

 **SeniorCare
Network**

A Presbyterian SeniorCare
Network Affiliate

The Heritage
25 West Peter Street
Uniontown, PA 15401
t: 724.438.6036
f: 724.438.6067
PA Relay 711
HeritageUT@SrCare.org
SrCareNetwork.org

Dear Applicant:

Thank you for your interest in The Heritage. Enclosed is an application and information regarding our apartment community. To assist us in determining your eligibility for residency at The Heritage, 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) 438-6036.

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

Sincerely,

The Heritage





THE HERITAGE
25 W Peter St
Uniontown, PA 15401-3411
Telephone: (724) 438-6036 Fax:

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
<u>Gross</u> Social Security	\$	\$	\$	\$
SSI	\$	\$	\$	\$
SSP	\$	\$	\$	\$
<u>Gross</u> 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

THE HERITAGE has 36 one-bedroom apartments and two (2) 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 2 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 (62 years and older)

Signature

Date

**Race and Ethnic Data
Reporting Form**

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

OMB Approval No. 2502-0204

Project No.

The Heritage
Name of Property

25 W Peter St
Uniontown, PA 15401-3411
Address of Property

Billie Wilson
Name of Owner/Managing Agent

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 format 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)

form HUD-27061-H (9/2003)

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.

TENANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposes of verifying information on my/our apartment rental application. I/We authorize release of information without liability to the owner/manager of the apartment community listed below and/or the State and Local Agencies/Department's service provider.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income assets, medical, or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administrations
Support and Alimony Providers	Educational Institutions	Retirement Systems
State Unemployment Agencies	Social Security Administration	Medical and Child Care
Banks and other Financial	Previous Landlords (including	Providers
Institutions	Public Housing Agencies)	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and **will stay in effect for a year and one month** from the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect. **Everyone 18 years or age and older must sign this form.**

SIGNATURES

Signature of Applicant / Resident	Printed Applicant / Resident Name	Date
Signature of Co-Applicant / Resident	Printed Co-Applicant / Resident Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
Signature of Adult Member	Printed Adult Member Name	Date
The Heritage Apartment Community Name	Billie Wilson Contact	(724) 438-6036 Phone Number

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED SEPARATELY.

**CONSUMER NOTICE
THIS IS NOT A CONTRACT**

_____ hereby states that with respect to this
property The Heritage I am acting in the

Following capacity:

(Check one)

- _____ (i) owner/landlord of the property;
_____ (ii) direct employee of the owner/landlord;
 X (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