

Dear Applicant:

Thank you for your interest in Page Place. Enclosed is an application and information regarding our apartment community. To assist us in determining your eligibility for residency at Page Place, 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 (412) 231-2149.

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

Sincerely,



Page Place

Should you need assistance with a hearing or speech disability, please dial 711 to utilize the Pennsylvania Relay Service. Thank you.



PAGE PLACE
1429 Page St
Pittsburgh, PA 15233-2001
Telephone: (412) 231-2149 Fax: (412) 231-2169

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.

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.

WAITING LIST CHOICE FORM

PAGE PLACE has 21 apartments: nineteen (19) one bedroom apartments and two (2) two bedroom apartments. Units are assigned on first-come basis based on your place on the waiting list.

The waiting list has two categories: one-bedroom waiting list and two-bedroom waiting list. Each applicant must designate which waiting list they wish to be placed on—one bedroom or two bedroom.

Single applicants are only eligible to reside in one-bedroom units.

Applicants with more than one person in the household or with live-in attendants are eligible to reside in a two-bedroom unit or a one-bedroom unit.

Please indicate which waiting list you wish to be placed on.

PLEASE CIRCLE YOUR CHOICE:

ONE BEDROOM

TWO BEDROOM

There are three unit-types available that contain different design features. Listed below are Unit Types A, B, and C with a description of their design features. 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. To qualify, individuals only need to benefit from one design feature.

_____ **TYPE A**

- Doorways are 36 inches wide.
- Accessible route into and throughout dwelling unit
- Light fixtures, outlets, and environmental controls in accessible location.
- Reinforced bathroom walls at tub, toilet and shower stall.
- All doorknobs and fixtures are levers.
- Usable kitchens and bathrooms that will allow for a wheelchair user to maneuver about the space.
- Knee space for wheelchair user under all bathroom sinks.
- Kitchen countertops at a height of 34 inches.
- Transfer showers.
- Stoves with controls located on the front.
- Visual smoke detector fire alarms.
- Peep sights in hallway doors.
- Emergency pull cords in bathrooms and bedrooms.

_____ **TYPE B - Contain all of the above, plus:**

- Knee space for wheelchair user under kitchen sink.
- Toilet grab bars.
- Self-cleaning ovens.

_____ **TYPE C - Contain all of features in Type A, plus:**

- An electrical outlet adjacent to the telephone outlet to permit use of a telecommunications device for the deaf (TTD).
- A flashing light signal tied to front door buzzer.
- Light receptacles capable of handling 150-watt bulbs.
- Tactile markings will be made available for range controls upon request.
- Baseboards, doors, and door frames and window frames are painted to contrast with the wall and floor color.

Signature

Date

VERIFICATION OF DISABILITY

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

To: From: Page Place Apartments
1429 Page Street
Pittsburgh, PA 15233
(412) 231-2149

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE

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

Name : Date of birth:
SSN :
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.

- 1) Has a physical, mental, or emotional impairment that is expected to be of long-continued and indefinite duration...
2) Is a person with a developmental disability, as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act...
3) Is a person with a chronic mental illness, i.e., he or she has a severe and persistent mental or emotional impairment...
4) Is the above 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.



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)

033HH015
Project No.

Page Place
Name of Property

1429 Page St
Pittsburgh, PA 15233-2001

Dysanne Pierre
Name of Owner/Managing Agent

Address of Property
Section 811 PRAC – PA28Q901007
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)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**CONSUMER NOTICE
THIS IS NOT A CONTRACT**

Cassandra Law hereby states that with respect to this
property Page Place 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:

Cassandra Law

Licensee

Date

5-21-23

RELEASE OF INFORMATION FORM

Page Place

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