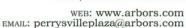


PHONE/FAX: 412.322.0888





Dear Applicant:

Attached please find the rental application which you have requested. Please note that **ALL** information, including the information requested on the Addendum to the Application, Form 92006 and the Family Summary Sheet **MUST** be completed in its entirety. Incomplete applications will be returned to you and not placed on the Waiting List. Also, the application must be signed and dated where indicated. The application packet may be returned by mail, e-mail or hand delivered to the above address. No faxed applications will be accepted.

Attached to the application is a **Family Summary Sheet** (with the Owner's Notice No.1). Please list all members of your household on this form. You will also find HUD form 92006, Supplement to Application for Federally Assisted Housing. Please complete and return this form with the application.

If you have any questions concerning this application, the Addendum to the Application, the Owner's Notice No.1, or the Form 92006, please contact me at the above number.

Sincerely,

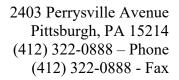
Perrysville Plaza Management

enclosures





Page left intentionally blank.





Co-Head Cell #: E-List names, addresses and phone numbers of two relatives or f contact you: 1. Name: 2. Name:	Date Time File # By
City, State, Zip Code	
Home/ Cell Phone #: Home/ Co-Head Cell #: E-List names, addresses and phone numbers of two relatives or frontact you: 1. Name: 2. Name:	Apt. No
Co-Head Cell #: E-List names, addresses and phone numbers of two relatives or f contact you: 1. Name: 2. Name:	
List names, addresses and phone numbers of two relatives or f contact you: 1. Name: 2. Name:	ead Work #:
1. Name: 2. Name:	-Mail
	friends who generally know how to
Address: Addre	:
	ss:
Phone #: Phone	e #:
HOUSEHOLD COMPOSITION AND CHARACTERISTICS List the Head of Household and all other members who will be relationship of each family member to the Head of the Household	
MEMBER # FULL NAME RELATIONSHIP BIRTHDAT	E SOCIAL SECURITY NUMBER
<u>SELF</u>	
2	
3	
4	
Have you or anyone in your household ever been convicted of	a crime? Yes No

Race of Head of Household:	White Asian	Black or African A	merican or Alaska Native
		an or Other Pacific Islan	
Ethnicity of Head of Household:	H	spanic or Latino	Not-Hispanic or Latino
	[Do not wish to answer	
Do you plan to have anyone living wit	h you in the future w	ho is not listed above?	
Yes	No If yes, plea	ase explain	
Is there a handicap or disability that y	ou, as head of house	ehold or spouse, wish to	claim for Section 8
eligibility purposes?			
Are there any special accommodation Unit for visually impaired, unit for hear		I will require? (i.e., unit f	for mobility impaired
Have you been displaced as a result o	of a government acti	on or a presidentially de	clared disaster?
Are you currently living in Subsidiz			
YES:		NO:	
Are you or any family member a ful	II or part time stude	ent at an institution of h	nigher learning:
YES:		NO:	
Name(s) and Relationship(s)			

HOUSING STATUS

PIOV	ide the name, address	s, and priorie number of all your fandiords it	or the past three	(3) years.	
Curr	ent Landlord:	rd:Phone #:			
Address:	Date you moved in				
Prev	ious Landlord:	Phone #:			
Addr	ess:				
Your	Address:				
Move	e In Date:	Move Out D	ate:		
Have	e you ever been evic	ted? YES:	NO:	_	
Expl	anation if yes				
INCO	OME INFORMATION				
	se answer each of the age 4:	following questions. For each Yes answer	r, provide the de	tails in the char	
on p	aye 4.		YES	<u>NO</u>	
1.	Are you or any men full-time, part-time o	nber of your household employed, or seasonally?			
2.	,	ber of your household expect to work g the next twelve months?			
3.	Do you or any mem who pays them in ca	ber of your household work for someone ash?			
4.		ber of your household now receive or nemployment benefits?			
5.	Do you or any mem to receive child sup	ber of your family now receive or expect port?			
6.		nber of your household entitled to child is not now receiving?			
7.	Do you or any mem expect to receive all	ber of your household now receive or imony payments?			
8.	Do you or any mem	ber of your household receive or expect			

9.	to receive Social S	nber of your househole Security benefits?	d receive or expect			
10.		mber of your househole from a pension or ann				
11.		mber of your househol from individuals not liv	•			
12.	From assets, inclu Accounts, interest	mber of your householding interest on check and/or dividends from bonds, income from th	ing or savings certificates of			
			ousehold receives, give t e next twelve (12) month		l the amount	
<u>FAM</u>	ILY MEMBER #	SOURCE OF INCO	ME/TYPE OF INCOME	ANN	IUAL INCOM	<u>E</u>
SELI	=					
2						_
3.						
4.						_
5.						
6.						_
<u>U.</u>						_
<u>ASS</u>	ET INFORMATION					
			g IRA's, Keogh Accounts isposed of during the pas		ates of Depos	sit)
<u>FAM</u>	ILY MEMBER	BANK	ACCOUNT #	CURRENT	BALANCE	_

List Value of all stocks, bonds, trusts, pension contributions of other	assets:	
\$	<u>Yes</u>	<u>No</u>
Do you own a home or other real property?		
Have you sold or given away real property or other assets, for less than fair market value, in the past two years?		
<u>EXPENSES</u>		
Do you pay for child care which enables the head of household to work or attend school		
If yes, give name and mailing address of care provider and name of or attend school:	f family mer	nber enabled to work
ELDERLY/ DISABLED FAMILIES ONLY	<u>YES</u>	<u>NO</u>
Do you pay for medicare?		
Do you pay for other medical insurance?		
Are you paying outstanding medical bills?		
Do you expect to incur medical expenses during the next twelve (12) month period?		
If yes, list amount of medical expenses	\$	
Do you expect to incur expenses for dental care:		
Do you expect to incur expenses for eye glasses?		
Were you 62 years of age or older on January 31, 2010 AND receiving HUD rental assistance?		
MARKETING		
How did you learn about Perrysville Plaza?		

APPLICANT CERTIFICATION

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the information is being collected to determine my/our eligibility for Section 8 Assistance. I/we authorize the agent to verify all information provided on this application and to contact previous Landlords or other sources for credit, criminal 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.

Head/Household Signature

Date

PERRYSVILLE PLAZA does not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

Date



Co-Head Signature



Applications can be mailed, emailed, or hand delivered to the management office.

COMMENTS/ADDITIONAL INFORMATION:

Addendum to Application: Affidavit on State Registration as a Sex Offender

This addendum must be completed in full and returned with the application. Failure to do so will result in the application being considered incomplete and returned to the applicant.

 Are you, or any mer Registration as a Se 1. 	ex Offender? If you		
2) Have you, or any money Registration as a S	ex Offender? If yes	ehold, <u>ever been subje</u> e :	
3.	Term		
PLEASE LIST ALL STATE HAVE RESIDED: HEAD OF HOUSEHOLD:_	STATE	FROM DATE	UNTIL DATE
CO-HEAD OR SPOUSE			

PLEASE LIST ALL STATE: HAVE RESIDED:	S WHERE YOU STATE	(AND EACH HOUSE FROM DATE	EHOLD MEMBER) UNTIL DATE
(Additional Household Member)			
(Additional Harrachald March an)			
(Additional Household Member)			
(Additional Household Member)			
PLEASE AT	TACH ADDITIO	NAL PAGES IF NEC	ESSARY.
I/we certify that the application are true a and belief. I/we under conducted on each a false statements with termination of tenance	and complet stand that a adult househ ill result in	e to the best of national sex offe nold member. I/v	my/our knowledge ender search will be we understand that
HEAD OF HOUSEHOLD		CO-HEAD OF HOU	SEHOLD
ADDITIONAL ADULT FAMILY I	MEMBER	DATE	



PHONE/FAX: 412.322.0888

WEB: www.arbors.com EMAIL: perrysvilleplaza@arbors.com

Owner's Notice No. 1 For an Applicant Family

Dear Applicant,

Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of HUD from making financial assistance available to persons other than United States citizens, nationals or certain categories of eligible noncitizens in the following HUD programs:

- a. Public and Indian Housing Programs
- b. Section * Housing Assistance Payments Programs
- c. Section 235 of the National Housing Act
- d. Section 236 of the National Housing Act
- e. Section 101/Rent Supplement Program

You have applied, or are applying for assistance under one of these programs; therefore your are required to declare U.S. Citizenship or submit evidence of eligible immigration status for each of your family members for whom you are seeking housing assistance. To do this you should:

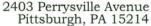
- Complete a Family Summary Sheet, using the attached blank format (identified as Attachment 5) to list all family members who will reside in the assisted unit. Attachment 5 is on the back of this letter.
- 2. Have a Declaration Formant (Attachment 7) completed by each family member (including yourself) who is listed on the family Summary Sheet. If there are 10 people listed on the Family Summary Sheet, you should have 10 completed copies of the Declaration Format. The Declaration Format has easy to follow instructions and explains what, if any other forms and/or evidence must be submitted with each Declaration Format.
- 3. Submit the Family Summary Sheet, the Declaration Formats and any other forms and/or evidence to the name and address listed below at the time you return your application.

Please return this information to the Manager at the above address.

This Section 214 review with be completed in conjunction with the verification of other aspects of eligibility for assistance. If you have any questions or difficulty in completing the attached formats or determining the type of documentation required, please contact the manager at the above phone number. The manager will be happy to assist you.







EMAIL: perrysvilleplaza@arbors.com



Also, if you are unable to provide the required documentation, you should immediately contact this office and request an extension, using the block provided on the Declaration Format. Failure to provide this information or establish eligible status may result in your not being considered for housing assistance. If this Section 214 review results in a determination of ineligibility, you will have an opportunity to appeal the decision. Also, if the final determination concludes that only certain members of your family are eligible for assistance, you family may be eligible for proration of assistance. Than means that when assistance is available, a reduced amount may be provided for your family, based on the number of members who are eligible.

If assistance becomes available and the other aspects of your eligibility review show that you are eligible for housing assistance, it may be provided to you prior to the final determination of this Section 214 review, depending on how far the review has progressed and the information that is available at that point. You will be contacted as soon as we have further information regarding your eligibility for assistance.

Attachments

FAMILY SUMMARY SHEET (ATTACHMENT 5)

Member Number	Last Name of Family Member	First Name of Family Member	Relationship To HOH	Date of Birth
Head				
2				
3				
4				
5				
6				





Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update**, **remove**, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:		
Mailing Address:		
Telephone No:	Cell Phone No:	
Name of Additional Contact Person or Organization:		
Address:		
Telephone No:	Cell Phone No:	
E-Mail Address (if applicable):		
Relationship to Applicant:		
Reason for Contact: (Check all that apply)		
Emergency Unable to contact you Termination of rental assistance Eviction from unit Late payment of rent	Assist with Recertification P Change in lease terms Change in house rules Other:	rocess
Commitment of Housing Authority or Owner: If you are apprarise during your tenancy or if you require any services or special issues or in providing any services or special care to you.		
Confidentiality Statement: The information provided on this for applicant or applicable law.	rm is confidential and will not be discl	osed to anyone except as permitted by the
Legal Notification: Section 644 of the Housing and Community requires each applicant for federally assisted housing to be offere organization. By accepting the applicant's application, the housin requirements of 24 CFR section 5.105, including the prohibitions programs on the basis of race, color, religion, national origin, sex age discrimination under the Age Discrimination Act of 1975.	ed the option of providing information in provider agrees to comply with the s on discrimination in admission to or	regarding an additional contact person or non-discrimination and equal opportunity participation in federally assisted housing
Check this box if you choose not to provide the contact	information.	
Signature of Applicant		Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 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. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Do you have a Social Security Number (SSN)?

If you do not disclose a SSN, you may not be able to receive housing assistance.



The federal government requires each applicant for HUD-assisted housing to provide documentation of their SSN to the property owner/manager by the time a unit becomes available. This requirement affects household members who are U.S. citizens, U.S. nationals and eligible noncitizens.



The SSNs of all members of my household have been provided. What do I do?

Nothing further is required. The owner/property manager will contact you if there is a problem with the SSN of any of your household members.



I have not provided SSNs for all of my household members to the property owner/manager. What do I do?

Does everyone in your household have a SSN?

Yes

- 1. Ensure the correct SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen is reported to the owner/property manager by the time a unit becomes available.
- 2. You will need to provide the owner/property manager with documentation to verify the SSNs.

No

- 1. For any household member who is a U.S. citizen, U.S. national or eligible noncitizen and does not have a SSN, apply for a SSN by submitting a completed SS-5 form to the Social Security Administration. For the SS-5 form and/or assistance, contact the owner/property manager.
- 2. Provide documentation of a SSN for each household member who is a U.S. citizen, U.S. national or eligible noncitizen to the owner/property manager by the time a unit becomes available.

Note: If you turned 62 before January 31, 2010, ask the property manager for further details on what you need to do.

