



## HOUSING AND NEIGHBORHOOD DEVELOPMENT SERVICE (HANDS)

### Application for General Housing and Homeownership Opportunities within Erie County

APPLICATION INSTRUCTIONS: Only completed applications can be processed. Review the six (6) properties listed on the following pages to determine which property or properties you may qualify for housing. Check the box next to the properties that you wish to apply.

**APPLICATION FEE: An application fee of fifteen dollar (\$15) is required for each household member over the age of 18 at the time of submission. Fees must be paid by money order and made payable to *HANDS*. Personal checks are not accepted. Application fees are to cover the costs of background credit and criminal inquiries. Application fees will be credited towards the first month rent for approved applicants.**

**Homes at Pine Grove**   

The Homes at Pine Grove are located off of West Ridge Road in Fairview.

This property offers 3 and 4-Bedroom homes with a future option to purchase. Current rent amounts are \$560 - \$610 per month plus utilities for a 3-Bedroom, and \$611 - \$682 per month plus utilities for a 4-bedroom home. There are also 4 homes in which the rent is subsidized. Each home has a garage and comes with appliances and window treatments. Applicants must fall within the income requirements as follows:

Minimum monthly income: Households must earn at least \$1,462 per month to qualify for a 3-bedroom and at least \$1,626/month to qualify for a 4-bedroom home. Minimum requirements do not apply to the 4 homes with subsidy.

Maximum Annual income:

1 Person - \$24,660 | 2 Person - \$28,200 | 3 Person - \$31,740 | 4 Person - \$35,220  
5 Person - \$38,040 | 6 Person - \$40,860 | 7 Person - \$43,680 | 8 Person - \$46,500

**Mid-Town Homes**   

The Mid-Town Homes are located on Erie's East side within the area of East 13 and East 14<sup>th</sup> Streets between German and Parade Streets.

This property offers 3-Bedroom homes with a future option to purchase. Current rent amounts are \$550 - \$605 per month plus utilities. Applicants must fall within the income requirements listed as follows:

Minimum monthly income: Households must earn at least \$1,362 per month to qualify for this property.

Maximum Annual income:

1 Person - \$32,900 | 2 Person - \$37,600 | 3 Person - \$42,300  
4 Person - \$46,950 | 5 Person - \$50,750 | 6 Person - \$54,500

**Presque View Apartments**

The Presque View Apartments are located on West 4<sup>th</sup> Street between Raspberry and Cranberry Streets. With easy access to the Bayfront Parkway, this smoke free property offers 1, 2 and 3-Bedroom apartments. Each apartment comes with appliances, window treatments and washer/dryer connections. Current rent amounts are \$410 - \$518/month for a 1-Bedroom, \$483 - \$605/month for a 2-bedroom and \$554 - \$692/month for a 3-bedroom home. One small pet is permitted with office approval and a \$300 pet deposit. Resident is responsible for gas and electric. Applicants must fall within the income requirements as follows:

Minimum monthly income: Households must earn at least \$1,024 per month to qualify for a 1-bedroom, at least \$1,216/month to qualify for a 2-bedroom and \$1,398 for a 3-bedroom home.

Maximum Annual income:

1 Person - \$24,780 | 2 Person - \$28,320 | 3 Person - \$31,860  
 4 Person - \$35,340 | 5 Person - \$38,220 | 6 Person - \$41,040

**Scots Glen**

The Scots Glen community is at the end of Walker Drive behind the Giant Eagle in Edinboro. This community offers 3 and 4-Bedroom homes with a future option to purchase. Current rent amounts start at \$580/month for a 3-Bedroom, and \$635/month for a 4-bedroom home. Resident is responsible for gas and electric. Each home has a garage and comes with appliances, central air, washer/dryer, home protection system and window treatments. Applicants must fall within the following income guidelines:

Minimum monthly income: Households must earn at least \$1,500 per month to qualify for a 3-bedroom and at least \$1,670/month to qualify for a 4-bedroom home.

Maximum Annual income:

1 Person - \$20,550 | 2 Person - \$23,450 | 3 Person - \$26,450 | 4 Person - \$29,350  
 5 Person - \$31,700 | 6 Person - \$34,050 | 7 Person - \$36,400 | 8 Person - \$38,750

**Villa Maria Apartments**

The Villa Maria Apartments are located at 815 Plum Streets. Centrally located, this property offers 2 and 3-Bedroom apartments. Each apartment comes with appliances, central a/c and window treatments. Current rent amounts are \$480 - \$490/month for a 2-bedroom and \$530 - \$580/month for a 3-bedroom home. Resident is responsible for gas and electric. Applicants must fall within the income requirements as follows:

Minimum monthly income: Households must earn at least \$1,220/ month to qualify for a 2-bedroom and \$1,370/month for a 3-bedroom home.

Maximum Annual income:

1 Person - \$24,660 | 2 Person - \$28,200 | 3 Person - \$31,740  
 4 Person - \$35,220 | 5 Person - \$38,040 | 6 Person - \$40,860



**Woodlands at Zuck Park (NOW LEASING!)**



The Woodlands at Zuck Park is HANDS newest community and is located off of Old Zuck Road in Millcreek on Apple Grove Lane.

This property offers 3 and 4-Bedroom townhomes with garages and also come with appliances, central air conditioning, window treatments and washer/dryer connections. Rent amounts for the 3-bedroom townhomes are \$127/month + utilities. The 4-bedroom townhomes start at \$618/month per month plus utilities. Applicants must fall within the income requirements as follows:

Minimum monthly income: For the 3-bedroom townhomes, households must earn at least \$582 per month to qualify for the \$127/month rent.

The 4-bedroom townhomes require household to earn at least \$1,622/month to qualify.

Maximum Annual Income for 3-bedroom units with rent at \$127/month:

|                     |  |                     |  |                     |
|---------------------|--|---------------------|--|---------------------|
| 1 Person - \$8,220  |  | 2 Person - \$9,400  |  | 3 Person - \$10,580 |
| 4 Person - \$11,740 |  | 5 Person - \$12,680 |  | 6 Person - \$13,620 |

Maximum Annual Income (4-bedroom):

|                     |  |                     |  |                     |  |                     |
|---------------------|--|---------------------|--|---------------------|--|---------------------|
| 1 Person - \$24,660 |  | 2 Person - \$28,200 |  | 3 Person - \$31,740 |  | 4 Person - \$35,220 |
| 5 Person - \$38,040 |  | 6 Person - \$40,860 |  | 7 Person - \$43,680 |  | 8 Person - \$46,500 |

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If you require any additional information regarding the housing choices on this application, please call us at 814.453.3333 extension 150.

In addition to the General Housing provided on this application, HANDS also offers housing for Persons with Disabilities as well as Housing for Seniors. If you would like more information on these housing opportunities, please call 814.453.3333 x150 or visit our website at [hands-erie.org](http://hands-erie.org).



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## Housing And Neighborhood Development Service

7 East 7<sup>th</sup> Street • Erie, PA • 16501-1105  
 Phone: (814) 453.3333 • Fax: (814) 456.0922

|                              |
|------------------------------|
| Office Use Only:             |
| Date Stamp of date received: |
| Time received: _____         |
| Receivers initials: _____    |

# RENTAL APPLICATION FORM

PLEASE **PRINT** ALL NECESSARY INFORMATION

**PLEASE NOTE THAT INCOMPLETE APPLICATIONS CANNOT BE PROCESSED**

|   |        |                |                  |   |  |   |
|---|--------|----------------|------------------|---|--|---|
| For marketing purposes, please tell us how you heard about HANDS and/or the apartment community for which you are applying:   |        |                |                  | <input type="checkbox"/> Newspaper            | <input type="checkbox"/> Radio or Television             | <input type="checkbox"/> Friend or Relative     |
|   |        |                |                  | <input type="checkbox"/> Rental Guide         | <input type="checkbox"/> Internet                        | <input type="checkbox"/> Other (specify): _____ |
| Please check number of bedrooms required.   |        |                |                  | <input type="checkbox"/> 1 bedroom            | <input type="checkbox"/> 2 bedrooms                      | <input type="checkbox"/> 3 bedrooms             |
|   |        |                |                  | <input type="checkbox"/> 4 bedrooms           |  |   |
|   |        |                |                  | <input type="checkbox"/> 1 bedroom accessible | <input type="checkbox"/> 2 bedroom accessible            | <input type="checkbox"/> 3 bedroom accessible   |
| Applicant's Name  |        |                | Date of Birth    | Social Security No.                           |  | Home Phone                                      |
| Last:   | First: | MI             |                  |   |  |   |
| Present Street Address  |        | City           | State            | Zip Code                                      |  | How Long at Present Address?                    |
| Former Street Address (if at present address for less than 3 yrs.)  |        | City           | State            | Zip Code                                      |  | How Long at Former Address?                     |
| Former Street Address (if at present address for less than 3 yrs.)  |        | City           | State            | Zip Code                                      |  | How Long at Former Address?                     |
| <b>Current Housing Status: Provide the name, address, and phone number of <b>all</b> your landlords for the past 3 years.</b> |        |                |                  |   |  |   |
| Current Landlord Name:  |        |                | Phone            |   |  |   |
| Address:  |        | City           | State            |   | Zip Code   |   |
| Previous Landlord Name:   |        |                | Phone            |   |  |   |
| Address:  |        | City           | State            |   | Zip Code   |   |
| Previous Landlord Name:   |        |                | Phone            |   |  |   |
| Address:  |        | City           | State            |   | Zip Code   |   |
| 8. Name and Address of Employer   |        |                | Type of Business |   | Self Employed?   |   |
|   |        |                |                  |   | Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| Business Phone Number   |        | Position/Title |                  | Number of Years at Job                        |  | Yrs. In this line of work                       |
|   |        |                |                  |   |  |   |

## CO-APPLICANT / SPOUSE INFORMATION

|  |        |      |               |                     |                              |
|--|--------|------|---------------|---------------------|------------------------------|
| Co-Applicant's Name  |        |      | Date of Birth | Social Security No. | Home Phone                   |
| Last:  | First: | MI   |               |                     |                              |
| Present Street Address   |        | City | State         | Zip Code            | How Long at Present Address? |
| Former Street Address (if at present address for less than 3 yrs.) |        | City | State         | Zip Code            | How Long at Former Address?  |
| Former Street Address (if at present address for less than 3 yrs.) |        | City | State         | Zip Code            | How Long at Former Address?  |

**Current Housing Status:** Provide the name, address, and phone number of **all** your landlords for the past 3 years.

|                    |  |      |       |          |
|--------------------|--|------|-------|----------|
| Current Landlord:  |  |      |       | Phone    |
| Address:           |  | City | State | Zip Code |
| Previous Landlord: |  |      |       | Phone    |
| Address:           |  | City | State | Zip Code |
| Previous Landlord: |  |      |       | Phone    |
| Address:           |  | City | State | Zip Code |

|                              |                |                        |  |
|------------------------------|----------------|------------------------|--|
| Name and Address of Employer |                | Type of Business       | Self Employed?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Business Phone Number        | Position/Title | Number of Years at Job | Yrs. In this line of work  |

**INCOME/ASSETS**

| SOURCE   | APPLICANT  | CO-APPLICANT          | Other Household -18 yrs<br>of age or older: | <b>TOTAL For MONTH</b> |
|--|------------|-----------------------|---|------------------------|
| 1. Gross Salary  |            |                       |   |                        |
| 2. Overtime Pay  |            |                       |   |                        |
| 3. Commissions/Fees/Tips/Bonuses   |            |                       |   |                        |
| 4. Unemployment Benefits   |            |                       |   |                        |
| 5. Workers Compensation, etc.  |            |                       |   |                        |
| 6. Social Security, Pensions,<br>Retirement (please circle) <b>Per Month</b> |            |                       |   |                        |
| 7. TANF Payments/Public Assistance<br><b>Per Month</b>                       |            |                       |   |                        |
| 8. Alimony, Child Support (please circle)<br><b>Per Month</b>                |            |                       |   |                        |
| 9. Net Income From Business  |            |                       |   |                        |
| 10. Net Rental Income<br>(if you own property and rent it to others)         |            |                       |   |                        |
| 11. Other:   |            |                       |   |                        |
|  |            |                       | <b>TOTAL MONTHLY:</b>                       |                        |
|  |            |                       | Total Monthly Income x 12 =                 |                        |
| ASSETS for <u>ALL</u> household members<br>18 years of age or older          | CASH VALUE | INCOME FROM<br>ASSETS | NAME & ADDRESS OF<br>FINANCIAL INSTITUTION  | ACCOUNT NUMBER         |
| Checking Account   | \$         | \$                    |   |                        |
| Savings  | \$         | \$                    |   |                        |
| Certificate of Deposit<br>(CD's)   | \$         | \$                    |   |                        |
| Mutual Funds/ Stocks / Bonds   | \$         | \$                    |   |                        |
| Real Estate - If you own your own<br>home or have property                   | \$         | \$                    |   |                        |
| Other:   | \$         | \$                    |   |                        |
| <b>TOTAL:</b>  | \$         | \$                    |   |                        |

**HOUSEHOLD COMPOSITION**

|             | FULL NAME<br><br><b>List the full names and related information for all people that will be living in the house or apartment for which you are applying.</b> | Head of Household Race & Ethnicity<br>(Optional):<br><b>FOR STATISTICAL USE ONLY</b>   |   | Relationship to Head of Household | M=Male<br>F=Female | DATE of BIRTH<br>MM/DD/YY | AGE | SOCIAL SECURITY |
|-------------|--|--|---|-----------------------------------|--------------------|---------------------------|-----|-----------------|
|             |  | 1 = White<br>2 = Black or African American<br>3 = American Indian or Alaskan<br>4 = Native Hawaiian or Pacific Islander<br>5 = Asian | 1= Hispanic /Latino<br><br>2= Non-Hisp./ Non-Latino |                                   |                    |                           |     |                 |
| <b>Head</b> |  |  |   | <b>HEAD</b>                       |                    |                           |     |                 |
| 2           |  |  |   |                                   |                    |                           |     |                 |
| 3           |  |  |   |                                   |                    |                           |     |                 |
| 4           |  |  |   |                                   |                    |                           |     |                 |
| 5           |  |  |   |                                   |                    |                           |     |                 |
| 6           |  |  |   |                                   |                    |                           |     |                 |
| 7           |  |  |   |                                   |                    |                           |     |                 |
| 8           |  |  |   |                                   |                    |                           |     |                 |

**THE FOLLOWING QUESTIONS (1 – 10) MUST BE COMPLETED**

- I/We  **have**  **have not** 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 income/assets section of this application.
- Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?  
Yes  No  If yes, list household member’s name and states requiring registration. \_\_\_\_\_
- Have you or any member of your household ever been charged with or convicted of a crime (misdemeanor or felony) other than minor traffic violations?  
Yes  No  If yes, please explain \_\_\_\_\_
- Are any adults (18 and over) full or part-time students? Yes  No  If yes, list name(s) of student(s). \_\_\_\_\_
- Do you own any pets? Yes  No  If yes, what kind and how many: \_\_\_\_\_
- Has the family’s tenancy in subsidized housing ever been terminated for fraud, nonpayment of rent or failure to cooperate with recertification procedures?  
Yes  No



7. Do you currently have a Section 8 Housing Choice Voucher? Yes  No  **If yes, please attach a copy of voucher when submitting application.**

8. For Section 8 eligibility and allowance purposes, is there a disability you wish to claim? Yes  No  \_\_\_\_\_

9. Please list the name and telephone number of an additional person to contact in the event we are unable to reach you, e.g., a relative, caseworker, etc.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

10. Are there any special housing needs or accommodations that the household will require? Examples are a unit for a person with mobility, visual or hearing impairment, or a unit with grab bars and/or wheel-in showers. Yes  No  If yes, please explain below.

\_\_\_\_\_

The information provided above is true and complete to the best of my knowledge and belief. I/We consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy. I/We consent to have background credit and criminal checks to be obtained for all household members age 18 and over.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult over the age of 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult over the age of 18

\_\_\_\_\_  
Date

\_\_\_\_\_  
HANDS Representative

\_\_\_\_\_  
Date

If you are in need of special services, please call HANDS at (814) 453-3333.

If you have a complaint regarding this application, you may call:

**PHILADELPHIA HUD**  
**(215) 656-0663**  
**TDD# (215) 656-3450**

**PITTSBURGH HUD**  
**(412) 644-6965**  
**TDD# 1-800-927-9275**  
**Toll-Free Complaints 1-800-669-9777**



**TENANT SELECTION PLAN**

We have enclosed a copy of our Tenant Selection Plan for you to keep and review.

By signing below, you are acknowledging that you have received a copy of our Tenant Selection Plan which consists of:

- Equal Housing Requirements
- Income Targeting
- Application Process
- Waiting List Procedures
- Application Eligibility Criteria, Which has:
  1. Income
  2. Credit
  3. Rental History
  4. Criminal History
  5. Applicant Rejection
  6. Appeal of Denial of Application
  
- Determining Unit Size
- Transfer List
- Contents of Tenant Selection Plan

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**“IS FRAUD WORTH IT?” FORM**

We have also enclosed a copy of our “Is Fraud Worth It?” form. By signing below, you are acknowledging that you have received a copy of “Is Fraud Worth It?”

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

|  |  |
|--|--|
| <b>Applicant Name:</b>   |  |
| <b>Mailing Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>Name of Additional Contact Person or Organization:</b>  |  |
| <b>Address:</b>  |  |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b>  |
| <b>E-Mail Address (if applicable):</b>   |  |
| <b>Relationship to Applicant:</b>  |  |
| <b>Reason for Contact:</b> (Check all that apply)  |  |
| <input type="checkbox"/> Emergency   | <input type="checkbox"/> Assist with Recertification Process |
| <input type="checkbox"/> Unable to contact you   | <input type="checkbox"/> Change in lease terms               |
| <input type="checkbox"/> Termination of rental assistance  | <input type="checkbox"/> Change in house rules               |
| <input type="checkbox"/> Eviction from unit  | <input type="checkbox"/> Other: _____                        |
| <input type="checkbox"/> Late payment of rent  |  |
| <b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.   |  |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |  |
| <b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975. |  |

Check this box if you choose not to provide the contact information.

|  |  |
|--|--|
|  |  |
|--|--|

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.