



AFFORDABLE HOUSING APPLICATION ADDENDUM

659 N. 39th Street Philadelphia, PA 19104
www.wpre.com 215-222-8100

Applicant Name: _____

Email: _____ Phone: _____

Specific address of unit you are applying for _____

HOUSEHOLD INFORMATION

Please list all household members that are applying to live in the apartment with you

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F	SS#	Birth date (MM/DD/YY)	Marital Status S/M/W/SEP/D*	Student (Circle One)
	HEAD					Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N

*S=Single / M=Married / W=Widowed / SEP=Separated / D=Divorced

1. Do you expect any additions to the Household in the next 12 months? Yes No

Name & Relationship: _____

Explanation: _____

When: _____

2. Is there anyone living with you now who won't be living with you at this property (Includes relatives) Yes No

Name & Relationship: _____

Explanation: _____

3. Do all the children in the household live with you 50% or more of the time? Yes No

If no, obtain proof of amount of time child(ren) will be living in the unit.

Explanation: _____

4. Are there any household members who under normal conditions would live with you? Yes No

(For example, a household member away in the Military)

Explanation: _____

5. Does your household have or anticipate having any pets other than those that are used as service animals? Yes No

Explanation: _____



INCOME INFORMATION

- Income is counted for any household member who is 18 years of age or older or 17 years of age turning 18 in the next 12 months, unless legally emancipated. However, if the income is unearned, such as a grant or benefit, it is counted for all household members, including minors.
- Include all income anticipate over the next 12 months.

Do YOU or ANYONE in your household receive OR expect to receive income from:

6. Employment wages or salaries? Yes No

(Include tips, overtime, bonuses, commissions or cash payments) Form 221 must be included if the applicant indicates tips.

Household Member	Name of Company	Amount*	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Number of hours per week & weeks per year or net or gross income per year

7. Have you changed employment with in the last 6 months? Yes No

8. Are you or any other ADULT household members claiming zero employment income? Yes No

(i.e. Does not receive employment income)

Household Member: _____

Explanation: _____

9. Are you or any other ADULT household members claiming zero income? Yes No

Household Member: _____

Explanation: _____

10. Self-Employment? Yes No

Household Member	Name of Company	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

11. Regular pay as a member of the Armed Forces? Yes No

Household Member	Base Name and Branch	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

12. Unemployment benefits? Yes No

Household Member	Contact Person	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

13. Worker's Compensation, Disability, or Insurance Payments (Not Social Security)? Yes No

Household Member	Contact Person	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

14. Public Assistance, Food Stamps (not counted as income, but used for qualifying purposes), General Relief or AFDC or

Temporary Assistance for Needy Families? Yes No

Household Member	Contact Person	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

15. A. Child Support Yes No

Household Member	Payor & Child(ren)	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

B. How is the support received?

Child Support Enforcement Agency Name of Agency: _____

Court of Law Name of Court : _____

Directly from Person Name of Person: _____

Other Explain: _____

C. If court-ordered, but not actually received, are you taking legal action to remedy?

Explain: _____

16. Alimony/Maintenance? If there is a court order, must provide. Yes No

Household Member	Payor	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

17. Social Security, SSI or any other payments from the Social Security Administration? Yes No

Household Member	SSA Office	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

18. Regular payments from a Veteran's benefit, pension, retirement benefit or annuities? Yes No

Household Member	Source of Benefit	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

19. Regular payment from a severance package? Yes No

Household Member	Source of Benefit	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

20. Regular payments from any type of settlement? (For example: insurance settlement) Yes No

Household Member	Source of Benefit	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

21. Regular gifts or payments from anyone outside the household? Yes No

(Includes anyone supplementing your income or paying any of your bills)

Household Member	Source of Benefit	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

22. Regular payments from lottery winnings or inheritances? Yes No

Household Member	Source of Benefit	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

23. Regular payments from rental property or any other types of real estate transactions? Yes No

Household Member	Source of Benefit	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

24. Any other income sources or types not listed? Yes No

Household Member	Source of Benefit	Amount	Frequency
_____	_____	_____	_____
_____	_____	_____	_____

25. Did you or any members of the household file a federal tax return last year? Yes No

Household Member	Social Security Number
_____	_____
_____	_____

ASSET INFORMATION

Include all assets held and the income derived from the asset.

INCLUDED ALL ASSETS HELD BY ALL HOUSEHOLD MEMBERS, INCLUDING MINORS.

Do YOU or ANYONE in your household have:

26. Checking or savings account? Yes No

Household Member	Financial Institute	Account #	Type	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

27. CDs, Money Market accounts or treasury bills? Yes No

Household Member	Financial Institute	Account #	Type	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

28. Stocks, Bonds, Mutual Funds or Securities? Yes No

Household Member	Financial Institute	Account #	Type	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

29. Trust fund? Yes No

Household Member	Financial Institute	Account #	Type	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

30. Pensions, IRAs, Keogh, 401K, or other retirement accounts? (Referring to benefits as a current employee) Yes No

Household Member	Financial Institute	Account #	Type	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

31. Cash on hand over \$500? Yes No

Household Member	Amount
_____	_____
_____	_____

32. Whole Life or Universal Insurance policy? (Not term insurance policy) Yes No

Household Member	Source of Benefit	Amount
_____	_____	_____
_____	_____	_____



33. Real estate, rental property, land contract / contract for deeds or other real estate holdings? Yes No

(This includes your personal residence, mobile homes, vacant lands, farms, vacation homes or commercial properties)

Household Member	Source of Benefit	Address of Property	Market Value
_____	_____	_____	_____
_____	_____	_____	_____

34. Personal property held as an investment? Yes No *(This includes paintings, coin/stamp collections, artwork, collector or show cars, campers, boats, and antiques. This does not include your personal belongings such as your car, furniture or clothing.)*

Household Member	Source of Benefit	Type	Market Value
_____	_____	_____	_____
_____	_____	_____	_____

35. A safe deposit box? Yes No

Household Member	Amount
_____	_____
_____	_____

36. Have you or any other household member disposed of or given away any asset(s) for LESS than fair market value within the past two years? Yes No

Household Member	Amount	Explanation
_____	_____	_____
_____	_____	_____

37. Have you or any other household member received a lump sum in the past 12 months? Yes No

Household Member	Amount	Explanation
_____	_____	_____
_____	_____	_____

38. What is the CASH value of your combined total assets? *(Items total #25-#36)* \$ _____

Cash value is less than \$5,000 – Complete Under \$5,000 Asset Certification (#105)

Cash value is greater than \$5,000 – 3rd Party verification required.

Complete the necessary form(s) as indicated above.

39. Do you or any other household members have any assets that are held jointly with another person? Yes No

The following questions pertain to specific eligibility requirements.

40. Are you or any other household member (INCLUDING MINORS) currently a part/full-time student? Yes No

Household Member	Name of School
_____	_____
_____	_____
_____	_____
_____	_____

41. Do you or any other household member (INCLUDING MINORS) expect to be a full-time student in the next 12 months? Yes No

Household Member	Name of School	Date Last Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



42. Have you or any other household member (INCLUDING MINORS) been a full-time student in the past 12 months? Yes No

Household Member	Name of School	Date Last Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

43. If yes to #39, #40, or #41 and you are attending any school other than elementary through high school, how are you paying for the tuition and all other necessary fees associated with school, college, tech school, etc? Yes No

Explanation: _____

44. Will you or any ADULT household member require a live-in care attendant to live independently? Yes No

Name of Attendant: _____

Relationship (if any): _____

45. Was your household receiving Section 8 or any other type of rental assistance at the time of move-in? Yes No

Name of Agency: _____

Contact Person: _____

46. Is your household currently receiving Section 8 or any other type of rental assistance? Yes No

47. Will your household be eligible or are you applying to receive Section 8 or any other type of rental assistance in the next 12 months? Yes No

Expected Date: _____

Agency/Contact Person: _____

48. Is any household member elderly (age 62 or older) or a person with disabilities? Yes No

49. Do you have medical expenses that are not paid for by an outside source such as insurance? Yes No

50. Do you have disability expenses that are not paid for by an outside source? Yes No

51. If you answered yes to #49, does the expense enable the family member (including the member with a disability) to be employed? Yes No

52. Do you have attendant care expenses? Yes No

53. Do you currently pay for childcare services for any children under the age of 13 residing in your household? Yes No

SIGNATURE CLAUSE

I understand that management is relying on this information to prove my household’s eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for the purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent upon meeting management’s resident selection criteria and the Housing Credit Program requirements.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

APPLICANT/RESIDENT SIGNATURES

_____	_____	_____
Signature	Printed Name	Date
_____	_____	_____
Signature	Printed Name	Date
_____	_____	_____
Signature	Printed Name	Date
_____	_____	_____
Signature	Printed Name	Date

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

