



Inclusionary Housing Application



Application for affordable housing at: _____

(name of apartment building)

Only complete applications will only be considered. Before an application will be processed, all application forms must be complete and signed; and all supporting documentation identified on the Checklist below must be provided to the leasing property staff.

All requested information is needed to determine household eligibility for inclusionary housing and will be handled with confidentiality.

If you have questions, please contact the leasing property staff,

A. APPLICANT'S Contact Information		
Applicant: (legal name)	Household size:	
Current Address:	Apt. #:	
City/State/Zip:		
Email Address:	Home Phone:	Mobile Phone:

B. Supplemental Documentation Checklist	
Complete applications must include all of the applicable items listed below.	
<input type="checkbox"/>	<u>Completed Inclusionary Housing Application form</u> (including signature)
<input type="checkbox"/>	<u>Release and Consent Form</u> – Completed and signed
<input type="checkbox"/>	<u>Employment</u> - Copy of most recent pay stub or stubs. If self-employed: Please provide a profit/loss statement for the current year estimating income and expenses, in addition to the tax returns.
<input type="checkbox"/>	<u>Asset Accounts</u> – Copies of three most recent checking and savings account statements as listed in Section H.
<input type="checkbox"/>	<u>Federal Tax Return</u> - Copies of the most recent federal tax return and corresponding W-2's. If self-employed: copies of two years of federal tax returns & all schedules. If you do not have copies or did not file, use IRS Form 4506T to request a transcript or contact the IRS at 1-800-829-1040.
<input type="checkbox"/>	<u>Other Income/Benefits</u> - Copy of award letter(s) if receiving social security, pension, survivor, disability payment or TANF and documentation of any other income source listed in Section G
<input type="checkbox"/>	<u>Social Security Card</u> - Copy of Social Security card for Primary Applicant
<input type="checkbox"/>	<u>Photo ID</u> - Copy of State Driver's License or picture ID for Primary Applicant
<input type="checkbox"/>	<u>Child Support/Alimony</u> - Copy of Court Ordered Custody Arrangements, child support and/or alimony, <i>if applicable</i>
<input type="checkbox"/>	<u>Financial Support Letter</u> - If receiving periodic financial support from another person or agency, please provide written proof of this support that includes the amount and timing of the support.
<input type="checkbox"/>	<u>Citizenship or Permanent Resident Alien Status</u> – For Citizenship: birth certificate or copy of Social Security Card, plus photo identification. For Permanent Resident Alien Status: Provide one of the documents listed on Page 5.

C. APPLICANT'S Program Eligibility Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Are you a full-time or part-time graduate student?
<input type="checkbox"/>	<input type="checkbox"/>	2. Are you a full-time or part-time undergraduate college student? If "No" skip to item #3.
<input type="checkbox"/>	<input type="checkbox"/>	2.a. Is the undergraduate student married?
<input type="checkbox"/>	<input type="checkbox"/>	2.b. Is the undergraduate student a domestic partner?
<input type="checkbox"/>	<input type="checkbox"/>	2.c. Is the undergraduate student a single parent with at least 50% custody?
<input type="checkbox"/>	<input type="checkbox"/>	2.d. Is the undergraduate student a veteran with a service-related disability as determined by VA?
<input type="checkbox"/>	<input type="checkbox"/>	2.e. Is undergraduate student receiving assistance under Title IV of Social Security Act (i.e. TANF)?
<input type="checkbox"/>	<input type="checkbox"/>	2.f. Is the undergraduate student enrolled in a job training program, receiving assistance under the Workforce Investment Act or other similar law?
<input type="checkbox"/>	<input type="checkbox"/>	2.g. Is the undergraduate student a U.S. Armed Forces Member?
<input type="checkbox"/>	<input type="checkbox"/>	2.h. Will the undergraduate student be at least 24 years of age at the time of lease?
<input type="checkbox"/>	<input type="checkbox"/>	3. Has the primary applicant been a resident of Centre County, or been employed in Centre County, for a minimum of one year?
<input type="checkbox"/>	<input type="checkbox"/>	4. Will this be the applicant's principal place of residence?

D. APPLICANT'S Prior Housing Information

Do you live in subsidized housing or receive rental subsidy (section 8)? Yes No

E. APPLICANT'S Information

Full Legal Name <i>Last name, First name, Initial</i>	Sex M/F	Marital Status	Age	Social Security #	Race/Ethnicity <i>(Check all that apply) State College Borough protects civil rights and promotes Fair Housing Act Protections. Your response is optional and will not affect your eligibility.</i>
					<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> American Indian/Alaska native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Amer. Indian/Alaska native & Black/African Amer. <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African Amer.&White <input type="checkbox"/> Amer. Indian/Alaska Native & Black/African Amer. <input type="checkbox"/> Other Multi-Racial

F. Applicant's Employer Information - Identify ALL employers. - Attach additional pages as necessary.

Primary Applicant's Name			Occupation		Work Phone	
Name and Address of Employer			City		State	Zip
Date Hired	Salary \$	When paid?	# hours/week	Contact Name	Work FAX #	

Applicant's Employer #2 Information - Identify ALL employers. - Attach additional pages as necessary.

Primary Applicant's Name			Occupation		Work Phone	
Name and Address of Employer			City		State	Zip
Date Hired	Salary \$	When paid?	# hours/week	Contact Name	Work FAX #	

G. Applicant's Income <i>Please identify ALL sources and amounts of income you receive. Attach additional pages as necessary.</i>						
Yes	No	Asset Type	Description		Monthly Total	Annual Total
<input type="checkbox"/>	<input type="checkbox"/>	1. Salary – Job #1				
<input type="checkbox"/>	<input type="checkbox"/>	2. Salary – Job #2				
<input type="checkbox"/>	<input type="checkbox"/>	3. Commission/Fees/Tips/Bonus				
<input type="checkbox"/>	<input type="checkbox"/>	4. Income from Military				
<input type="checkbox"/>	<input type="checkbox"/>	5. Business Net Income				
<input type="checkbox"/>	<input type="checkbox"/>	6. Social Security - Retirement				
<input type="checkbox"/>	<input type="checkbox"/>	7. Social Security - Disability				
<input type="checkbox"/>	<input type="checkbox"/>	8. Interest/Dividends				
<input type="checkbox"/>	<input type="checkbox"/>	9. Pension/Retirement Income				
<input type="checkbox"/>	<input type="checkbox"/>	10. Unemployment Benefits				
<input type="checkbox"/>	<input type="checkbox"/>	11. Workers' Compensation				
<input type="checkbox"/>	<input type="checkbox"/>	12. Alimony/Child/Family support				
<input type="checkbox"/>	<input type="checkbox"/>	13. TANF or other Welfare				
<input type="checkbox"/>	<input type="checkbox"/>	14. Real Estate/Rental Income				
<input type="checkbox"/>	<input type="checkbox"/>	15. Other:				
TOTALS						

H. Applicant's Assets <i>Please identify ALL assets of your assets. Attach additional pages as necessary.</i>						
Yes	No	Asset Type	Cash Value	Income (Interest/Div.)	Financial Institution	Account Number
<input type="checkbox"/>	<input type="checkbox"/>	1. Checking Account #1				
<input type="checkbox"/>	<input type="checkbox"/>	2. Checking Account #2				
<input type="checkbox"/>	<input type="checkbox"/>	3. Savings Account #1				
<input type="checkbox"/>	<input type="checkbox"/>	4. Savings Account #2				
<input type="checkbox"/>	<input type="checkbox"/>	5. Credit Union Account (s)				
<input type="checkbox"/>	<input type="checkbox"/>	6. Other Account(s)				

I. Primary Applicant's Certifications

- ① I/We understand that the leasing property staff is relying on this information to determine my household's eligibility for Inclusionary Housing. I/We will provide all necessary information including source names, addresses, phone numbers, and account numbers, where applicable, as well as any other information, including documentary evidence of income and assets of all proposed occupants (e.g. federal income tax information). I hereby authorize the leasing property staff or its agent to make inquiries for the purpose of verifying the information contained in this application.
- ② I/We declare that all of the above information and representations contained herein are to the best of my/our knowledge and belief, true and correct. I/We understand that providing false information or making false statements may be grounds for program ineligibility and may result in criminal penalties.
- ③ I/We understand that it is our responsibility to contact the leasing property staff if any information provided on this application changes prior to signing a lease for inclusionary housing, including but not limited to, changes in mailing address, phone number, household composition, citizenship, income, or assets.
- ④ I/We understand that any apartment Lease Agreement entered into may be cancelled at any time without liability by the leasing property staff or its Agent if information, or representation made in the application, upon which eligibility was determined, is misleading, incorrect or untrue regardless of my/our intent.

Applicant:

Printed Name

Signature

Date

The State College Borough does business in Accordance with the Federal Fair Housing Law, and will not discriminate against any person because of race, creed, color, religion, sex, handicap, familial status, pregnancy, birth of a child, sexual orientation, marital status, national origin, ancestry, place of birth, use or presence of a guide or support animal and/or mechanical aids, sexual orientation, gender identity or expression, age (over 40), or source of income (The Fair Housing Amendment Act of 1988). In compliance with Section 504 regulations, we do not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in, our federally assisted programs and activities. Management will consider requests from individuals with disabling conditions or mobility impairments for reasonable accommodations in policies, practices or facilities.



The Leasing Property Staff reserves the right to request documentation in addition to that listed above when it is needed to document income and all other program eligibility criteria.

CITIZENSHIP DECLARATION FORM

Complete a separate form for each member of the household listed in the Household

Last Name:	First Name:	Social Security #:
Alien Registration # (if applicable):	Admission # (if applicable):	Date of Birth:

Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and **complete either block number 1, 2, or 3.**

I, _____, hereby declare, under penalty of perjury that **I am:**

1. A citizen or national of the United States. *If you checked this box, no further information is required. Sign and date below and forward this form with your application. If this block is checked on behalf of a child, the adult who will reside in the home and who is responsible for the child should sign and date below.*

Signature Check if adult signing for a child. _____
Date

2. A noncitizen with permanent resident alien status in the category checked below. *

(i) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by section 101(a) (15) of the INA (8 U.S.C. 1001(a) (20) and 1101(a) (15), respectively) [immigrants]. (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161) [special agricultural worker], who has been granted lawful temporary resident status).

(ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259).

(iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203(a) (7) of the INA (8 U.S.C. 1153(a) (7)).

Signature Check if adult signing for a child. _____
Date

***Please provide a copy of one of the following documents with your application:**

1. Form I-551, **Alien Registration Receipt Card** (for permanent resident aliens).
2. Form I-94, **Arrival-Departure Record**, with one of the following annotations: (a) "Admitted as Refugee Pursuant to section 207"; (b) "Section 208" or "Asylum"; (c) "Section 243(h)" or "Deportation stayed by Attorney General"; or (d) "Paroled Pursuant to Sec. 212(d)(5) of the INA."
3. If Form I-94, **Arrival-Departure Record**, is not annotated, it must be accompanied by one of the following documents: (a) A final court decision granting asylum (but only if no appeal is taken); (b) A letter from an DHS asylum officer granting asylum (if application was filed on or after October 1, 1990) or from an DHS district director granting asylum (if application was filed before October 1, 1990); (c) A court decision granting withholding or deportation; or (d) A letter from an DHS asylum officer granting withholding of deportation (if application was filed on or after October 1, 1990).
4. Form I-766, **Employment Authorization Card**.
5. A receipt issued by the DHS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and that the applicant's entitlement to the document has been verified.
6. Form I-151 **Alien Registration Receipt Card**.

3. Not contending eligible immigration status and I understand that I am not eligible for inclusionary housing. *If you checked this block, no further information is required and the person named above is not eligible for assistance. Sign and date below and forward this form with your application.*

Signature Check if adult signing for a child. _____
Date

Release and Consent Form

I. Program Administrator			
Administrator Name:	Elizabeth Eirmann	Title:	Planner-Housing Specialist
Administrator Address:	c/o SCB Planning Dept.	Phone:	814-234-7100
	243 S. Allen St.	Fax:	814-234-7197
	State College, PA 16801	Email Address:	planningdept@statecollegepa.us

II. This Section to be Completed by Applicant

Primary Applicant's Name(s): _____

I _____, the undersigned hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposed of verifying information on my/our application for participation in the State College Borough Inclusionary Housing Program. I authorize release of information without liability to the administrator/management listed above, and/or their agents.

INFORMATION COVERED

I understand that previous or current information regarding me may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and child support income. I understand that this authorization cannot be used to obtain information about me that is not pertinent to my eligibility for and continued participation in the State College Borough Inclusionary Housing Program.

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:**

- | | | |
|---------------------------------------|--------------------------------|-------------------------------|
| Bank and other Financial Institutions | Investment Companies | Support and Alimony Providers |
| County & Local Tax Departments | Public Assistance Agencies | Utility Providers |
| Educational Institutions | Retirement Systems | Veterans Administration |
| Employers - Past and Present | Social Security Administration | Previous or Current Landlords |
| Insurance Carrier | State Unemployment Agencies | Housing Authority |

III. Applicant Certification

I 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 understand that I have a right to review this file and correct any information that is incorrect.

Applicant Printed Name	Signature	Date
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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 BY THE APPLICANT.