Landisville Apartments I

170-180 Elizabeth Street Landisville, PA 17538 717-898-8474

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.

Landisville Apartments I is for seniors age 55 and older. Landisville Apartments II is for seniors age 62 and older or underage handicapped and/or disabled. This property features 48 one bedroom apartments for low to moderate income individuals. **We are accepting applications for the waiting list**.

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. Section 8 and most housing vouchers are accepted.

If you have any questions regarding income guidelines, length of waiting list or availability, please contact the Community Manager at 717-898-8474 or email <u>LandisvilleApartments@hdcweb.com</u>.

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

- 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: Landisville Apartments 170-180 Elizabeth Street Landisville, PA 17538

We look forward to welcoming you home to HDC MidAtlantic!

HDC MIDATLANTIC TEAM info@hdcweb.com www.hdcweb.com Equal Housing Opportunity









Landisville Apartments – I

170 Elizabeth Street, Landisville, PA 17538 арактменть FROM \$505 - \$715/mo.

Property Information

Number of Units: 24

Occupancy: Senior 55+

Rent Type(s): Income Limits Apply, Section 8 Vouchers Accepted,

Additional Information:

Rent includes heat, water, sewer and trash removal

Features and Amenities



Laundry Facilities



Resident Services



Community Room



Pet Friendly



Equal Opportunity Housing



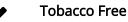
24-Hour Emergency Maintenance Service



Off-Street Parking



Indoor/Outdoor Community Space



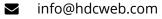
Income Limits

1-3 Person Household Income Limits and Monthly

Apartment Type	AMI	Househ	Household Size			
1 bedroom	40%	1 person(s) \$12792 - \$20680	2 person(s) \$12792 - \$23640	\$505		
1 bedroom	50%	1 person(s) \$15984 - \$25850	2 person(s) \$15984 - \$29550	\$625		
1 bedroom	60%	1 person(s) \$17856 - \$31020	2 person(s) \$17856 - \$35460	\$715		

Contact Information

C 717-898-8474





Another property professionally managed by Housing Development Corporation MidAtlantic 4-6 West King Street • Lancaster, PA 17603-3824 • 717-291-1911 • National Relay Service: Dial 711





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.





Tax Credit Rental Application Revised: 6/2018

TO ALL APPLICANTS:

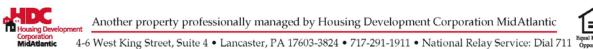
As a part of your rental housing application we will complete a criminal check, sex offender check, credit check, landlord reference check, verification of income, verification of assets and other resident selection criteria on all persons in your household age 18 and older as required by our management 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: HDC MIDATLANTIC







FOR OFFICE USE ONLY Date Received: _____

Time Received: _____

Please complete this application and return to:

Landisville Apartments I, 180 Elizabeth Street, Landisville, PA 17538

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 D No D

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.)					
relationship of the	household member to the	Head of Household	(spouse, daught			
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)			il address:		Hom (e Phone)
Present Street Address	City		State	Zip Code	9	No. Yrs. at Present Address
Former Street Address	City		State	Zip Code)	No. Yrs. at Former Address
Co-Applicant's Name	- -	Ema	il address:		Hom (e Phone)
Present Street Address	City	·	State	Zip Code	9	No. Yrs. at Present Address
Former Street Address	City		State	Zip Code	9	No. Yrs. at Former Address





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 LANDLO	RD INFORMATION	I (Co-Applica	int)		
Provide the name, address, and	phone number for	all landlords	in the past 3 y	/ears.	
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 (H	Type of Business	Self Employed? Yes □		
Business Phone Number	Position/Title	No. Yrs. on Job	No 🗆	
Name and Address of Previous Employ present position less than 1 yr.)	No. of Yrs. with Previous Employer	Business Phone ()		
Name and Address of Employer (Co	Type of Business	Self Employed? Yes □		
Business Phone Number	Position/Title	No. Yrs. on Job	No 🗆	
Name and Address of Previous Employ present position less than 1 yr.)	er (if employed at	No. of Yrs. with Previous Employer	Business Phone ()	
Name and Address of Employer (Of	Type of Business	Self Employed? Yes □		
Business Phone Number	Position/Title	No. Yrs. on Job	No 🗆	
Name and Address of Previous Employer (if employed at present position less than 1 yr.)		No. of Yrs. with Previous Employer	Business Phone ()	





YEARLY INCOME					
SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 YRS OR OLDER	TOTAL	
Gross Salary from Wages	\$	\$	\$	\$	
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 INSTIT	UTION	
Checking Account	\$				
Savings Account	\$				
Certificate of Deposit	\$				
Mutual Funds/Stocks/Bonds	\$				
Real Estate	\$				
Whole Life Insurance Policy	\$				
Other:	\$				
TOTAL:	\$				

 $I \square HAVE / \square HAVE NOT$ (\leftarrow 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.







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 \Box No \Box

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

Did you assist in the prep prior to extermination? Yes \Box No \Box Was the extermination successful? Yes \Box No \Box

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

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

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

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 \Box No \Box

If YES, what type of conviction?

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

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 decl	lared disaster? Yes 🗆	No 🗆
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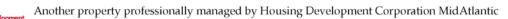
Are you currently serving in or are a veteran of the United States Military? Yes \Box No \Box

Are there	e any	special	housing I	needs or	reasonab	e accomi	modations	your	househol	lliw b
require?	Yes	🗆 No								

IF YES, please list:

Do you own pets? Yes 🗆 No 🗆

IF YES, please list what kind(s):







STUDENT INFORMATION					
Are ALL household members students? Yes \Box No \Box					
IF YES, please comp	lete the following:				
	Please list the name and address of your college, trade school, etc.				
Head of Household		Full-time□	Part-time		
Co-Applicant		Full-time	Part-time□		
Is the student(s) man	ried and filing a joint tax return? Yes \Box No \Box				
Is the household comprised of a single-parent and children, none of which are dependents of a third party? Yes \Box No \Box					
Does the household	receive aid for depending children or TNAF? Yes	□ No □			
Are the full-time student(s) recipients of foster care assistance under Part B or E of Title IV of the social security act? Yes □ No □					
Comments/Additiona	I Information:				

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:

GENDE	ER:	□ Male	Female
ETHNIC	CITY:	□ Hispanic or Latino	□ Not Hispanic or Latino
RACE:	\Box Wh	ite	American Indian/Alask
	□ Bla	ck or African American	□ Asian & White
	🗆 Asi	an	Black/African America
	🗆 Am	erican Indian or Alaska Native	American Indian/Alask

□ Native Hawaiian or Other Pacific Islander

- ka Native & White
- In & White
- ka Native & Black/African American
 - □ Other Multi-racial







How did you hear about Landisville Apartments I? Please mark all that apply.

□ HDCweb.com	□ SocialServe.Com	□ Drive-by			
Craigslist	Referral- HDC Employee	□ Apartment Transfer			
□ Apartments.com	Referral-Family Member	Facebook			
□ Zillow/Trulia/Hotpads	□ Referral-HDC Resident	Other			
□ GoSection8.com □ Referral-Local Agency					
Newspaper: Please indicate which newspaper:					
□ Other Website: Please indicate which website:					

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(s) 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 <u>all</u> the resident selection criteria including a credit check, landlord reference check, criminal background check, and income qualification. <u>I/we understand that if information is missing (intentional or not), incomplete, or falsely reported on this rental application, my/our application shall be immediately rejected for <u>consideration of housing</u>. I/we understand that this application gives Housing Development Corporation MidAtlantic permission to verify all the information included within the application and other information requested during the processing of the application. <u>I/we understand that this application</u>. <u>I/we understand that application</u>.</u>

ALL PERSONS AGE 18 AND OLDER MUST SIGN THIS APPLICATION BELOW

 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 Landisville Apartments I 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 StatusEmployment, Income and AssetsCredit and Criminal ActivityCriminal HistoryResidences and Rental ActivityMedical or Child Care AllowancesSocial Security NumbersSexual 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			

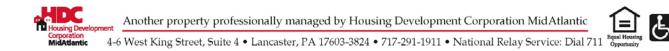
COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or a Public Housing Authority (PHA) may conduct matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse 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
Co-Applicant	(Print Name)	Date
Other Adult Member	(Print Name)	Date
I hereby certify that the following a	re 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 RETURN" MUST BE PREPARED AND SIGNED SEPARATELY.





Tax Credit Rental Application Revised: 6/2018

Date

Date

Date

Date

THIS IS NOT A CONTRACT

I, ______, (Licensee) hereby state that with respect to this HDC MidAtlantic managed property, **Landisville Apartments I**, 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)

(Co-Applicant)

(Co-Applicant)

I certify that I have provided this notice:

(Licensee to be signed by HDC MidAtlantic)



