

**SENIORCARE NETWORK  
1215 HULTON ROAD  
OAKMONT, PA 15139  
412-826-6546**

Dear Applicant:

SeniorCare Network is an affordable property management company. Attached is a listing of the rental properties we offer based on age and county location.

Put a check mark in the boxes for the properties you are interested in applying for. Return application to SeniorCare Network, 1215 Hulton Road, Oakmont, PA 15139. Your application will then be forwarded to the appropriate property manager who will be in touch with you.

**PLEASE DO NOT SEND ANY IMPORTANT DOCUMENTS** (Original or copy: Birth Certificate, Social Security Cards, ID and income because this will be asked for when you are considered for an apartment).

Due to multi-program nature of our portfolio, we understand you may have questions as you review this application package. **Please feel free to contact us with any questions such as current income limits. You may reach us by calling the properties directly. The property phone numbers are listed on the property list.** We look forward to serving you with your housing needs.

Sincerely,

SeniorCare Network

SUBSIDIZED HOUSING APPLICATION FOR:  
SENIOR CITIZENS (62 years of age or older)

Put a check mark in the "check here" box for as many properties for which you are interested.

Property Name & Address	Area	Housing for: County Location:	# of Bdrms	Check Here
Fifth Avenue Commons 1205 Fifth Avenue McKeesport, PA 15132 (412) 678-0488	McKeesport	Only for persons <u>62 years, or older</u>  Allegheny County	1	
Green Diamond Place 379 Mellon Avenue Baden, PA 15005 (724) 869-2080	Baden	Only for persons <u>62 years, or older</u>  Beaver County	1	
HaveLoch Commons 105 Coal Street McDonald, PA 15057 (724) 926-3033	McDonald	Only for persons <u>62 years, or older</u>  Washington County	1	
Poplar Lane Court 110 New Salem Road Uniontown, PA 15401 (724) 437-7993	Uniontown	Only for persons <u>62 years, or older</u>  Fayette County	1	
SpruceWood Commons 104 Spruce Drive Slippery Rock, PA 16057 (724) 794-4484	Slippery Rock	Only for persons <u>62 years, or older</u>  Butler County	1	
Parker Heights 302 North Wayne Avenue Parker, PA 16049 (724) 399-2955	Parker	Only for persons <u>62 years, or older</u>  Armstrong County	1	

SUBSIDIZED HOUSING APPLICATION FOR:

SENIOR CITIZENS (62 years of age or older or 18 years of age or older with a physical disability)

Put a check mark in the "check here" box for as many properties for which you are interested.

Property Name & Address	Area	Housing for: County location:	# of Bdrms	Check Here
Beeson Court 125 East Main Street Uniontown, PA 15401 (724) 438-6630	Uniontown	Only for persons <u>62 years, or 18 older with a physical disability</u>  Fayette County	Efficiency	
			1	
Bellmead Apartments 815 South Main Street Washington, PA 15301 (724) 223-5744	Washington	Only for persons <u>62 years, or 18 older with a physical disability</u>  Washington County	1	
			2	
Bridge Street Commons 600 Bridge Street Waynesburg, PA 15370 (724) 627-4145	Waynesburg	Only for persons <u>62 years, or 18 older with a physical disability</u>  Green County	1	
Commons of Saxonburg 100 Commons of Saxonburg Ct. Saxonburg, PA 16056 (724) 352-2225	Saxonburg	Only for persons <u>62 years, or 18 older with a physical disability</u>  Butler County	1	
Etna Commons 21 Hickory Street Pittsburgh, PA 15223 (412) 782-2711	Etna	Only for persons <u>62 years, or 18 older with a physical disability</u>  Allegheny County	1	
Forward Shady 5841 Forward Avenue Pittsburgh, PA 15217 (412) 521-3065	Squirrel Hill	Only for persons <u>62 years, or 18 older with a physical disability</u>  Allegheny County	Efficiency	
			1	
			2	

Heritage House of Houston 140 West Pike Street Houston, PA 15342 (724) 745-7480	Houston	Only for persons <u>62 years, or 18 older with a physical disability</u>  Washington County	1	
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**SUBSIDIZED HOUSING APPLICATION FOR:**

**SENIOR CITIZENS (62 years of age or older or 18 years of age or older) Continued**

Put a check mark in the "check here" box for as many properties for which you are interested.

Property Name & Address	Area	Housing for: County location:	# of Bdrms	Check Here
Park Manor Apartments 400 Park Manor Butler, PA 16001 (724) 282-7579	Butler	Only for persons <u>62 years, or 18 older with a physical disability</u>  Butler County	1	
Plum Creek Acres 501 Center New Texas Road Pittsburgh, PA 15239 (412) 795-2191	Plum	Only for persons <u>62 years, or 18 older with a physical disability</u>  Allegheny County	1	
St. Justin Plaza 120 Boggs Avenue Pittsburgh, PA 15211 (412) 381-3941	Mt. Washington	Only for persons <u>62 years, or 18 older with a physical disability</u>  Allegheny County	1	
Saint Therese Plaza 4 St. Therese Court Munhall, PA 15120 (412) 462-2319	Munhall	Only for persons <u>62 years, or 18 older with a physical disability</u>  Allegheny County	1	
Sunbury Fields 104 Sunbury Fields Lane Butler, PA 16001 (724) 285-1222	Butler	Only for persons <u>62 years, or 18 older with a physical disability</u>  Butler County	1	
Sweetbriar Place 211 Sweetbriar Street Pittsburgh, PA 15211 (412) 431-0211	Mt. Washington	Only for persons <u>62 years, or 18 older with a physical disability</u>  Allegheny County	1	
York Commons 4003 Penn Avenue Pittsburgh, PA 15224 (412) 682-1151	Lawrenceville	Only for persons <u>62 years, or 18 years of age or older with a disability</u>  Allegheny County	1	

**The Properties listed above require a HUD Verification of disability form, which will be processed once your application is submitted. Head of Household must be person with qualifying disability**

**SUBSIDIZED HOUSING APPLICATION FOR PERSONS WITH DISABILITIES:**

Put a check mark in the "check here" box for as many properties for which you are interested

Property Name & Address	Area	Housing for: County Location:	# of Bdrms	Check Here
Negley Commons 430 Negley Avenue Pittsburgh, PA 15206 (412) 362-0380	East Liberty	Only for persons with Physical disability  Allegheny County	1	
			2	
Page Place Apartments 1429 Page Street Pittsburgh, PA 15233 (412) 231-2149	Manchester	Only for persons with Physical disability  Allegheny County	1	
			2	
PlumWood Apartments 111 Ridgemoor Field Drive Verona, PA 15147 (412) 828-3737	Oakmont	Only for persons with Chronic Mental disabilities  Allegheny County	1	
			2	

Timothy Place 1 Marin Court Pittsburgh, PA 15239 (724) 733-4511	<b>Plum</b>	Only for persons with Developmental disabilities  <b>Allegheny County</b>	1	
			2	

The Properties listed above require a **HUD Verification of disability form**, which will be processed once your application is submitted. Head of Household must be person with qualifying disability.

**AFFORDABLE HOUSING APPLICATION FOR TAX CREDIT:  
SENIOR CITIZENS (62 years of age or older)**

Put a check mark in the "check here" box for as many properties for which you are interested

<b>Property Name &amp; Address</b>	<b>Area</b>	<b>Housing for: County Location:</b>	<b># of Bdrms</b>	<b>Check Here</b>
Commons at North Aiken 5330 North Aiken Court Pittsburgh, PA 15224 (412) 661-1075	<b>Garfield</b>	Only for persons <u>62</u> <i>years, or older</i>	1	
		<b>Allegheny County</b>	2	
Fairmont Apartments 5461 Penn Avenue Pittsburgh, PA 15206 (412)362-6080	<b>Friendship</b>	Only for persons <u>62</u> <i>years, or older</i>	1	
		<b>Allegheny County</b>		
The Heritage 25 West Peter Street Uniontown, PA 15401 (724) 438-6036	<b>Uniontown</b>	Only for persons <u>62</u> <i>years, or older</i>	1	
		<b>Fayette County</b>		
Mt. Nazareth Commons 250 Nazareth Way Pittsburgh, PA 15229 (412) 415-0475	<b>Ross Twp.</b>	Only for persons <u>62</u> <i>years, or older</i>	1	
		<b>Income Limits - \$21,420 - \$35,640 Allegheny County</b>	2	
The Oaks 200 Woodland Court Brownsville, PA 15417 724-938-3788	<b>Brownsville</b>	Only for persons <u>62</u> <i>years, or older</i>	1	
		<b>Washington County</b>	2	
Robinson Manor One Robinson Manor Blvd. McKees Rocks, PA 15136 (412) 490-9545	<b>Robinson Twp.</b>	Only for persons <u>62</u> <i>years, or older</i>	1	
		<b>Allegheny County</b>	2	
Silver Lake Commons 6935 Frankstown Avenue Pittsburgh, PA 15208 (412) 362-0165	<b>Homewood</b>	Only for persons <u>62</u> <i>years, or older</i>	1	
		<b>Allegheny County</b>		

**Note: You will receive a letter from each community which you have checked once your application has been processed.**

**APPLICATIONS CAN BE MAILED TO:  
SENIORCARE NETWORK  
1215 HULTON ROAD  
OAKMONT, PA 15139**



**SeniorCare Network**  
**1215 Hulton Road**  
**Oakmont, PA 15139**  
**Telephone: (412) 826-6546 Fax: (412) 826-6520**

**Application for Admission**

This is an Application for Admission. Please answer all questions completely and truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowance, rent, family composition, personal history, or prior tenant history is grounds for rejection. Enter "none" or "N/A" for those questions which you believe does not apply to you. Before offering you a unit, you will need to sign appropriate consent forms which will let us check the information you gave us. Information you provide on income and disability will be maintained as confidential. However, in accordance with program regulations, information may be released to appropriate Federal, state or local agencies.

**IF, FOR ANY REASON, YOU REQUIRE ASSISTANCE OR HAVE QUESTIONS RELATING TO THE APPLICATION OR SCREENING PROCESS, PLEASE CONTACT THE PROJECT OFFICE. HOUSING INFORMATION**

<b>Applicant Name</b>	<b>Social Security #</b>	<b>Date of Birth</b>	<b>Email</b>
Do you have a senior exemption? (no social security card & 62 before 2010)	Yes	No	
<b>Current Street Address</b>	<b>City, State &amp; Zip</b>		<b>Telephone #</b>

**APPLICANT PRESENT AND PAST HOUSING: Provide the name, address and phone number of all your landlords for the past 7 years**

Current Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Current Landlord Address: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Previous Landlord Address: \_\_\_\_\_

Please list all states where all household members have lived: \_\_\_\_\_

Have you ever been evicted from Housing? \_\_\_\_\_

<b>Co-Applicant Name</b>	<b>Social Security #</b>	<b>Date of Birth</b>
<b>Co-Current Street Address</b>	<b>City, State &amp; Zip</b>	

**CO-APPLICANT PRESENT AND PAST HOUSING: Provide the name, address and phone number of all your landlords for the past 7 years**

Co-Applicant Current Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Co-Applicant Current Landlord Address: \_\_\_\_\_

Co-Applicant Previous Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Co-Applicant Previous Landlord Address: \_\_\_\_\_

Please list all states where all household members have lived: \_\_\_\_\_

Have you ever been evicted from Housing? \_\_\_\_\_

**EQUAL OPPORTUNITY HOUSING**

Our housing complies with federal and state fair housing laws and does not discriminate against any person because of race, color, religion, national origin, sex, age, familial status, sexual orientation, gender identification, marital status, or disability. This information will have no effect on your application, requested for (HUD purposes only). It is being requested for use in HUD reports.

Household Financial Information-Please provide this information for each member of the household who will live in the apartment (except proposed live-in aides). The financial information is necessary to meet the requirements of HUD and this facility's screening criteria.

ANNUAL INCOME				
Source	Applicant	Co-Applicant	Other Household Members 18 Years or Older	Total
<b>Gross</b> Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
SSP	\$	\$	\$	\$
<b>Gross</b> Pensions	\$	\$	\$	\$
Interest from: Savings, Certificates of Deposits, Stocks & Bonds	\$	\$	\$	\$
Other Income (specify type)	\$	\$	\$	\$

ASSETS				
Source	Applicant	Co-Applicant	Other Household Members 18 Years or Older	Total
Checking Account (avg. 6 months)	\$	\$	\$	\$
Savings Account (current balance)	\$	\$	\$	\$
Certificate of Deposit	\$	\$	\$	\$
Stocks & Bonds (Current Value)	\$	\$	\$	\$
IRA/Keogh	\$	\$	\$	\$
Real Estate (Appraised value less mortgage)	\$	\$	\$	\$
Life Insurance (Cash Surrender Value)	\$	\$	\$	\$
All other Assets	\$	\$	\$	\$
Total Assets	\$	\$	\$	\$

Have you disposed of any asset(s) valued at \$1,000 or more in the past two years for less than fair market value of the item?  Yes  No If yes, please list the asset value under the "other" column in the above listing of assets.

Are there any full-time or part-time students 18 years of age or older in your household?  
 Yes  No

Marital Status:  Single  Married  Divorced  Widowed

If widowed or divorced, give date: \_\_\_\_\_

Are you currently living in Section 8 Subsidized Housing?  Yes  No

Is the Co-Applicant currently living in Section 8 Subsidized Housing?  Yes  No

Do you own an automobile?  Yes  No

Do you plan to have a pet upon move-in?  Yes  No

Have you or any household family member been convicted of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past 7 years?

Yes  No If yes, list dates, crimes/violations, locations, jail/prison time served, probation, or parole status:

Is the applicant or any member of the applicant's household subject to a state life time sex offender registration in any state?  Yes  No

List all states where you (applicant) and members of your household have resided:

### **SPECIAL UNIT SELECTION**

Do you or any member of your household have a condition that requires:

- A barrier free unit  Unit for hearing impaired  
 Physical Modifications to a typical unit  Unit for vision impaired

If you checked any of the above, please explain exactly what you believe is required to accommodate your situation: \_\_\_\_\_

What is the name of the family member requiring the features identified above? \_\_\_\_\_

Will you or any family member require a live-in aide to assist you?

Yes  No

### **Marketing Information**

How did you learn about our community? \_\_\_\_\_

Current Resident  Friends  Newspaper  Advocate  Other

If Current Resident please list name: \_\_\_\_\_

**Applicant Certification and Release**

I/We understand the information in this application will be used to determine eligibility for a unit and understand that any false information may make me/us ineligible for a unit. I/We also understand that all adult members of the household must sign the Applicant's/Tenant's Consent to the Release of Information and HUD required Notice and Consent for the Release of Information to enable verification of our information before I/we can be offered a unit.

I/We also recognize and agree that management may obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on my/our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If my/our application is approved, and move-in occurs, I/we certify that only those persons listed in this application will occupy the apartment and they will maintain no other place of residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

**SIGNATURE PAGE**

**WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING FEDERAL FUNDS.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse or Co-Applicant

\_\_\_\_\_  
Date

Contact Person (in the event you cannot be reached):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**IF SOMEONE OTHER THAN THE APPLICANT(S) COMPLETED THIS APPLICATION:**

\_\_\_\_\_  
Name of Preparer

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Signature of Preparer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

**PROGRAM ACCESSIBILITY STATEMENT**

**NOTICE TO ALL APPLICANTS: Options for Applicants with Disabilities**  
This property is managed by SeniorCare Network, Inc. We provide affordable housing to persons with disabilities. We do not discriminate against applicants or residents on the basis of their race, color, religion, national origin, sex, age, familial status, sexual orientation, or disability. In addition, we have a legal requirement to provide A reasonable accommodations to applicants and residents if they or any member of their family have a disability. Reasonable accommodation is some modification or change that we can make to the rules or procedures or to the structure of the property that will assist an otherwise eligible applicant or resident with a disability to take advantage of the program.

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: (Check all that apply)</b>	
<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.

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**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.