

**York Area Housing Group
Delphia Management Corporation**

Application for Admission and Rental Assistance

Please select the project for which you are applying:

Cloverfield-Kingston House, York PA

_____ 1500 Rodney Road Site (Cloverfield) _____ 1243 West King Street (Kingston House)

Cloverfield-Kingston House is funded under the Section 202/8 Program of the United States Department of Housing and Urban Development (HUD). There are two locations for this project (1500 Rodney Road, York, PA and 1243 West King Street, York, PA). Eligibility is for heads of households that are elderly and/or non-elderly with a disability that **require the features of the accessible units for the mobility-impaired**. The location at 1500 Rodney Road has 18 one-bedroom units and 6 two-bedroom units. The location at 1243 West King Street has 78 one-bedroom units.

Dutch Kitchen, 381 West Market Street, York PA

_____ Applicants for residency in the **Dutch Kitchen** are limited to those 18 years of age and older, and must qualify under HUD's Section 8 Housing Program and/or the Federal Low Income Housing Tax Credit Program. All 59 units are single room occupancy.

Green Meadow Apartments, 20 Beaver Street, Dillsburg PA

_____ Eligibility for **Green Meadow Apartments** is for heads of households that are elderly and/or non-elderly with a disability. Green Meadow Apartments is a Rural Housing Service 515 project funded by the United States Department of Agriculture (USDA), Rural Development. Green Meadow has 46 one-bedroom units.

Highland Manor Apartments, 36 Highland Manor Drive, Stewartstown PA

_____ **Highland Manor Apartments** is a Rural Housing Services 515 project under USDA Rural Development. Highland Manor residents receive HUD Section 8 rental assistance. Households in which the head, co-head or spouse is 18 years of age or older are eligible. At Highland Manor, there are 10 one-bedroom units, 15 two-bedroom units and 8 three-bedroom units.

The Delphia House, 350 East Philadelphia Street, York PA

_____ **The Delphia House** is funded under HUD's Section 8 – New Construction Program and is for heads of households that are elderly and/or non-elderly with a disability. The Delphia House has 104 one-bedroom units.



**York Area Housing Group
Delphia Management Corporation**

York Area Housing Group/Delphia Management Corporation offices are located at 118 North George Street, 17401 (717)-846-5139. The TDD number for all locations is 1-800-654-5984. Additional information on YAHG/DMC and the properties managed can be found online at www.yorkareahg.org.

<u>Site</u>	<u>Location</u>	<u>Telephone Number</u>
Cloverfield-Kingston House	1500 Rodney Road York, PA 17408	717-764-5464 (phone) 717-848-8977 (fax)
	1243 West King Street York, PA 17404	717-848-2927 (phone) 717-848-2716 (fax)
Dutch Kitchen	381 West Market Street York, PA 17401	717-846-5281 (phone) 717-854-0343 (fax)
Green Meadow Apartments	20 Beaver Street Dillsburg, PA 17019	717-432-2556 (phone) 717-502-1586 (fax)
Highland Manor Apartments	36 Highland Manor Drive Stewartstown, PA 17363	717-993-6541 (phone) 717-993-6541 (fax)
The Delphia House	350 East Philadelphia Street York, PA 17403	717-843-1064 (phone) 717-854-0971 (fax)

Reasonable Accommodations

A reasonable accommodation is a change, exception, or adjustment to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to: participate fully in a program, take advantage of a service; live in a dwelling; or perform a job.

The Owner/Agent for all sites listed above is obligated to make the property physically accessible as well as operating and administering the property to enable persons with disabilities to have equal access to participate in the program.

Applicants with disabilities that need a reasonable accommodation in order to participate in the application process or to make effective use of the housing program, have the right to request such an accommodation.

Staff Use Only:

Date Received: _____ Time Received: _____

Staff Initials: _____

Site(s) Selected: _____ CLKH (CL) _____ CLKH (KH) _____ DK
 _____ GM _____ HM _____ DH

Household Composition and Characteristics

Applicant Name (Head of Household): _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

List the Head of Household and all other members who will be residing in the unit. Give the relationship of each family member to the Head of Household.

Member #	Member's Full Name	Relationship	Birth Date	Age	Is this member a Student?	Sex	Social Security Number

Please indicate the number of bedrooms you are requesting: _____

1. Does anyone live with you now who is not listed above? ___ Yes ___ No
 Do you expect a change in your household composition? ___ Yes ___ No

Explain if you answered "Yes" to either question: _____

2. Do you own any pets? ___ Yes ___ No
 If yes, please list the type of pet(s) you own: _____

3. Do you or anyone in your household currently engage in the use of illegal substances?
 ___ Yes ___ No If yes, please specify household member _____.



- 4. Are you or anyone in your household subject to a State lifetime registration requirement for sex offenders?
___ Yes ___ No If yes, please specify household member _____.
- 5. Have you or anyone in your household ever been convicted for crimes of violence toward persons and/or property?
___ Yes ___ No If yes, please specify household member _____.
- 6. Have you or anyone in your household ever been convicted for using, dealing, or manufacturing illegal drugs or for possessing drug-related paraphernalia?
___ Yes ___ No If yes, please specify household member _____.
- 7. In referring to the **Disability Definitions** attached (on pages 10 and 11), does the Head of Household or Spouse meet the definition for a person with a disability?
___ Yes ___ No (for program and unit eligibility purposes only)
- 8. Is a household member physically disabled and in need of any of the design features listed below? ___ Yes ___ No

If yes, please identify each feature needed:

- ___ (a) 34-inch doors throughout the apartment
- ___ (b) lowered kitchen counters
- ___ (c) roll-in shower
- ___ (d) lowered bars in closets
- ___ (e) roll space under kitchen sink
- ___ (f) roll space under bathroom sink
- ___ (g) apartment designed for the hearing impaired

Please note the following:

- Available at Cloverfield-Kingston House - items a, b, c*, d, e, f, g
- Available at Dutch Kitchen - items a, b, c, d, f, g
- Available at Green Meadow Apartments - items a, b, c, d, e, f
- Available at Highland Manor Apartments - items a, b, c, d, e, f
- Available at The Delphia House - items a, b, d, e, f, g

(* Roll-in showers are not available at Cloverfield-Kingston House's 1243 West King Street location.)

Please identify any special housing needs your household has that is not identified above. _____

9. Are you now living in subsidized housing? ___ Yes ___ No
If yes, please complete the information below.

Name of Site: _____
Name of Manager: _____
Telephone Number: _____

Applicants please note: Assisted residents must have only one residence and receive assistance only in that unit. The rule is meant to ensure that the government pays assistance on only one unit for a family and provides assistance to as many eligible families as possible with available funding. This prohibition does not prevent a person who is currently receiving rental assistance from applying for an assisted unit in another property.

Income and Asset Information

Please answer each of the following questions. For each "Yes" answer, provide details in the chart on page 4. Does any member of your household:

Yes No

- ___ ___ 1. Work full-time, part-time, or seasonally?
- ___ ___ 2. Expect to work for any period during the next year?
- ___ ___ 3. Work for someone who pays cash?
- ___ ___ 4. Expect a leave of absence from work due to lay-off, medical, maternity, or military leave?
- ___ ___ 5. Now receive or expect to receive unemployment benefits?
- ___ ___ 6. Now receive or expect to receive child support?
- ___ ___ 7. Not receive child support that he/she is entitled to?
- ___ ___ 8. Now receive or expect to receive alimony?
- ___ ___ 9. Have an entitlement to receive alimony that is not currently being received?
- ___ ___ 10. Now receive or expect to receive Public Assistance (TANF)?
- ___ ___ 11. Now receive or expect to receive Social Security or disability benefits?
- ___ ___ 12. Now receive or expect to receive income from a pension or annuity?

Yes No

- ___ ___ 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- ___ ___ 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks, or bonds or income from rental property?
- ___ ___ 15. Own real estate or any assets for which you receive no income (checking account, cash)?
- ___ ___ 16. Have real property or other assets (including cash) that he/she has sold or given away in the past two years?

Member #	Source of Income/Type of Income	Annual Income

Employment History

*Name and Address of **present** Employer for the Head of Household:

_____ Telephone # _____

How long have you worked there? _____

Supervisor's Name: _____

*Name and Address of **present** Employer for Spouse or Co-Head of Household:

_____ Telephone # _____

How long have you worked there? _____

Supervisor's Name: _____

Assets

1. List all checking and savings accounts (including IRAs, Keogh accounts, and certificates of deposit) for all household members.

Member #	Bank Name	Type of Account	Account Number	Balance

2. List all stocks, bonds, trusts, pensions, or other assets and their value owned by any household member:

_____	_____
_____	_____
_____	_____

3. List any assets disposed of for less than their fair market value during the past two years:

_____	_____
_____	_____
_____	_____

Expenses

- Yes No 1. Do you have child care expenses for a child aged 12 or younger? If yes, provide the name, address and telephone number of the care provider:

What are your weekly child care costs? _____

- Yes No 2. Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work? If you pay a care attendant, provide the name, address, and telephone number of the care attendant:

What is the cost to you for the care attendant and/or the equipment?

___ Yes ___ No 3. Do you have Medicare? If yes, what is your monthly premium?

___ Yes ___ No 4. Do you have any other kind of health insurance? If yes, provide the name and address of carrier, policy number and monthly premium amount.

Policy# _____ Premium \$ _____

___ Yes ___ No 5. Do you have outstanding medical bills? If yes, list them below.

What medical expenses do you expect to incur in the next 12 months?

Please provide the name and address of the pharmacy you regularly use.

Previous Rental History

*Name and Address of your **present** Landlord

_____ Telephone # _____

How long have you lived at this present address? _____

Reason for leaving: _____

Applicant Certification

I/We certify that if selected to receive rental assistance, the unit I/we occupy will be my/our only residence. I/We understand that the information in this application is being collected to determine my/our eligibility. I/We authorize the Owner/Manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information that may be released to appropriate Federal, State or local agencies. I also give authorization to the Owner/Manager/PHA to conduct checks of my/our criminal record and sexual offender status in order to process this application, and, if accepted as a tenant, each year during my entire tenancy. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements of information are punishable under Federal law.

Signature of Head of Household

Date

Signature of Spouse/Co-Head of Household

Date

Signature of Adult Occupant

Date

Change of Address Notification

I/We understand that it is our my/our responsibility to provide York Area Housing Group/Delphia Management Corporation any changes in my/our mailing address and telephone number. I/We understand that if I/we cannot be reached, my/our application may become void.

I also understand that if I am applying for a Section 8 unit at the Dutch Kitchen, that I must apply to the York Housing Authority and also update the York Housing Authority with any address and telephone number changes.

Signature of Head of Household

Date

Signature of Spouse/Co-Head of Household

Date

Signature of Adult Occupant

Date

Disability Definitions (as defined in HUD Handbook 4350.3 Rev-1, Chg-2)

Definition D – Disabled Family [24CFR 5.403] A disabled family is a family whose head, spouse , or sole member is a person with disabilities. It may include two or more persons with disabilities living together, or one or more persons with disabilities living with one or more live-in aides.

Definition E – Persons with Disabilities [24 CFR 5.403] A person with disabilities for purposes of program eligibility:

- (1) Means a person who:
 - (i) Has a disability, as defined in 42 U.S.C. 423;
 - (A) Inability to engage in any substantial gainful activity by reason of any medical determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or
 - (B) In the case of an individual who has attained the age of 55 and is blind, inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time. For the purposes of this definition, the term blindness, as defined in Section 416(i)(1) of this title, means central vision acuity of 20/200 or less in the better eye with use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purposes of this paragraph as having a central visual acuity of 20/200 or less.
 - (ii) Is determined, pursuant to HUD-regulations, to have a physical, mental, or emotional impairment that:
 - (A) Is expected to be of long-continued and indefinite duration.
 - (B) Substantially impedes his or her ability to live independently, and
 - (C) Is of such a nature that the ability to live independently could be improved by more suitable housing conditions; or
 - (iii) Has a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001 (8)), i.e. a person with severe chronic disability that
 - (A) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (B) Is manifested before the person attains age 22;
 - (C) Is likely to continue indefinitely;
 - (D) Results in substantial functional limitation in three or more of the following areas of major life activity:
 - a. Self-care,
 - b. Receptive and expressive language,
 - c. Learning,
 - d. Mobility,
 - e. Self-direction,
 - f. Capacity for independent living,
 - g. Economic self-sufficiency; and
 - (E) Reflects the person's need for a combination and sequence of special, interdisciplinary or generic care, treatment, or other services that are of a lifelong or extended duration and are individually planned and coordinated.
- (2) Does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome;
- (3) For purposes of qualifying for low-income housing, does not include a person whose disability is based solely on any drug or alcohol dependence; and
- (4) Means persons with disabilities (individuals with handicaps), as defined in 24 CFR 8.3, for purposes of reasonable accommodation and program accessibility for persons with disabilities.

Definition G – Disabled (Handicapped)* Family [24 CFR 891.505] Disabled (handicapped) family means:

- (1) Families of two or more persons, the head of which (or his or her spouse) is a person with disabilities (handicapped);
- (2) The surviving member or members of any family described in paragraph (1) of this definition living in a unit assisted under subpart E of this part (Section 202 loans) with the deceased member of the family at the time of his or her death;
- (3) A single person with disabilities (handicapped person over the age of 18; or

- (4) Two or more persons with disabilities (handicapped persons) living together, or one or more such persons living with another person who is determined by HUD, based upon a licensed physician's certificate provided by the family, to be essential to their care or well-being.

Definition H – person with a Disability (Handicapped Person)* [24 CFR 891.505 and 891.305] A person with disabilities means:

- (1) Any adult having a physical, mental or emotional impairment that is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.
- (2) A person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001 (8)), i.e., a person with a severe chronic disability that:
 - (i) Is attributable to a mental or physical impairment or combination of mental and physical impairments;
 - (ii) Is manifested before the person attains age 22;
 - (iii) Is likely to continue indefinitely;
 - (iv) Results in substantial functional limitation in three or more of the following areas of major life activity:
 - (A) Self-care,
 - (B) Receptive and expressive language,
 - (C) Learning,
 - (D) Mobility,
 - (E) Self-direction,
 - (F) Capacity for independent living, and
 - (G) Economic self-sufficiency; and
 - (v) Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of a lifelong or extended duration and are individually planned and coordinated.
- (3) A person with a chronic mental illness, i.e., a person who has a severe and persistent mental or emotional impairment that seriously limits his or her ability to live independently, and whose impairment could be improved by more suitable conditions.
- (4) Persons infected with the human acquired immunodeficiency virus (HIV) who are disabled as a result of infection with the HIV are eligible for occupancy in the Section 202 projects designed for the physically disabled, developmentally disabled, or chronically mentally ill depending upon the nature of the person's disability. (24 CFR 891.505)

Note: A person whose sole impairment is alcoholism or drug addiction (i.e., who does not have a developmental disability, chronic mental illness, or physical disability that is the disabling condition required for eligibility in a particular project) will not be considered to be disabled for the purpose of the Section 202 program.

A person infected with the human acquired immunodeficiency virus (HIV) and a person who suffers with alcoholism or drug addiction, provided they meet the definition of "persons with disabilities" in Section 811 (42U.S.C.) 8013 (k)(2). A person whose sole impairment is a diagnosis of HIV positive or alcoholism or drug addiction (i.e., does not meet the qualifying criteria in Section 811) will not be eligible for occupancy in a Section 811 project. (24 CFR 891.305)

Definition I – Nonelderly Disabled (Handicapped)* Family [24 CFR 891.505] A nonelderly disabled (handicapped) family means a disabled family in which the head of the family (and spouse, if any) is less than 62 years of age at the time of the family's initial occupancy of a project.

***NOTE:** The term *handicapped* appears in a number of regulatory definitions that have not yet been updated to reflect current statutes. In this handbook, HUD replaced *handicapped* with the term *disabled*, *disability*, or *impairment* to reflect current statutes. The parenthetical reference to *handicapped* indicates that the term *handicapped* has been replaced with *disabled*, *disability*, or *impairment* in that definition.

****FOR DUTCH KITCHEN APPLICANTS ONLY****

Student Status

Are you a **full-time student** or do you intend to become one in the next twelve months?
___ Yes ___ No

If Yes: Are you a single parent and his or her children, whom is a dependent of a third party?
___ Yes ___ No

If Yes: Are you married and filing a joint tax return?
___ Yes ___ No

If Yes: Are you enrolled in a job training comparable to the Job Training Partnership Act?
___ Yes ___ No

If Yes: Are you receiving assistance until Title IV of the Security Act: AFDC or TANF?
___ Yes ___ No

Section 8 Subsidy or Non-Section 8

Fifty of the Dutch Kitchen's units are under contract through the York Housing Authority Section 8 SRO program. There are an additional nine low-income units that are not affiliated with the York Housing Authority. For which type of unit are you applying?

Section 8 _____

Non-Section 8 _____

Both _____

****FOR DUTCH KITCHEN APPLICANTS ONLY****

Dual Information Release Form for the Dutch Kitchen

I, _____, do hereby authorize the release of information regarding my probation to the Property Manager, Dutch Kitchen Apartments, 381 West Market Street, York, PA 17401. I further authorize the Property Manager to share pertinent information with the York County Probation/Parole Department.

I understand that specific information may be disclosed only for the purpose(s) of determining my current eligibility and on-going eligibility for the Single Room Occupancy (SRO) Program. I understand that I need not consent to the release of this information. However, I do so willingly and voluntarily for the purposes specified.

I understand that the Dual Authorization Release form will continue in force until terminated by me in writing by the undersigned. I also understand that should it be necessary for either the Probation/Parole Department or Dutch Kitchen to fax the data to the other, for these purposes, I am giving permission to do so.

Client Signature

Date

Client Printed Name and Address: _____

Witness Signature

Date

Printed Name of Witness

****FOR DUTCH KITCHEN APPLICANTS ONLY****

General Release Verification Form

I, _____, the undersigned, hereby authorize the release, with liability to Delphia Management Corporation, and The Pennsylvania Housing Finance Agency, and Internal Revenue Service for an apartment for which I have made application to lease, any and all information they may request concerning my income, wages, salaries, credit record, and references in connection with my application to determine whether I am eligible to occupy the unit.

Signature

Date

Print Name

Family Summary Sheet

Member #	Last Name of Family Member	First Name	Relationship to Head of Household	Sex	Date of Birth
Head					
2					
3					
4					
5					
6					

Citizen Declaration

Instructions: Complete this Declaration for each member of the household listed on the Family Summary Sheet.

Last Name _____

First Name _____

Relationship to Head of Household _____ Sex _____ Date of Birth _____

Social Security No. _____ Alien Registration No. _____

Admission Number _____ if applicable (this is an 11-digit number found on DHS Form I-94, *Departure Record*)

Nationality _____ (Enter the foreign nation or country to which you owe legal allegiance. This is normally but not always the country of birth.)

Save Verification No. _____
(to be entered by Owner if and when received)

Instructions: Complete the Declaration below by printing or by typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2, or 3:

DECLARATION

I, _____ hereby declare, under penalty of perjury that I am _____
(print or type first name, middle initial, last name):

- _____ 1. A citizen or national of the United States.

Sign and date below and return to the name and address specified in the application. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

- _____ 2. A noncitizen with eligible immigration status as evidenced by one of the documents listed below.

NOTE: If you checked this block and you are 62 years of age or older, you need only submit a proof of age documentation together with this form, and sign below.

If you checked this block and you are less than 62 years of age, you should submit the following documents:

- a. Verification Consent Form (see attached)

AND

- b. One of the following documents:

(1) Form I-551, *Alien Registration Receipt Card* (for permanent resident aliens).

(2) Form I-94, *Arrival-Departure Record*, with one of the following annotations:

(a) "Admitted as Refugee Pursuant to section 207";

(b) "Section 208" or "Asylum";

(c) "Section 243(h)" or "Deportation stayed by Attorney General"; or

(d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."

(3) If Form I-94, *Arrival-Departure Record*, is not annotated, it must be accompanied by one of the following documents:

(a) A final court decision granting asylum (but only if no appeal is taken);

(b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990);

(c) A court decision granting withholding or deportation; or

(d) A letter from a DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).

(4) Form I-688, *Temporary Resident Card*, which must be annotated "Section 245A" or "Section 210."

(5) Form I-688B, *Employment Authorization Card*, which must be annotated "Provision of Law 274a.12(11)" or "Provision of Law 274a.12."

(6) A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.

(7) Form I-151, Alien Registration Receipt Card

If this block is checked, sign and date below and submit the documentation required above with this declaration and a Verification Consent Form to the name and address specified in the application. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in subparagraph 2.b. above are not currently available, complete the Request for Extension block below.

Signature

Date

Check here if adult signed for a child: _____

Request for Extension

I hereby certify that I am a noncitizen with eligible immigration status, as noted in block 2 above, but the evidence needed to support my claim is temporarily unavailable. Therefore, I am requesting additional time to obtain the necessary evidence. I further certify that diligent and prompt efforts will be undertaken to obtain this evidence.

Signature

Date

Check here if adult signed for a child: _____

_____ 3. I am not contending eligible immigration status and I understand that I am not eligible for financial assistance.

If you checked this block, no further information is required, and the person named above is not eligible for assistance. Sign and date below and forward this form to the name and address specified in the application. If this block is checked on behalf of a child, the adult who is responsible for the child should sign and date below.

Signature

Date

Check here if adult signed for a child: _____

Verification Consent Form

Instructions: Complete this form for each noncitizen family member who declared eligible immigration status on the Citizenship Declaration form. If this form is being completed on behalf of a child, it must be signed by the adult responsible for the child.

CONSENT:

I, _____ hereby consent to the following:
(print or type first name, middle initial, last name)

1. The use of the attached evidence to verify my eligible immigration status to enable me to receive financial assistance for housing, and
2. The release of such evidence of eligible immigration status by the project Owner/Agent without responsibility for the further use or transmission of the evidence by the entity receiving it to the following:
 - a. HUD, as required by HUD; and
 - b. The DHS for purposes of verification of the immigration status of the individual.

NOTIFICATION TO FAMILY:

Evidence of eligible immigration status shall be released only to the DHS for purposes of establishing eligibility for financial assistance and not for any other purpose. HUD is not responsible for the further use or transmission of the evidence or other information by the DHS.

Signature

Date

Check here if adult signed for a child: _____