

Oak Bottom Village

123 Groffdale Drive
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 features 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. *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 717-786-8019 or email OakBottomVillage@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 \$10.** 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:
Oak Bottom Village Apartments
123 Groffdale Drive
Quarryville, PA 17566

We look forward to welcoming you home to HDC MidAtlantic!

HDC MIDATLANTIC TEAM

info@hdcweb.com

www.hdcweb.com



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



Oak Bottom Village

123 Groffdale Road, Quarryville, PA 17566

APARTMENTS FROM **\$563 - \$683**/mo.

Property Information

Number of Units: 24

Occupancy: General

Rent Type(s): Income Limits Apply, Rents Based on Income (select units), Section 8 Vouchers Accepted (select units),

Additional Information:

1 Bedroom Apartments \$563 per month*











2 Bedroom Apartments \$613 per month*

3 Bedroom Apartments \$683 per month*

*Minimum and maximum income guidelines may apply

Rent includes water, sewer and trash removal

Features and Amenities

- | | | | |
|---|--------------------------------|---|---------------------------------------|
|  | Laundry Facilities |  | 24-Hour Emergency Maintenance Service |
|  | Resident Services |  | Off-Street Parking |
|  | Community Room |  | Community Playground |
|  | Indoor/Outdoor Community Space |  | Picnic Pavilion |
|  | Energy efficient appliances |  | Pet Friendly |
|  | Tobacco Free |  | Equal Opportunity Housing |

Income Limits

1-3 Person Household Maximum Income Limits and Monthly Rent

Apartment Type	AMI	Household Size			Rent
1 bedroom	50%	1 person(s) \$0 - \$25,850	2 person(s) \$0 - \$29,550	3 person(s) \$0 - \$33,250	\$563
2 bedroom	50%	1 person(s) \$0 - \$25,850	2 person(s) \$0 - \$29,550	3 person(s) \$0 - \$33,250	\$613
3 bedroom	50%	1 person(s) \$0 - \$25,850	2 person(s) \$0 - \$29,550	3 person(s) \$0 - \$33,250	\$683

4-6 Person Household Maximum Income Limits and Monthly Rent

Apartment Type	AMI	Household Size			Rent
2 bedroom	50%	4 person(s) \$0 - \$36,900	5 person(s) \$0 - \$39,900	6 person(s) \$0 - \$42,850	\$613
3 bedroom	50%	4 person(s) \$0 - \$36,900	5 person(s) \$0 - \$39,900	6 person(s) \$0 - \$42,850	\$683

Contact Information

☎ 717-786-8019

✉ info@hdcweb.com

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866)632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at: U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at: program.intake@usda.gov. This institution is an equal opportunity provider and employer.



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TO ALL APPLICANTS FOR HOUSING:

The U.S. Department of Agriculture pays the rental subsidy for this community. Therefore, in compliance with USDA regulations, 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

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

USDA is an equal opportunity provider, employer and lender.



APPLICATION FEE POLICY AND GUIDELINES

Rural Housing
Updated: 10/2018

Dear Applicant:

In order to process your application, we find it necessary to charge an application fee. The fee is \$10. 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 is to cover costs of processing such as credit checks, reference checks, income verification and other various clerical procedures involved in placing applicants on the waiting list and processing.

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

Our processing includes a credit check, which you must pass – if you have more than three accounts with a rating of 4-9 you will be rejected. If you have an open bankruptcy or judgments on your report, you will be rejected unless the bankruptcy has been discharged for six (6) months. It is recommended that if you are not sure about your credit, you should check on it before you apply.

If you write a check for this fee and it is returned by the bank for insufficient funds, account closed or in any manner not honored for payment, you will be charged \$20.00.

If you have questions about processing or the resident selection plan, you are encouraged to ask questions prior to submitting your application.

By signing this memo, I understand that I will not have the processing fee returned to me whether I am accepted as an applicant or rejected.

Name (printed): _____

Signature: _____

Date: _____

Received by: _____
Employee Signature

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:

Oak Bottom Village I Apartments

Paid by: Cash Check Money Order



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Please complete this application and return to:

Oak Bottom Village I Apartments, 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	

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 ()
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 ()

ANNUAL 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	\$			
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>				

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 **ALL** members of the household listed on page one (1) have 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

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



APPLICATION FEE POLICY AND GUIDELINES

Rural Housing
Updated: 10/2018

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:

- | | |
|--|--|
| <p>GENDER: <input type="checkbox"/> Male</p> <p>ETHNICITY: <input type="checkbox"/> Hispanic or Latino</p> <p>RACE: <input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> | <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Not Hispanic or Latino</p> <p><input type="checkbox"/> American Indian/Alaska Native & White</p> <p><input type="checkbox"/> Asian & White</p> <p><input type="checkbox"/> Black/African American & White</p> <p><input type="checkbox"/> American Indian/Alaska Native & Black/African American</p> <p><input type="checkbox"/> Other Multi-racial</p> |
|--|--|

How did you hear about **Oak Bottom Village I Apartments**? Please mark all that apply:

- | | | |
|--|---|---|
| <input type="checkbox"/> HDCweb.com | <input type="checkbox"/> SocialServe.Com | <input type="checkbox"/> Drive-by |
| <input type="checkbox"/> Craigslist | <input type="checkbox"/> Referral- HDC Employee | <input type="checkbox"/> Apartment Transfer |
| <input type="checkbox"/> Apartments.com | <input type="checkbox"/> Referral-Family Member | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Zillow/Trulia/Hotpads | <input type="checkbox"/> Referral-HDC Resident | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> GoSection8.com | <input type="checkbox"/> Referral-Local Agency | |
| <input type="checkbox"/> Newspaper: Please indicate which newspaper: _____ | | |
| <input type="checkbox"/> Other Website: Please indicate which website: _____ | | |



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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(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 all 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 is not an approval for housing.**

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

Head of Household

Date

Co-Applicant

Date

Co-Applicant

Date

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 I Apartments** 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 _____

Co-Applicant (Print Name) _____ Date _____

Other 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 RETURN" MUST BE PREPARED AND SIGNED SEPARATELY.

THIS IS NOT A CONTRACT

I, _____, (Licensee) hereby state that with respect to this HDC MidAtlantic managed property, **Oak Bottom Village I Apartments**, 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