION PROCESSING:

Credit history, criminal background, landlord history, and other resident selection criteria apply. Income limits, and other resident selection criteria will determine the eligibility to lease the apartment/townhome. Households comprised entirely of full time students will not qualify unless certain exceptions are met. All statements made on the rental application must be verified in writing through a third party not related to the applicant household.

TO ALL APPLICANTS:

As a part of your rental housing application we will run a criminal check, sex offender check, credit check, landlord references, verification of income, verification of assets and other resident selection criteria on all persons in your household age 18 and older as required by our management contract with the owner of this community.

In addition, please be advised that under Federal Law, persons with disabilities have the right to request reasonable accommodations to rules and modifications to apartments at no cost to themselves.

REGISTERED SEX OFFENDERS WILL NOT BE ADMITTED FOR HOUSING.

Thank you.

MANAGEMENT AGENT: Housing Development Corporation MidAtlantic





APPLICATION AND GUIDELINES

Tax Credit/HUD Combo
Tax Credit with HOME
Rental Application
Revised: 6/2018

Dear Applicant:

In order to process your application, we find it necessary to charge an application fee. The fee is \$17 for one adult or \$34 for two or more adults.

This is a NON-REFUNDABLE FEE, even if your application is rejected for any reason (over income, unacceptable credit or landlord references, or any other reason) or you withdraw your application.

The fee covers costs associated with processing including, but not limited to, credit checks, criminal background checks. Our processing includes a credit check, which you must pass. If you have more than three accounts in collections, your application will be rejected. If you have an open bankruptcy or judgment(s) on your report, your application will be rejected unless the bankruptcy or judgment(s) has been discharged for six months. We recommended that if you are unsure about your credit consider checking it before you apply.

By signing this memo, you are not entering into a contract. You are only paying a fee. The payment of this fee does not obligate HDC MidAtlantic or the owner to rent to you. You acknowledge that this fee will not be returned to you for any reason.

If you write a check for the application fee and the bank returns it for insufficient funds, account closed or in any manner not honored for payment, you will be charged \$20.

If you have questions about the application or resident selection criteria, we encourage you to ask questions prior to submitting your application.

By signing this memo, I understand that the application fee is non-refundable regardless of whether my application is accepted or rejected.

Name (printed): _____

Signature: _____

Date: _____

Received by: _____
Employee Signature

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:

Oak Bottom Village Apartments III

Paid by: Cash Check Money Order





APPLICATION AND GUIDELINES

Tax Credit/HUD Combo
Tax Credit with HOME
Rental Application
Revised: 6/2018

Please complete this application and return to:

**Oak Bottom Village Apartments III, 123 Groffdale Road,
Quarryville, PA 17566**

FOR OFFICE USE ONLY

Date Received: _____

Time Received: _____

THE FOLLOWING INFORMATION IS CONFIDENTIAL AND WILL NOT BE DISCLOSED WITHOUT YOUR CONSENT.

Number of bedrooms: _____ Do you receive Section 8 or any other rental subsidy? Yes No

| HOUSEHOLD COMPOSITION | | | | |
|--|-----------|--------------|-------------------------|---------------------|
| Starting with the Head of Household, list all members who will live at this location. Provide the relationship of the household member to the Head of Household (spouse, daughter, etc.) | | | | |
| MEMBER NO. | FULL NAME | RELATIONSHIP | BIRTHDATE MM/DD/YEAR | SOCIAL SECURITY NO. |
| Head of Household | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |

| | | | | | |
|---|------|----------------|----------|-----------------------------|--|
| Applicant's Name (Head of Household) | | Email address: | | Home Phone () | |
| Present Street Address | City | State | Zip Code | No. Yrs. at Present Address | |
| Former Street Address | City | State | Zip Code | No. Yrs. at Former Address | |
| Co-Applicant's Name | | Email address: | | Home Phone () | |
| Present Street Address | City | State | Zip Code | No. Yrs. at Present Address | |
| Former Street Address | City | State | Zip Code | No. Yrs. at Former Address | |





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| CURRENT / PREVIOUS LANDLORD INFORMATION (Head of Household) | | | | |
|---|------|-------|----------|--------------|
| Provide the name, address, and phone number for all landlords in the past 3 years. | | | | |
| Current Landlord Street Address | City | State | Zip Code | Phone () |
| Previous Landlord Street Address | City | State | Zip Code | Phone () |
| Previous Landlord Street Address | City | State | Zip Code | Phone () |
| CURRENT / PREVIOUS LANDLORD INFORMATION (Co-Applicant) | | | | |
| Provide the name, address, and phone number for all landlords in the past 3 years. | | | | |
| Current Landlord Street Address | City | State | Zip Code | Phone () |
| Previous Landlord Street Address | City | State | Zip Code | Phone () |
| Previous Landlord Street Address | City | State | Zip Code | Phone () |

EMPLOYMENT INFORMATION:

| | | | |
|---|----------------|------------------------------------|--|
| Name and Address of Employer (Head of Household) | | Type of Business | Self Employed? Yes <input type="checkbox"/> |
| Business Phone Number () | Position/Title | No. Yrs. on Job | No <input type="checkbox"/> |
| Name and Address of Previous Employer (if employed at present position less than 1 yr.) | | No. of Yrs. with Previous Employer | Business Phone () |
| Name and Address of Employer (Co-Applicant) | | Type of Business | Self Employed? Yes <input type="checkbox"/> |
| Business Phone Number () | Position/Title | No. Yrs. on Job | No <input type="checkbox"/> |
| Name and Address of Previous Employer (if employed at present position less than 1 yr.) | | No. of Yrs. with Previous Employer | Business Phone Number () |
| Name and Address of Employer (Other Adult Member) | | Type of Business | Self Employed? Yes <input type="checkbox"/> |
| Business Phone Number () | Position/Title | No. Yrs. on Job | No <input type="checkbox"/> |
| Name and Address of Previous Employer (if employed at present position less than 1 yr.) | | No. of Yrs. with Previous Employer | Business Phone Number () |





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| YEARLY 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. | \$ | \$ | \$ | \$ |
| TANF Payments | \$ | \$ | \$ | \$ |
| Alimony, Child Support | \$ | \$ | \$ | \$ |
| Interest and/or Dividends | \$ | \$ | \$ | \$ |
| Net Income from Business | \$ | \$ | \$ | \$ |
| Net Rental Income | \$ | \$ | \$ | \$ |
| Financial Assistance in excess of Tuition: | \$ | \$ | \$ | \$ |
| Other: | \$ | \$ | \$ | \$ |
| | | | TOTAL: | \$ |
| ASSETS | CASH VALUE | NAME OF FINANCIAL INSTITUTION | | |
| Checking Account | \$ | | | |
| Savings | \$ | | | |
| Certificate of Deposit | \$ | | | |
| Mutual Funds/Stocks/Bonds | \$ | | | |
| Real Estate | \$ | | | |
| Whole Life Insurance Policy | \$ | | | |
| Other: | \$ | | | |
| TOTAL: | \$ | | | |
| <p>I <input type="checkbox"/> HAVE <input type="checkbox"/> HAVE NOT (← check one) 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” row in the above listing of assets on page 3</p> | | | | |





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| PLEASE LIST MOTHER'S FULL MAIDEN NAME FOR ALL ADULTS | | |
|--|----------------|--------------------------------|
| | YOUR FULL NAME | YOUR MOTHER'S FULL MAIDEN NAME |
| Head of Household | | |
| Co-Applicant | | |
| Other | | |

Do you own a home or other property? Yes No

Do you have problems with insect/rodent infestation? Yes No **IF YES**, please answer the following:

Did you assist in the prep prior to extermination? Yes No

Was the extermination successful? Yes No

Are you or any member of your household currently using an illegal substance? Yes No

Are you or any member of your household currently abusing alcohol? Yes No

Have you or any member of your household been convicted of drug use, manufacture or distribution? Yes No

Have you or any member of your household been convicted of any crime in the past seven years (including misdemeanors, summary offenses and/or felonies)? Yes No

IF YES, what type of conviction? _____

Have you or any member of your household ever been evicted from any housing? Yes No

Are you or any member of your household registered in any state as a Sexual Offender? Yes No
IF YES, which state(s)? _____

Please list ALL states in which ANY member of the household listed on page one (1) has resided:

Are you presently displaced due to a presidentially declared disaster? Yes No

Are you currently serving in or are a veteran of the United States Military? Yes No

Are there any special housing needs or reasonable accommodations your household will require? Yes No

IF YES, please list: _____

Do you own pets? Yes No

IF YES, please list what kind(s): _____



STUDENT INFORMATION – Tax Credit

Are ALL household members full-time students? Yes No

If Yes:

Name & address of Institute of Higher Education (college, trade school, etc.) that head of household or co-head/spouse attend full or part-time:

Is the student/students married and filing a joint tax return? Yes No

Is the household comprised of a single parent and children, none of which are dependents of a third party? Yes No

Does the household receive aide for depending children or TNAF? Yes No

Are the full-time students recipients of foster care assistance under Part B or E of Title IV of the social security act? Yes No

STUDENT INFORMATION – Section 8 and/or HOME

Are ALL household members full-time students? Yes No

Is the head of household or co-head/spouse a student part-time or full-time? Yes No

If Yes:

Name & address of Institute of Higher Education (college, trade school, etc.) that head of household or co-head/spouse attend full or part-time:

Is the head of household under 24 years of age? Yes No

Is the head of household a veteran of the United States Military? Yes No

Is the head of household married with a dependent child? Yes No

Is the head of household an independent student as defined by the U.S. Department of Education? Yes No

Is the head of household a person with disabilities as defined in section 3 (b)(3)(E) of the United States Housing Act of 1937 and has received assistance under section 8 as of November 30, 2005? Yes No

COMMENTS/ADDITIONAL INFORMATION





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The information provided in this application 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. I/we understand that in order to be considered for housing we must pass all the resident selection criteria including a credit check, landlord reference, criminal background check, and income qualification. I / we understand that if information is missing (intentional or not), incomplete, or falsely reported on this rental application I/we shall be immediately rejected for consideration of housing. I/we understand that this application gives Housing Development Corporation permission to verify all the information included within the application and other information requested during the processing of the application. **I/we understand that this application is not an approval for housing.**

*****ALL PERSONS AGE 18 AND OLDER MUST SIGN THIS APPLICATION BELOW*****

Applicant (Head of Household)

Date

Co-Applicant

Date

Co-Applicant

Date





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CONSENT: I authorize and direct any business; individual; or Federal, state, or local agency, department, or organization to release to Housing Development Corporation MidAtlantic as Management Agent for **Oak Bottom Village Apartments III** any information or materials needed to complete and verify my application for tenancy, my eligibility and continued eligibility for tenancy, and my certification and recertification for assistance, if applicable. I give my consent for the release of such information about the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by any Federal, state, or local housing assistance agency and the owner and management agent in administering and enforcing program and owner and management agent rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- | | | | |
|--------------------------------|----------------------------------|------------------------------|------------------------|
| Identity and Marital Status | Employment, Income and Assets | Credit and Criminal Activity | Criminal History |
| Residences and Rental Activity | Medical or Child Care Allowances | Social Security Numbers | Sexual Offender Status |

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- | | | |
|---|----------------------------------|-------------------------------|
| Previous Landlords (including Public Housing Agencies) | Past and Present Employers | Veterans' Administration |
| Banks and other Financial Institutions | Welfare Agencies | Retirement Systems |
| Post Offices | Social Security Administration | State Unemployment Agencies |
| Schools and Colleges | Utility Companies | Support and Alimony Providers |
| Credit Providers and Credit Bureaus | Medical and Child Care Providers | |
| Police Departments and Other Agencies Which Retain Criminal Background Histories and Sexual Offender Registries | | |

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or a Public Housing Authority (PHA) may conduct matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, state, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and state welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

| | | |
|-------------------|--------------|-------|
| _____ | _____ | _____ |
| Head of Household | (Print Name) | Date |
| _____ | _____ | _____ |
| Spouse | (Print Name) | Date |
| _____ | _____ | _____ |
| Adult Member | (Print Name) | Date |

I hereby certify that the following are minor children living with me: _____

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM MUST BE PREPARED AND SIGNED SEPARATELY.





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THIS IS NOT A CONTRACT

I, _____, (Licensee) hereby state that with respect to this HDC MidAtlantic managed property, **Oak Bottom Village Apartments III**, I am acting in the following capacity:

As Agent of the Owner/Landlord Pursuant to a Property Management Agreement.

Signatures:

I acknowledge that I have received this notice:

(Head of Household)

Date

(Co-Applicant)

Date

(Co-Applicant)

Date

I certify that I have provided this notice:

(Licensee to be signed by HDC MidAtlantic)

Date

