

Southgate Apartments

815 W. Leesport Road
Leesport, PA 19533
610-916-2943

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.

Southgate Apartments is **for seniors age 62 and older only**. This property features 45 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. *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, 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 610-916-2943 or email SouthgateApartments@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:

**Southgate Apartments
815 West Leesport Road**

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



Southgate Apartments

815 West Leesport Road, Leesport, PA 19533

APARTMENTS FROM \$466 - \$710/mo.

Property Information

Number of Units: 45

Occupancy: Senior 62+

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

Additional Information:

1 Bedroom Apartments from \$466 – \$600 per month*

2 Bedroom Apartments from \$705 – \$710 per month*

*Income guidelines may apply

Rent includes heat, water, hot 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
-  Energy efficient appliances
-  Pet Friendly
-  Tobacco Free
-  Equal Opportunity Housing

Income Limits

1-2 Person Household Maximum Income Limits and Monthly Rent

Apartment Type	AMI	Household Size		Rent
		1 person(s)	2 person(s)	
1 bedroom	40%	\$0 - \$20,160	\$0 - \$23,040	\$466 - \$600
1 bedroom	50%	\$0 - \$25,200	\$0 - \$28,800	\$466 - \$600
1 bedroom	60%	\$0 - \$30,240	\$0 - \$34,560	\$466 - \$600
2 bedroom	50%	\$0 - \$25,200	\$0 - \$28,800	\$705 - \$710
2 bedroom	60%	\$0 - \$30,240	\$0 - \$34,560	\$705 - \$710

Contact Information



RENTAL APPLICATION

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: _____

Received by: _____
Employee Signature

PLEASE MAKE CHECK OR MONEY ORDER PAYABLE TO:
Southgate Apartments

Paid by: Cash Check Money Order



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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



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Revised: 10/2018

FOR OFFICE USE ONLY

Date Received: _____

Time Received: _____

Please complete this application and return to:

Southgate Apartments, 815 West Leesport
Road, Leesport, PA 19533

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	



RENTAL APPLICATION

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 ()

RENTAL APPLICATION

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:	\$			
<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.</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 students? Yes <input type="checkbox"/> No <input type="checkbox"/>		
IF YES, please complete the following:		
	Please list the name and address of your college, trade school, etc.	
Head of Household		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Co-Applicant		Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Is the student(s) married and filing a joint tax return? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the household comprised of a single-parent and children, none of which are dependents of a third party? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does the household receive aid for depending children or TNAF? Yes <input type="checkbox"/> No <input type="checkbox"/>		
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 <input type="checkbox"/> No <input type="checkbox"/>		
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: <input type="checkbox"/> Male | <input type="checkbox"/> Female |
| ETHNICITY: <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Not Hispanic or Latino |
| RACE: <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaska Native & White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian/Alaska Native & Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other Multi-racial |



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How did you hear about Southgate Apartments ? 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 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





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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 **Southgate 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 dispute 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.



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THIS IS NOT A CONTRACT

I, _____, (Licensee) hereby state that with respect to this HDC MidAtlantic managed property, **Southgate 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



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