



Beeson Court
125 East Main Street
Uniontown, PA 15401
T: 724.438.6630
F: 724.438.6640
PA Relay 711
Beeson@SrCare.org
SrCareNetwork.org

Dear Applicant:

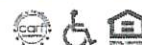
Thank you for your interest in Beeson Court. Enclosed is an application and information regarding our apartment community. To assist us in determining your eligibility for residency at Beeson Court, please complete the application in its entirety and return it to our rental office at your earliest convenience.

Once we determine your eligibility, you will be notified by mail. If you need assistance in filling out the application or have any questions, please feel free to contact me at (724) 438-6630.

I look forward to meeting with you and assisting you with your housing needs.

Sincerely,

Beeson Court





BEESON COURT
125 E Main St
Uniontown, PA 15401-3662
Telephone: (724) 438-6630 Fax: (724) 438-6640

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

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

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? _____		
Co-Applicant Name	Social Security #	Date of Birth
Co-Current Street Address	City, State & Zip	Telephone #

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.

!Unexpected End of Formula 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
Gross Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
SSP	\$	\$	\$	\$
Gross 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, any proposed occupant or any proposed live-in aid in your household been convicted, pled guilty or pled no contest to, or have had any other disposition other than a non-guilty verdict for any crime involving injury or threat to another person, destruction or threat of destruction of property, the use, sale, distribution, manufacture or possession of, or the intent to sell, distribute, manufacture or possess any illegal drugs, or any other crimes that may render an applicant unsuitable for residency in our community?

Yes **No** If yes, list the dates, crimes/violations, locations, jail/prison time served, probation and/or parole status and any other information you would like us to consider: _____

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
- Physical Modifications to a typical unit
- Unit for hearing impaired
- 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.



VERIFICATION OF DISABILITY
VERIFICATION OF DISABILITY WHEN ELIGIBILITY FOR ADMISSION IS BASED ON DISABILITY
FOR USE WITH SECTIONS 202 AND 811 PROGRAMS

To: _____ From: Beeson Court
 _____ 125 E Main St
 _____ Uniontown, PA 15401-3662
 (724) 438-6630

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

Subject: Verification of Information Supplied by an Applicant for Housing Assistance.

Name : _____
 SSN : _____ Date of birth: _____
 Address: _____

This person has applied for housing assistance under a program of the U.S. Department of Housing and Urban Development (HUD). HUD requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to assure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

YOU DO NOT HAVE TO SIGN THIS FORM IF EITHER THE REQUESTING ORGANIZATION OR THE ORGANIZATION SUPPLYING THE INFORMATION IS LEFT BLANK.

RELEASE-Applicant/Tenant: I authorize the person identified above who represents the housing owner to verify with the third party listed above whether my disability is covered by the paragraph(s) marked with an "x".

 SIGNATURE

 DATE

INFORMATION BEING REQUESTED:

For each numbered item below, mark an "X" in the applicable box that accurately describes the person listed above.

- YES NO 1) Has 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.
- YES NO 2) Is 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:
 - 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:
 - (1) Self-care,
 - (2) Receptive and expressive language,
 - (3) Learning,
 - (4) Mobility,
 - (5) Self direction,
 - (6) Capacity for independent living, and
 - (7) Economic self-sufficiency; and
- YES NO 3) Is a person with a chronic mental illness, i.e., he or she 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 housing conditions.
- YES NO 4) Is the above a person whose sole impairment is alcoholism or drug addiction.

Name and Title of person Verifying Disable

 Signature

 Phone

 Date

PENALTIES FOR MISUSING THIS CONSENT:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8). Beeson Court does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

WAITING LIST CHOICE FORM

Beeson Court has 49 units: (37) one-bedroom apartments and (12) efficiency units. Five (5) units are currently equipped with design features for the mobility impaired. Visual/hearing impaired adaptations are available upon request and verified need. Units are assigned on a first-come, first-served basis based on your place on the waiting list.

The waiting list has two categories: standard one-bedroom waiting list, and handicapped-accessible units with design features for the mobility impaired waiting list. Each applicant must designate which waiting list they wish to be placed on – standard one-bedroom unit, or handicapped-accessible unit.

PLEASE INDICATE WHICH WAITING LIST YOU WISH TO BE PLACED ON.

There are two unit types available that contain different design features. Listed below are Standard one-bedroom units, and handicapped-accessible units. Please check(√) the appropriate type of unit with the design features that meet your needs.

Units will be assigned based on your place on the waiting list on a first-come, first-served basis. You may choose more than one unit type due to the fact there is a limited number of each type of unit available.

PLEASE CHECK (√) YOUR CHOICE:

Standard, One-Bedroom Units (62 years and older)

Handicapped-accessible with design features for mobility impaired

Signature

Date

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

033EH234
Project No.

Beeson Court
Name of Property

125 E Main St
Uniontown, PA 15401-3662
Address of Property

Name of Owner/managing Agent

Section 8 - PA28T861016
Type of Assistance or Program Title

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

*Definitions of these categories may be found on the next page.

There is no penalty for persons who do not complete the form

Signature _____

Date _____

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

**CONSUMER NOTICE
THIS IS NOT A CONTRACT**

_____ hereby states that with respect to this

Property Beeson Court I am acting in the

Following capacity:

(Check one)

_____ (i) owner/landlord of the property;

_____ (ii) direct employee of the owner/landlord;

_____ (iii) an agent of the owner/landlord pursuant to a property Management or exclusive listing agreement.

I acknowledge that I have received this notice.

Consumer

Date

I certify that I have provided this notice:

Licensee

Date

2/13/01

RELEASE OF INFORMATION FORM

Beeson Court

In connection with my application for residency with you, I understand that an investigative consumer report may be requested that will include information as to my criminal history from various state, private and insurance sources along with other public records available. Worker's compensation information will only be requested in compliance with ADA.

I voluntarily and knowingly authorize any law enforcement agency, state agency; federal agency; finance bureau/office; credit bureau; collection agency to give records or information they may have concerning my criminal history AND/OR credit history. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid for one year from the date signed and a photographic or faxed copy of this authorization shall be valid as the original.

This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if housing is denied because of information obtained by my prospective landlord from a consumer reporting agency. If so, I will be also advised and be given the name of the agency or source of information.

Applicant Name (please print)

Signature

Date