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. *Income limits must be met to gualify. 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,

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







PENN'S COMMON COURT 1040 Penn Street Reading, PA 19602 610-373-3633 TTY 711 info@hdcweb.com



RESIDENT REQUIREMENTS:

Minimum Age: 62 + ONLY

RENTAL INFORMATION:

46 Affordable Housing, Senior Occupancy Apartments
3 Apartments specifically designed for individuals needing accessibility features (ADA).

1 Bedroom Apartments (1 Full Bath, 596-632 square ft.)

50% Income Limit 1 BR Apartments = \$625 per month 60% Income Limit 1 BR Apartments = \$635 per month

2 Bedroom Apartments (1 Full Bath, 739-936 square ft.)

50% or 60% Income Limit 2 BR Apartments = \$710 per month

Section 8 Vouchers Accepted RENT INCLUDES HEAT, WATER, SEWER AND TRASH REMOVAL

All common areas and facilities are wheel chair accessible

AMENITIES INCLUDE:

- ◆ Air-Conditioning
- Laundry Facilities
- ◆ Elevator
- ◆ Fully Equipped Kitchen
- ◆ Residents Lounge
- ◆ Pet Friendly
- ◆ Community Room
- ◆ Library
- ◆ Tobacco Free

- ♦ On-Site Building Management
- ◆ On-Site Maintenance
- ◆ 24-Hour Emergency Maintenance
- ◆ Tele-Entry System w/Camera
- Ample Off-Street Parking
- Sprinkler System
- ◆ Resident Services
- ◆ Resident Activities







INCOME LIMITS:

Penns Common Court Apartments is an affordable rental community. Maximum and minimum income limits apply for all rental opportunities. The maximum income levels are based on a percentage of the Berks County median income by household size. When applying for residency, applicants will be required to complete forms pertaining to their household composition, gross household income (before any deductions) and income from assets.

MAXIMUM INCOME LIMITS:

	1 person	2 people	3 people	4 people
50%	\$26,750	\$30,550	\$34,350	\$38,150
60%	\$32,100	\$36,600	\$41,220	\$45,780

MINIMUM INCOME LIMITS:

50% Income Limit 1 BR Apartments = \$16,032 per year 60% Income Limit 1 BR Apartments = \$16,272 per year

50% or 60% Income Limit 2 BR Apartments = \$18,360 per year

APPLICATION PROCESSING:

Credit history, criminal background, landlord history, and other resident selection criteria apply. Income limits, and other resident selection criteria will determine the eligibility to lease the apartment. Households comprised entirely of full time students will not qualify unless certain exceptions are met. All statements made on the rental application must be verified in writing through a third party not related to the applicant household.









Tax Credit Rental Application Revised: 05/2019

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: Rec	ceived by:Employee Signature
PLEASE MAKE CHECK OR MONEY ORDE Penns Common Court	R PAYABLE TO:
Paid bv: ☐ Cash ☐ Check ☐ Money Ord	der







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: 05/2019

Please complete this application and return to: Penns Common Court, 1040 Penn Street, Reading, PA 19602

FOR OFFICE USE ONLY
Date Received:
Time Received:

THE FOLLOWING	INFORMATION	IS CONFIDENT	IAL AN	ID WILL NOT BE	E DISCLOS	ED WIT	ГНО	UT YOUR CONSENT
Number of bedrooms: Do you receive Section 8 or any other rental subsidy? Yes □ No □								
		HOUSEHO	LD CO	OMPOSITION				
Starting with the H relationship of the								er, etc.)
MEMBER NO.	FULL N	NAME	REI	_ATIONSHIP	BIRTI MM/DI	HDATE D/YEA		SOCIAL SECURITY NO.
Head of Household								
2								
3								
4								
5								
6								
7								
8								
			ı					
Applicant's Name (Head of Household)		sehold)	Ema	il address:		Home	e Pł	none
Present Street Addr	ess	City		State	Zip Code	Э		. Yrs. at Present dress
Former Street Addre	ess	City		State	Zip Code	9		. Yrs. at Former dress
Co-Applicant's Name		Ema	il address:		Home (e Pł)	none	
Present Street Addr	ess	City		State	Zip Code	Э	_	. Yrs. at Present dress
Former Street Addre	ess	City		State	Zip Code	Э	_	. Yrs. at Former dress







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 (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 □	
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	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.







PLEA	SE LIST MOTHER'S FULL MAIDE	N 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 \square No \square				
Are you or any membe	r of your household currently abusi	ng alcohol? Yes □ No □				
Have you or any memb Yes □ No □	per of your household been convicted	ed of drug use, manufacture or distribution?				
(including misdemeand	per of your household been convicted ors, summary offenses and/or feloni oe of conviction?	•				
Have you or any memb	per of your household ever been evi	cted from any housing? Yes □ No □ □				
-	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 precently displ	and due to a procidentially declare	ad dispetor 2 Vee 🗆 No 🗆				
Are you presently dispr	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	IF YES, please list:					
Do you own pets? Yes □ No □ IF YES, please list what kind(s):						







STUDENT INFORMATION				
Are ALL household n	nembers students? Yes	No □		
IF YES, please complete the following:				
	Please list the name and ad	dress of your		
Head of Household	college, trade school, etc.		E.U.C.	Dani diasa 🗔
nead of nousehold			Full-time□	Part-time□
Co-Applicant			Full-time□	Part-time□
Is the student(s) mar	ried and filing a joint tax retur	n? Yes □ No □		
Is the household comparty? Yes □ No □	nprised of a single-parent and	children, none of wl	hich are depe	ndents of a third
Does the household	receive aid for depending chil	dren or TNAF? Yes	□ No □	
Are the full-time studes security act? Yes □	ent(s) recipients of foster care No \square	e assistance under F	Part B or E of ∃	Fitle IV of the social
Comments/Additiona	l 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 <u>head of household:</u>				
GENDER : □ Ma	le	☐ Female		
ETHNICITY: Hispanic or Latino		☐ Not Hispanic or Latino		
RACE: ☐ White		☐ American Indian/Alaska Native & White		
☐ Black or African American		☐ Asian & White		
☐ Asian ☐		☐ Black/African American & White		
☐ American Indian or Alaska Native ☐ American Indian/Alaska Native & Black/African American			ve &	
 □ Native Hawaiian or Other Pacific □ Other Multi-racial Islander 				





now did you near about r	enns common court ? Pl	lease mark ан mar арріу.
☐ HDCweb.com	☐ SocialServe.Com	☐ Drive-by
☐ Craigslist	☐ Referral- HDC Employee	☐ Apartment Transfer
☐ Apartments.com	☐ Referral-Family Member	□ Facebook
☐ Zillow/Trulia/Hotpads	☐ Referral-HDC Resident	
☐ GoSection8.com	☐ Referral-Local Agency	
☐ Newspaper: Please inc	licate which newspaper:	
☐ Other Website: Please	indicate which website:	
financial references for purp tenancy. I/we understand the selection criteria including a income qualification. I/we used falsely reported on this rentation of housing. I/MidAtlantic permission to verequested during the process approval for housing.	oses of income and asset verification order to be considered for home credit check, landlord reference inderstand that if information is male application, my/our application we understand that this application erify all the information included was sing of the application. I/we understand that this application included was a sing of the application.	I information from my/our employer(s) and ation related to my/our application for ousing we must pass all the resident check, criminal background check, and issing (intentional or not), incomplete, or shall be immediately rejected for on gives Housing Development Corporation within the application and other information derstand that this application is not an 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 **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 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 Credit Providers and Credit Bureaus

Welfare Agencies Social Security Administration Utility Companies Medical and Child Care Providers

Past and Present Employers

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.

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.







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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 Purs	uant to a Property Management Agreement.		
Signatures:			
I acknowledge that I have received this n	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 MidAtlan	ntic) Date		



