Penns Common Court

1040 Penn Street Reading, PA 19602 610-373-3633

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.

Penns Common Court is for seniors **age 62 and older only**. This property features 46 one or two bedroom apartments for low to moderate income individuals. Enclosed is an application and fact sheet that includes property information, amenities, unit rents*, and income guidelines. *Maximum income limits must be met to qualify. Section 8 and most housing vouchers are accepted. **You must complete and return this application (with fee if applicable) in order to apply and/or be placed on the waiting list.**

If you have any questions regarding income guidelines, length of waiting list or availability, please contact the Community Manager at 610-373-3633 or email PennsCommonCourt@hdcweb.com.

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.
- 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. Please note: if you are applying under the section 811 PRA Demo Program, the application fee is not applicable. For all others,
- 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.
- This application must be returned to: Penns Common Court Apartments 1040 Penn Street Reading, PA 19602

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

info@hdcweb.com www.hdcweb.com Equal Housing Opportunity







Penns Common Court

1040 Penn Street, Reading, PA 19602

APARTMENTS FROM \$610 - \$695/mo.

Property Information

Number of Units: 46

Occupancy: Senior 62+

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



24-Hour Emergency Maintenance Service



Resident Services



Off-Street Parking



Community Room



Indoor/Outdoor Community Space



Close to Public Transportation



Energy efficient appliances



Pet Friendly



Tobacco Free



Equal Opportunity Housing

Income Limits

1-3 Person Household Income Limits and Monthly Rent

Apartment Type	AMI	Household Size			Rent
1 bedroom	50%	1 person(s) \$15672 - \$25200	2 person(s) \$15672 - \$28800	3 person(s) \$15672 - \$32400	\$610
1 bedroom	60%	1 person(s) \$15792 - \$30240	2 person(s) \$15792 - \$34560	3 person(s) \$15792 - \$38880	\$615
2 bedroom	50%	1 person(s) \$18000 - \$25200	2 person(s) \$18000 - \$28800	3 person(s) \$18000 - \$32400	\$695
2 bedroom	60%	1 person(s) \$18000 - \$30240	2 person(s) \$18000 - \$34560	3 person(s) \$18000 - \$38880	\$695

4-6 Person Household Income Limits and Monthly Rent

Apartment Type	AMI	Household Size	Rent
1 bedroom	50%	4 person(s) \$15672 - \$35950	\$605
1 bedroom	60%	4 person(s) \$15792 - \$43140	\$610
2 bedroom	50%	4 person(s) \$18000 - \$35950	\$695
2 bedroom	60%	4 person(s) \$18000 - \$43140	\$695

Contact Information

610-373-3633



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







Tax Credit Rental Application Revised: 10/2018

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. Please note: if you are applying under the section 811 PRA Demo Program, the application fee is not applicable. For all others,

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: F	Received by:
	Employee Signature
PLEASE MAKE CHECK OR MONEY OR	DER PAYABLE TO:
Penns Common Court	
Paid by: ☐ Check ☐ Money Order	







Tax Credit Rental Application Revised: 10/2018

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







Tax Credit

Rental Application Revised: 10/2018

Please com	plete this	application	and	return	to:
i icasc com		application	alla	I Ctui II	w.

Penns Common Court, 1040 Penn Street, Reading, PA 19602

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 \square No \square								
		HOUSEHO	LD CC	OMPOSITION				
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 N			_ATIONSHIP	BIRT	HDATE D/YEAR	SOCIAL SECURITY NO.	
Head of Household								
2								
3								
4								
5								
6								
7								
8								
Applicant's Name	(Head of Hous	ehold)	Ema	il address:		Home F	Phone	
Present Street Addr	ess	City		State	Zip Code	-	o. Yrs. at Present ddress	
Former Street Addre	ess	City		State	Zip Code		o. Yrs. at Former ddress	
Co-Applicant's Nai	me		Ema	il address:		Home F	Phone	
Present Street Addr	ess	City	•	State	Zip Code		o. Yrs. at Present ddress	
Former Street Addre	ess	City		State	Zip Code		o. Yrs. at Former ddress	







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 Provide the name, address, and		• •		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 (He	ead of Household)	Type of Business	Self Employed?		
			Yes □		
Business Phone Number ()	Position/Title	No. Yrs. on Job	No □		
Name and Address of Previous Employer present position less than 1 yr.)	er (if employed at	No. of Yrs. with Previous Employer	Business Phone ()		
Name and Address of Employer (Co	o-Applicant)	Type of Business	Self Employed? Yes □		
Business Phone Number ()	Position/Title	No. Yrs. on Job	No □		
Name and Address of Previous Employer present position less than 1 yr.)	er (if employed at	No. of Yrs. with Previous Employer	Business Phone ()		
Name and Address of Employer (Ot	her Adult Member)	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 ()		







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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 \square No \square				
Do you have problems following:	with insect/rodent infestation? Yes	\square No \square IF YES , please answer the			
•	n the prep prior to extermination? Y nination successful? Yes \Box No \Box	es □ No □			
Are you or any membe	r of your household currently using	an illegal substance? Yes □ No □			
Are you or any membe	r of your household currently abusi	ng alcohol? Yes □ No □			
Have you or any memb Yes □ No □	er of your household been convicte	ed of drug use, manufacture or distribution?			
(including misdemeand	per of your household been convicted rs, summary offenses and/or feloning of conviction?				
Have you or any memb	er of your household ever been evi	cted from any housing? Yes \square No \square \square			
-	r of your household registered in ar	y state as a Sexual Offender? Yes □ No □			
Please list ALL states i	n which ALL members of the house	ehold listed on page one (1) have resided:			
Are you presently displ	aced due to a presidentially declare	ed disaster? Yes □ No □			
Are you currently serving in or are a veteran of the United States Military? Yes \Box No \Box					
Are there any special housing needs or reasonable accommodations your household will require? Yes \Box No \Box					
IF YES, please	list:				
Do you own pets? Yes IF YES, please	☐ No ☐ list what kind(s):				







STUDENT INFORMATION							
Are ALL household n	nembers students? Yes	No □					
IF YES, please comp	IF YES, please complete the following:						
	Please list the name and ad	dress of your					
Head of Household	college, trade school, etc.		F (:	Dani Cara -			
			Full-time□	Part-time□			
Co-Applicant			Full-time□	Part-time□			
Is the student(s) man	ried and filing a joint tax retur	n? Yes □ No □					
Is the household comparty? Yes □ No □	prised of a single-parent and	children, none of wh	nich are depei	ndents of a third			
Does the household	receive aid for depending chil	dren or TNAF? Yes	□ No □				
Are the full-time stude security act? Yes □	ent(s) recipients of foster care No □	e assistance under P	art B or E of ∃	Fitle IV of the social			
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:							
GENDER : □ Ma	e	☐ Female					
ETHNICITY: His	panic or Latino	☐ Not Hispanic or	Latino				
RACE: □ White		☐ American India	n/Alaska Nativ	e & White			
☐ Black or A	frican American	☐ Asian & White					
☐ Asian		☐ Black/African A	merican & Wh	iite			
☐ American	Indian or Alaska Native	☐ American India Black/African A		ve &			
□ Native Ha Islander	waiian or Other Pacific	☐ Other Multi-raci	al				





How did you hear about P	enns Common Court? F	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 ind	licate which newspaper:	
☐ Other Website: Please	indicate which website:	
belief. I/we consent to the dinancial references for purp tenancy. I/we understand the selection criteria including a income qualification. I/we unfalsely reported on this rentations consideration of housing. I/we did to the consideration of housing.	isclosure of income and financi oses of income and asset verificat in order to be considered for credit check, landlord reference aderstand that if information is real application, my/our application we understand that this application rify all the information included sing of the application. I/we un	colete to the best of my/our knowledge and al information from my/our employer(s) and cation related to my/our application for housing we must pass all the resident e check, criminal background check, and missing (intentional or not), incomplete, or a shall be immediately rejected for ion gives Housing Development Corporation within the application and other information derstand that this application is not an
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 **Penns Common Court** 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 Residences and Rental Activity

Credit Providers and Credit Bureaus

Employment, Income and Assets Medical or Child Care Allowances Credit and Criminal Activity Social Security Numbers Criminal History 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) Banks and other Financial Institutions Post Offices Schools and Colleges

Past and Present Employers Welfare Agencies Social Security Administration Utility Companies Medical and Child Care Providers Veterans' Administration Retirement Systems State Unemployment Agencies Support and Alimony 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.

Head of Household	(Print Name)	Date
Co-Applicant	(Print Name)	Date
Other Adult Member	(Print Name)	Date

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.







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THIS IS NOT A CONTRACT

,, (Licensee) hereby state that with respect to this HDC MidAtlantic managed property, Penns Common Court . I am acting in the following capacity:		
As Agent of the Owner/Landlord Pursuant to a Property Manag	ement 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	



