

Sunbury Fields

104 Sunbury Fields Lane
Butler, PA 16001
724-285-1222
Fax: 724-285-4622
www.SrCare.org

Dear Applicant:

Thank you for your interest in Sunbury Fields Apartments. Enclosed is an application and information regarding our apartment community. To assist us in determining your eligibility for residency at Sunbury Fields Apartments, 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) 285-1222.

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

Sincerely,

Sunbury Fields Apartments

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

 **SeniorCare Network**
An Affiliate of Presbyterian SeniorCare

Sunbury Fields is managed by SeniorCare Network, Inc., a not-for-profit real estate management affiliate of Presbyterian SeniorCare.





SUNBURY FIELDS APARTMENTS
104 Sunbury Fields Ln
Butler, PA 16001-1370
Telephone: (724) 285-1222 Fax: (724) 285-4622

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	

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? _____

Are you currently in subsidized housing or on a voucher? YES NO

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.

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.

RELEASE OF INFORMATION FORM

Sunbury Fields Apartments

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

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)

03311098
Project No.

Sunbury Fields Apartments
Name of Property

104 Sunbury Fields Ln
Butler, PA 16001-1370

Presbyterian Portfolio LP DBA Sunbury Fields/SeniorCare Network, Inc.
Name of Owner/Managing Agent

Address of Property
Section 8 - PA28T891008
Type of Assistance or Program Title

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Category		Percentage
Hispanic or Latino		
Not-Hispanic or Latino		
Race Category		Percentage
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.

form HUD-27061-H (9/2003)

**CONSUMER NOTICE
THIS IS NOT A CONTRACT**

Cassandra Law hereby states that with respect to this
property Sunbury Fields Apartments 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