

ERIE INDEPENDENCE HOUSE, INC.

1611 Peach Street, Suite 145

Erie PA 16501-2120

(814) 461-9188

(814) 461-0232 FAX

APPLICATION FOR ASSISTANCE

APPLICANT IS APPLYING FOR:

App.# _____

- _____ PHFA Subsidized/Laura Wallerstein Apartments, 956 West 2nd Street (1 Bedroom)
- _____ HUD Subsidized/EIH Bayview Apartments, Inc., 1039 West 5th Street (1 Bedroom)
- _____ HUD Subsidized/McClelland Ave. Apartments, Inc., 2313 East 26th Street (___ 1 bdrm or ___ 2 bdrm)

Applicant Name: _____ **Co-Applicant** _____

Current Address: _____ **Apt. #** _____

City, State, Zip: _____

Home Phone: _____ **Work Number:** _____

List below two relatives or friends who generally know how to contact you:

Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
_____	_____
Phone Number _____	Phone Number _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

List the Head of Household and all other members who will be living in the assisted unit. Give the relationship of each family member to the Head of Household:

Full Name	Relationship	Birth Date	Age	Sex
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List ALL STATES in which the Head of Household and all other members who will be living in the assisted unit have resided:

Full Name	All States Resided In
_____	_____
_____	_____
_____	_____
_____	_____

Race of Household: (Optional)

White Hispanic Non-Hispanic Black Am. Indian Asian
 Do not wish to answer

Citizenship: (Not Applicable when applying for only McClelland and/or Bayview Apartments)

US Citizen Non-citizen

Are you or any member of your household who will be residing with you currently an illegal user or a controlled substance abuser? Yes No

Have you or any member of your household who will be residing with you ever been convicted of the illegal manufacture or distribution of a controlled substance or convicted for the illegal use of a controlled substance? Yes No

Are you or any member of your household who will be residing with you subject to a lifetime sex offender registration requirement in any state? Yes No

Do you plan to have anyone living with you in the future who is not listed above: Yes No
If yes, explain _____

Is there a severe mobility impairment that you, as head of household, or spouse wish to claim for Section 8 or 811 PRAC eligibility purposes? Yes No If yes, explain _____

Are there any special accommodations that the household will require (i.e., live-in aide, grab bars, wheel-in shower)? Yes No If yes, explain _____

CURRENT AND PREVIOUS HOUSING STATUS:

Provide the name, address, and phone number of all your landlords for the past three years. (Landlord checks are conducted.) When do you wish to move from your current residence? _____

Current Resident Address _____

Current Landlord _____ Phone _____

Landlord Address _____

When did you move into this address? _____ When does lease expire? _____

Reason for wanting to leave _____

Previous Landlord _____ Phone _____

Address _____

When did you move into this address? _____ When did you move out? _____

Reason for leaving _____

Previous Landlord _____ Phone _____

Address _____

When did you move into this address? _____ When did you move out? _____

Reason for leaving _____

Have you had a lease terminated due to:

Fraud? Yes No Non-payment of rent? Yes No
Failure to cooperate with re-certification procedures? Yes No
Extended hospital/nursing home stays? Yes No
Drug related/criminal activity? Yes No

How did you learn about our facilities? _____

INCOME INFORMATION

Please list ALL forms of income that your household expects to receive in the next 12 months.

Household Member Name	Type of Income	Source	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

ASSETS INFORMATION

List all bank accounts (including checking, savings, IRAs, Keogh's, and CDs) of all household members:

Household Member Name	Bank Name	Account Number	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

List all stocks, bonds, trusts, pension contributions, insurance policies, assets given to you, or other assets

Do you own a home or other real estate? Yes No

Have you sold or been given any real estate property or other assets in the past two years? Yes No

If yes, what was the sale price? \$ _____ If yes, what is the current market value of the asset?
\$ _____

EXPENSES

Do you pay for childcare so that you or another family member can go to work or go to school? Yes
 No If yes, what is name of family member enabled to work _____

Name and address of child care provider	Weekly cost
_____	\$ _____
_____	\$ _____

MEDICAL EXPENSES

Do you have Medicare? Yes No

Do you have any other kind of medical insurance? Yes No

Do you have any outstanding medical bills on which you are paying? Yes No
Will you have any medical expenses during the next twelve months? Yes No If yes, amount of
medical expenses \$ _____
Name and address of medical providers _____

ATTENDANT CARE

Which organization, if any, provides personal care attendant service or acts as a fiscal agent for you?

INCOME LIMITS*

McClelland/Bayview
PHFA/956 West 2nd Street

Very Low Income Limit	Low Income Limit
\$20,050 One Person	\$32,050 One Person
\$22,900 Two People	\$36,600 Two People

*Revised annually by HUD

APPLICANT CERTIFICATION

Erie Independence House, Inc. complies with all Federal, state, and local fair housing and civil rights laws and with all equal opportunity requirements in HUD administrative procedures. EIH will not discriminate based on race, color, creed, religion, gender, national origin, age, familial status, or handicap. All EIH units are designed for the mobility-impaired individual. Prospective tenants must provide a physician's or other licensed health care professional's name and address to verify disability in order to qualify for placement in a unit.

I/we understand that the above information is being collected to determine my/our eligibility for Section 8 assistance. I/we authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, state, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law.

Signature of Head of Household _____ Date _____

Co-Head/Spouse _____ Date _____

Name of Person Completing this Form _____

Telephone Number _____ Relationship to Applicant _____