




York Towne House



200 NORTH DUKE STREET
YORK, PA 17401
PHONE (717) 845-2857
FAX (717) 843-1354
TDD/TTY 800-545-1833 ext. 823

Dear Applicant:

The York Towne House is a high rise designed specifically for the elderly or disabled in need of a handicapped unit. **Effective January 1, 2013, the York Towne House is a non-smoking apartment building.**

We have three waiting list categories. If you are 62 years or older, you are placed on the elderly waiting list. These applicants are housed before the other two categories. If you are 50-61 years old and disabled, you will be placed on the near-elderly disabled waiting list. Those applicants who are under 50 years or age and disabled, are placed on the non-elderly disabled waiting list. The regulations require five rental units be housed with persons from the non-elderly disabled waiting list.

An acknowledgement letter will be mailed to you upon receipt of your application showing the waiting list you have been placed on. When your name comes to the top of the list you will be scheduled an Enrollment Interview.

York Towne House 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.

If you have any questions, please feel free to call (717) 845-2857 during regular business hours.

Sincerely,



Valerie Pittman
Housing Manager



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- **Evicted** from your apartment or house.
- **Required to repay** all overpaid rental assistance you received.
- **Fined** up to \$10,000.
- **Imprisoned** for up to five years.
- **Prohibited** from receiving future assistance.
- **Subject** to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

form HUD-1141
(12/2005)



Application

PLEASE PRINT ALL INFORMATION

Name: _____
Last First Initial

Present Address: _____
Street Apt #

City State ZIP

Telephone () _____ Alternate Number () _____

Length of Residence _____ Rent _____ Own _____ Other _____

LIST NAMES OF ALL PERSONS WHO WILL LIVE WITH YOU, INCLUDING YOURSELF:
(You must fill in all fields below)

Name	Relation	Sex	*Race	Age	Birthday	Soc. Sec. No.
	HEAD					

* Optional Field - York Towne House and York Housing Authority collects statistical data on race in accordance with federal regulations.

TOTAL FAMILY INCOME:

	(1)	(2)
Employment	\$ _____	\$ _____
Social Security	\$ _____	\$ _____
SSI	\$ _____	\$ _____
Welfare Grant	\$ _____	\$ _____
Pension/Disability	\$ _____	\$ _____
Interest/Dividends	\$ _____	\$ _____

TOTAL FAMILY ASSETS

Real Estate (Apx. Value)	\$ _____
Checking Acct.	\$ _____
Savings Acct.	\$ _____
Stocks & Bonds	\$ _____
Other Income	\$ _____

- Do you have any medical expenses not covered by insurance? Yes No
If yes, how much? _____
- Do you or your spouse have a Handicap or Disability? Yes No
If yes, refer to page 3 – Type of Accommodations Needed.
- Are you presently residing in subsidized housing? Yes No
- Are you a Veteran? Yes No
- Are you Homeless? Yes No If yes, are you currently in a shelter? Yes No
- Are you a York County resident that is being involuntarily displaced by a local disaster as declared by federal or state government, or by a government action that is part of a government approved redevelopment plan? Yes No
- Were you ever a tenant with the Public Housing Program or Section 8 Program of the Housing Authority of the City of York? Yes No
- Are you a student under 24 years of age: Yes No
- Do you own a pet? No Yes If yes, Cat Dog Other _____



CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

York Towne House will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years? yes no
2. Do you currently use illegal drugs or abuse alcohol? yes no
3. Are you currently subject to a lifetime or 10-year offender registration requirement under a state sex offender registration program? yes no
4. Have you been convicted of any drug-related crime? yes no
5. Have you ever been convicted of any felony? yes no
6. Have you ever been convicted of any crime involving fraud or dishonesty? yes no
7. Have you ever been convicted of any crime involving violence? yes no
8. Are you currently charged with any of the above criminal activities? yes no
9. Please list all states in which you have lived or have held a license to drive (include Driver's License #s): _____
10. Please list any other counties that you have lived in other than York County:

11. Have you ever used or been known by any other name(s)? yes no
 If yes, please list names used _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize York Towne House to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to York Towne House, to a public housing authority, or to an agency contracted by York Towne House to conduct criminal background checks.

Applicant's Signature _____ Date _____

Applicant's Full Name (Please Print) _____

PLEASE NOTE: ADDRESS CHANGES MUST BE REPORTED IN WRITING WHEN THE CHANGE OCCURS. RETURNED MAIL WILL RESULT IN YOUR APPLICATION BEING REMOVED FROM THE WAITING LIST WITHOUT NOTICE.

I UNDERSTAND MY APPLICATION WILL NOT BE PROCESSED UNLESS ALL ITEMS ON ALL PAGES OF THE APPLICATION ARE COMPLETED AND SIGNED. I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I HAVE NO OBJECTION TO INQUIRIES FOR THE PURPOSE OF VERIFYING THE FACTS HEREIN STATED. I AUTHORIZE THE RELEASE TO THE YORK TOWNE HOUSE AND THE HOUSING AUTHORITY OF THE CITY OF YORK INFORMATION RELATIVE TO MY APPLICATION FORM. THIS AUTHORIZATION WILL CONTINUE IN FORCE AND EFFECT UNTIL TERMINATED IN WRITING BY THE UNDERSIGNED.

Signed _____ Date: _____

Signed _____ Date: _____



York Towne House
200 North Duke Street • York, Pennsylvania 17401 • (717) 845-2857
Application for Housing



OMB Control # 2502-0581
 Exp. (11/30/2015)

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.

Check this box if you choose not to provide the contact information.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

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.



TYPE OF ACCOMMODATIONS NEEDED

The York Towne House has units designed for those with physical impairments. Some apartments accommodate individuals requiring the use of a wheelchair, while others accommodate individuals with less severe mobility impairments. Please indicate below if you or your spouse requires a handicapped unit or wheelchair accessible unit.

- Yes, I require a unit which accommodates a wheelchair.
- Yes, I require a unit with special features for the mobility impaired.
(Does not include bath rails as special features)
- No, I do not require the special features provided by a wheelchair accessible or handicapped unit.

Are there specific accommodations you or your spouse requires in order to live at the York Towne House? No Yes

If yes, please explain _____

In the space below you may provide any additional information about your situation:

 Signature of Applicant

 Date

 Signature of Applicant

 Date