

Mountain View Terrace 566 Springville Rd., New Holland, PA 17557 717-351-4640

Thank you for your inquiry to Housing Development Corporation MidAtlantic, the premier non-profit provider of quality affordable apartments, townhomes, and rental housing. Our organization is dedicated to expanding residential opportunities for low to moderate income families, senior citizens and individuals by providing affordable, safe and secure housing solutions through innovative Property Management Services and Real Estate Development Services in Pennsylvania & Delaware.

Mountain View Terrace was newly built in 2015 and is a community for seniors age 62 and older only. The property features 36 one or two bedroom apartments for individuals with low or moderate income. Mountain View Terrace is a collaboration between Welsh Mountain Home and HDC MidAtlantic. Enclosed is an application and fact sheet that includes property information, amenities, unit rents*, and income guidelines. *Income limits must be met to qualify. Section 8 and most housing vouchers are accepted. You must complete and return this application (with fee) 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 717-351-4640 or email <u>MountainViewTerrace@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 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,
- <u>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.</u>
- This application must be returned to: Mountain View Terrace 566 Springville Rd. New Holland, PA 17557

We look forward to welcoming you home to HDC MidAtlantic!

HDC MIDATLANTIC TEAM info@hdcweb.com www.hdcweb.com



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Mountain View Terrace

566 Springville Road, New Holland, PA 17557 APARTMENTS FROM \$260 - \$787/mo.

Property Information

Number of Units: 36
Occupancy: Senior 62+
Rent Type(s): Income Limits Apply,Section 8 Vouchers Accepted,
Additional Information:
1 Bedroom, 1 Bathroom Apartment Available \$692 per month.
1 Bedroom Apartments from \$260 - \$692 per month*
2 Bedroom Apartments from \$313 - \$787 per month*
*Minimum and maximum income guidelines may apply
Rent includes electric, heat, water, sewer and trash removal

Features and Amenities

Equal Opportunity Housing

•	Laundry Facilities	▲	24-Hour Emergency Maintenance Service
L	Resident Services	æ	Off-Street Parking
	Community Room		Indoor/Outdoor Community Space
\Diamond	Outdoor Patio	Ø	Energy efficient appliances
~	Tobacco Free	0	No Pets

Income Limits

1-2 Person Household Maximum Income Limits and Monthly Rent

Apartment Type	AMI	Househol	Rent	
1 bedroom	20%	1 person(s) \$0 - \$10,340	2 person(s) \$0 - \$11,820	\$260 - \$692
1 bedroom	50%	1 person(s) \$0 - \$25,850	2 person(s) \$0 - \$29,550	\$260 - \$692
1 bedroom	60%	1 person(s) \$0 - \$31,020	2 person(s) \$0 - \$35,460	\$260 - \$692
2 bedroom	20%	1 person(s) \$0 - \$10,340	2 person(s) \$0 - \$11,820	\$313 - \$787
2 bedroom	50%	1 person(s) \$0 - \$25,850	2 person(s) \$0 - \$29,550	\$313 - \$787

3-4 Person Household Maximum Income Limits and Monthly Rent

Apartment Type	AMI	Household Size	Rent
2 bedroom	20%	3 person(s) \$0 - \$13,300	\$313 - \$787
2 bedroom	20%	4 person(s) \$0 - \$14,760	\$313 - \$787
2 bedroom	50%	3 person(s) \$0 - \$33,250	\$313 - \$787
2 bedroom	50%	4 person(s) \$0 - \$36,900	\$313 - \$787

Contact Information

- **C** 717-351-4640
- info@hdcweb.com



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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 (prir	nted):				
Signature:	·				
Date:			Received by:	Employee Signature	
PLEASE N Mountain	-		NEY ORDER PAYAB	LE TO:	
Paid by:	□ Cash	□ Check	Money Order		
	elooment Anoth	er property profes	sionally managed by Housing I	Development Corporation MidAtlantic	ÊL

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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





FOR OFFICE USE ONLY Date Received:

Time Received: _____

Please complete this application and return to:

Mountain View Terrace, 566 Springville Road, New Holland, PA 17557

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.)									
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	9	No. Yrs. at Present Address		
Former Street Address	City		State	Zip Code)	No. Yrs. at Former Address		
Co-Applicant's Name			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		

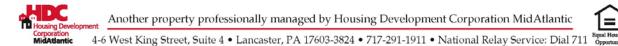
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CURRENT / PREVIOUS LANDLORD INFORMATION (Head of Household) Provide the name, address, and phone number for all landlords in the past 3 years.									
Current Landlord Street Address	City	State	Zip Code	Phone ()					
Previous Landlord Street Address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



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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 \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 ALL members of the household listed on page one (1) have resided:

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

Are there	any	speci	ial h	ousing	needs o	or reaso	nable	accom	modati	ons yo	bur h	nouseł	nold v	will
require?	Yes	🗆 N	√o []										

IF YES, please list:

Do you own pets? Yes \Box No \Box

IF YES, please list what kind(s):





STUDENT INFORMATION				
Are ALL household members students? Yes No				
IF YES, please complete 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) 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 \Box No \Box				
Does the household receive aid for depending children or TNAF? Yes \Box No \Box				
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/Additional 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:	□ Male	Female
ETHNICITY:	\Box Hispanic or Latino	Not Hispanic or Latino
RACE: 🗆 WI	nite	\Box American Indian/Alaska Native & White
🗆 Bla	ack or African American	□ Asian & White
🗆 As	ian	Black/African American & White
□ Ar	nerican Indian or Alaska Native	American Indian/Alaska Native & Black/African American
	ative Hawaiian or Other Pacific lander	□ Other Multi-racial

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How did you hear about Mountain View Terrace ? 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:					
\Box 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. 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 consideration of housing. 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. **I/we understand that this application**. **I/we understand**.

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 **Mountain View Terrace** 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				

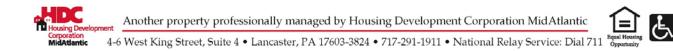
COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or a Public Housing Authority (PHA) may conduct matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse 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: 10/2018

THIS IS NOT A CONTRACT

I, ______, (Licensee) hereby state that with respect to this HDC MidAtlantic managed property, **Mountain View Terrace**. 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:

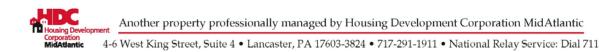
(Head of Household)

(Co-Applicant)

(Co-Applicant)

I certify that I have provided this notice:

(Licensee to be signed by HDC MidAtlantic)



Date

Date

Date

Date