



Applications Available Now!

Francis House of Peace/Ping An House

810 Arch Street, Philadelphia, Pa. 19107

Please pick up an application at any of our Project HOME communities or online at www.projecthome.org

- 94 unit (efficiencies only), Tax Credit, Mid Rise.
- 50 of the units will be subsidized through PHA; 12 of them are for young adults (18-25).
 - Applicants that are homeless, previously homeless, at risk of becoming homeless, veterans, or a person 62yrs. of age or older will be given priority for the PHA units.
 - Applicants between 18-24 who aged out of foster care, are homeless or at risk of becoming homeless will be given priority for the PHA units designated for Youth.
- All applicants must be 18 or older.
- All applicants must be income eligible.
- Maximum household size is 2 persons.
- A full time student may not be eligible for this community (contact us for more details).

Available Units	AMI	Minimum Income	Maximum Income 1 Person	Maximum Income 2 Person	Rental Rate
37	50% AMI	\$16,560	\$28,400	\$32,450	\$690
7	60% AMI	\$19,176	\$34,080	\$38,940	\$799
50	PHA	N/A	Based on PHA requirements		30% of Income

Note: The Area Median Income is based on the 2015 Income Limits.

Completed applications will be accepted in the order they are received starting Sept. 1, 2015 at the following locations:



JBJ Soul Homes (by mail or in person)
 1415 Fairmount Ave.
 Philadelphia, PA 19130
 Ph:215-320-0849 or log onto
www.projecthome.org



(by mail or in person)
 301-305 N. 9th St.
 Philadelphia, PA 19107
 Ph:215-922-2156 or log onto:
www.chinatown-pcdc.org

For additional information please email us at: FrancisHouse@ProjectHOME.org



TENANT SELECTION SUMMARY

Francis House of Peace

• 810 Arch St • Philadelphia, Pennsylvania 19107
215-320-6192 • TDD 800-654-5988 • TYY Relay 711

- Francis House of Peace at 810 Arch Street is a 94 unit (efficiencies only), Tax Credit, Mid Rise.
- 50 of the units will be subsidized through PHA; 12 of them are for young adults (18-25)
 - Applicants that are homeless, previously homeless, at risk of becoming homeless, a veteran, or person 62yrs. of age or older will be given priority for the PHA units.
 - Applicants between 18-24 who aged out of foster care, are homeless or at risk of becoming homeless will be given priority for the PHA units designated for Youth.
- All applicants must be 18 or older.
- All applicants must be income eligible.
- Maximum household size is 2 persons
- Unit Mix

Available Units	AMI	Minimum Income	Maximum Income 1 Person	Maximum Income 2 Person
37	50% AMI	\$20,700	\$28,400	\$32,450
7	60% AMI	\$23,970	\$34,080	\$38,940
50	PHA	N/A	Based on PHA requirements	

Note: The area median income is based on the 2015 Income Limits.
The minimum monthly income will be two and a half times the monthly rent.

- A full time student is not eligible for this housing unless they meet one of the following exceptions.
 - 1. The Head of Household is a single parent, is not the dependent of another individual for tax purposes, and the children are not claimed as a dependent by someone other than a parent. *A signed copy of most recent tax return of parent claiming children will be required.*
 - 2. Your household is currently receiving AFDC or TANF (Aid to Families with Dependent Children)–(Temporary Aid to Needy Families). *Verification of AFDC/TANF award is required.*
 - 3. You are a full-time student that is enrolled in the Job Training Partnership Act (JTPA) or a similar program funded by a state or local public agency. *Verification of enrollment & mission statement of the program if not JTPA is required.*
 - 4. The members of the household are married and eligible to file a joint federal tax return. *A signed copy of most recent tax return or marriage license will be required.*
 - 5. At least one household member was previously (not currently) under the care and placement responsibility of the State Agency responsible for administering a plan under Part B or Part E of Title IV of the Social Security Act (Foster Care). *Court documents, state agency documentation or Social Security Verification will be required.*

- All applicants will be subject to a criminal background check.
- All applicants will be subject to a credit check.
- All applicants must be able to comply with the terms of the Lease/Residency Agreement.
- All applicants must be capable to take care of the unit.
- All applicants will be asked to provide copies of their photo ID, birth certificate, and social security cards.
- Households must meet program requirements for both Management and Resident Services.
- Applicants will be asked for landlord references covering a period of three years or the last two successive tenancies.
- If approved the unit at 810 will become the applicant's sole residence.
- Applicants must be willing to execute and abide by a one year lease agreement.
- All applicants must provide complete and accurate information.
- Priority will also be given to applicants for PHA Units designated for Youth between the ages of 18 & 24 who aged out of foster care, are homeless or at risk of becoming homeless.
- Applications will be processed by both Property Management and Resident Services.
- Applications will be processed in the order received.
- Incomplete applications will not be accepted.
- The date and time will be placed at the top of all applications; they can be processed in the order received and place on the waiting list in the same order.
- Completed application will be forwarded to and reviewed by the Compliance Department before final approval.

HOUSING APPLICATION

Completed applications will be accepted in the order they are received starting Sept. 1, 2015 at these locations:



JBH Soul Homes (by mail or in person)
1415 Fairmount Ave., Philadelphia, PA 19130
Ph:215-320-0849 or log onto www.projecthome.org



(by mail or in person)
301-305 N. 9th St., Philadelphia, PA 19107
Ph:215-922-2156 or log onto: www.chinatown-pcdc.org

For additional information please email us at: FrancisHouse@ProjectHOME.org

FOR OFFICE USE ONLY			
Date Application Taken	Time of Application	Application Taken By:	Address - Apt. Number
Apt. Preferences	Apt. Size	Application Number:	Date Deposit Received:
Please Tell Us About Yourself			
Full Name (first, middle, maiden, last)	Applicant	Co-Applicant/ Co-Signor	
Social Security Number			
Driver's License Number & State			
Date of Birth			
Daytime Phone <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other			
Evening Phone <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other			
Work Phone <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other			
E-mail address			
Please Give Us Your Residency History for the Past 3 Years.			
Current Address			
Street Address			
City, State, Zip Code			
Month & Year Moved In			
Month & Year Moved Out			
	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other	
Reason for Leaving			
Landlord/ Mortgage Company Name			
Landlord/Mortgage Company Phone No.			
Landlord/ Mortgage Company Street Address			
City, State and Zip Code			
Previous Address			
Street Address			
City, State, Zip Code			
Month & Year Moved In			
Month & Year Moved Out			
	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other	



HOUSING APPLICATION

Reason for Leaving		
Landlord/ Mortgage Company Name		
Landlord/ Mortgage Company Phone No.		
Landlord/ Mortgage Company Street Address		
City, State, Zip Code		
Previous Address		
Street Address		
City, State, Zip Code		
Month & Year Moved In		
Month & Year Move Out		
	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other
Reason for Leaving		
Landlord/ Mortgage Company Name		
Landlord/ Mortgage Company Phone No.		
Landlord/ Mortgage Company Street Address		
City, State, Zip Code		
Previous Address		
Street Address		
City, State, Zip Code		
Month & Year Moved In		
Month & Year Move Out		
	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other
Reason for Leaving		
Landlord/ Mortgage Company Name		
Landlord/ Mortgage Company Phone No.		
Landlord/ Mortgage Company Street Address		
City, State, Zip Code		
Previous Address		
Street Address		
City, State, Zip Code		
Month & Year Moved In		
Month & Year Move Out		
	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other	<input type="checkbox"/> own <input type="checkbox"/> rent <input type="checkbox"/> car <input type="checkbox"/> park <input type="checkbox"/> sidewalk <input type="checkbox"/> other
Reason for Leaving		
Landlord/ Mortgage Company Name		
Landlord/ Mortgage Company Phone No.		
Landlord/ Mortgage Company Street Address		
City, State, Zip Code		



HOUSING APPLICATION

3. How did you hear about our community?
 Newspaper – please specify _____ apartment magazine internet
 Friend/family - _____ billboard/ bus/ sign drove by
 CSN, AAS, Philadelphia Department of Behavioral Health
 Other – please specify _____
4. Have you ever applied and/or lived at another Project H.O.M.E. site? Yes No If yes, where and when _____

5. Do you own a pet? Yes No If yes: dog cat other Please identify type of pet _____

Applicant(s) hereby represents that all the above statements are true and complete. Applicant(s) authorize verification of the above information, provided, including but not limited to obtaining consumer credit reports and agree to furnish additional information upon request.

Applicant's Signature _____	Date _____
Co-Applicant/Co-Signor Signature _____	Date _____

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

1. We certify that all information given in this application and any address thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management at its option may cancel the application or, if move-in has occurred, the Rental Agreement without notice.
2. We authorize *Project H.O.M.E.* and its affiliates and agents to make appropriate and periodic inquiries, either directly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords, other sources for credit, verification of employment and other information provided herein.
3. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household telephone numbers, income and/or household composition.
5. We have read and understand the information in this application and we agree to comply with such information.
6. We understand that this application may be placed on a waiting list. We may request samples of the rental agreement. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and security deposits.
7. We authorize management to obtain one or more “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.
8. We agree that a photocopy of this authorization shall be valid as the original.
9. This application is accepted subject to the vacating of the apartment by the prior tenant at the time specified.

FAIR CREDIT REPORTING ACT

This is to inform you that as part of our procedure for processing your application an investigative report may be made whereby information is obtained through personal interviews with third parties – such as family members, business associates, financial sources, friends, neighbors or others who are acquainted with you. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, income, credit background and police records. All information you or others give us will be held in strict confidence.

We do not discriminate on the basis of race, religion, national origin, color, creed, age, sex, handicap or familial status.

Please be advised that any information given to this office that is falsified in any way will automatically result in the denial of your application. I/we have read and understand the above.



HOUSING APPLICATION

FAIR HOUSING CERTIFICATION:

Federal and state laws prohibit acts of housing discrimination including:

- refusals to provide housing because of an applicant's race, color, creed, religion, national origin, sex, marital status, disability, age, familial status, sexual orientation or lawful source of income;
- providing housing on an unequal basis
- segregating occupants
- claiming housing is unavailable when, in fact, it is available;
- rejecting a disabled applicant because he/she uses a trained guide dog or any other assistive animal; and
- refusing to make reasonable accommodations in rules, policies or procedures which would allow occupancy by a person with disabilities.

If you believe you may have been a victim of housing discrimination, immediately contact one of the following agencies:

- The Office of Fair Housing and Equal Opportunity at the Office of U.S. Department of Housing and Urban Development (HUD). The telephone number is (215) 656-0647 or (215) 656-3450 (TTD).

All adult household members (18 and over) must sign below.

I/ we acknowledge that I/we have informed or my/our right to fair housing.

Applicant: _____ Date: _____ Applicant: _____ Date: _____

Applicant: _____ Date: _____ Applicant: _____ Date: _____

Attachments: Application Coversheet
 Application for Residency – Previous Residency Listing
 Project H.O.M.E. Consent to Release of Information
 Background Check Release Form
 Eligibility Criteria
 Tenant Income Certification Questionnaire
 Family Summary Sheet

FOR OFFICE USE ONLY

Program Management Processing by: _____ Date: _____

Program Management Approval by: _____ Date: _____

Program Management: residency approved residency denied – reason: _____

P&AM Application processing by: _____ Date: _____

P&AM Management Approval by: _____ Date: _____

Property/Asset Management: residency approved residency denied – reason: _____

Compliance Department Approval/Rejection by: _____ Date: _____

Compliance Department: residency approved residency denied – reason: _____

Notes: _____



HOUSING APPLICATION

Consent to Release of Information

Purpose:

In signing this consent form, you are authorizing the Owner and/or Project H.O.M.E. (agent), to request income and other qualifying information from a third party about you. HUD and/or the housing program administrator requires the owner/agent to verify all information you provide that affects your eligibility and level of benefits to ensure that you are eligible for its affordable housing programs and that these benefits are set at the correct level. Upon the request of HUD, or the Contract Administrator, the owner/agent may provide HUD or the Contract Administrator with the information you have submitted and the information the owner/agent receives under this consent.

Please be advised owner/ agent, may participate in computer matching programs to verify your eligibility and level of benefits. This form also authorizes owner/agent to seek wage, new hire and unemployment claim and other qualifying information from current and former employers to verify information obtained through computer matching.

Use of Information Obtained

The owner/agent is required to protect the income and other qualifying information it obtains in accordance with any applicable State privacy law. Should the owner/agent receive information from a third party that is inconsistent with information you have provided, the owner/agent will notify you in writing identifying the information believed to be incorrect. If this should occur, you will have the opportunity to meet with the owner/agent to discuss any discrepancies.

Failure to sign the consent form may result in denial of assistance or termination of affordable housing benefits. If an applicant is denied assistance, the owner/agent will follow the notification procedures outlined in its Tenant Selection Plan. If a tenant is denied assistance, the owner/agent will follow the procedures set forth in the lease.

I consent to allow HUD, **Project HOME** and/or the Contract Administrator to request and obtain income and other qualifying information from private, federal and state agencies for the purpose of verifying my eligibility and level of benefits under HUD's affordable and homeless housing programs.

Head-of-Household: _____

Date: _____

Co-Head/Other adult: _____

Date: _____

Co-Head/Other adult: _____

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).**"*



HOUSING APPLICATION

Application for Residency - Eligibility Criteria

The following criteria shall be utilized to determine an applicant's eligibility for residency (please be advised that these requirements are in addition to any requirements of specific Supportive Services Program):

1. All applicants are required to be **income eligible**
2. Applicants who evidence a **steady income** from employment or other sources such as AFDC, Social Security, and/or pension benefits for example, will be accorded like treatment
3. All applicants/proposed household members 18 years of age or older will be subject to a **past criminal activity check**; head-of-household must certify whether minor household members between the ages of 14 and 17 are/are not sex offenders
4. All available **credit references** will be checked
5. When **utilities** are **paid by the resident**, Applicant will be required to **demonstrate** the **ability to** obtain/ successfully **transfer utility services/** to the new address (new move-ins/transfers)
6. An applicant must be able to **comply with the terms of the Lease/Residency Agreement**. An eviction or repeated (two or more) severe violations of prior lease agreements, as verified by prior landlords, will be considered grounds for rejection
7. An applicant's capacity to demonstrate that they are **capable of caring for the unit**. An applicant or member of applicant's family, who has been determined to require such services or accommodations, shall be responsible for securing the services and supplying the accommodations where it has been determined that management would incur a financial hardship, administrative burden, or would experience a fundamental alteration in the program
8. An applicant's **ability and willingness to cooperate** with management
9. The household must go through the **Section 214 Review** of the Housing and Community Development Act of 1980, as amended, to determine if any of the restrictions on assistance to non-citizens apply to their household (unless the specific housing program does not have U.S. residency as a requirement)
10. Satisfactory EIV Report results (i.e. EIV Existing Tenant Search) – as required by the housing program for which they are applying
11. The applicant must be **willing to pay** the **rent calculated** according to the Department of Housing and Urban Development (HUD) rules. A minimum Total Tenant Payment of Twenty-Five Dollars (\$25.00) per month must be charged according to Federal law and specific housing program (*you may ask about financial hardship exceptions*)
12. Households must **meet** all **Supportive Services Program requirements** at the time of initial occupancy
13. **Acceptable references from current and former landlords** covering a period of three (3) years or from the last two successive tenancies, whichever is greater – when applicable. Qualified applicants who have no prior leasing experience of their own and no credit or stable employment history will be given all due consideration
14. Be prepared to submit **rent receipts** for examination for the purpose of verifying residence, rental amount and timely payment history. Those applicants whose history evidence a late payment record more than ten (10) days past due on three or more occasions may be rejected on the basis of poor rental habits
15. For our Low Income and Affordable units, the unit must be the applicant's **ONLY** residence
16. Due to LIHTC and NSP residency requirements, applicants must be willing to **execute** and abide by a **one year lease** agreement; short term leases (6 and 9 months) must receive advance approval from the Director of Property Management and/or Vice President of Property and Asset Management, and will be considered on a case-by-case basis; short term leases may require an increased security deposit and a monthly surcharge; a \$100 turn charge will be deducted from the security deposit on short term leases, in addition to any other deductions outlined in the lease agreement



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17. All applicants shall be required to provide complete and accurate information and *execute all forms required* by property and residential program management to determine eligibility and other factors affecting residency. Information requested by management shall be provided within ten (10) days of request and only an additional ten-day period will be granted as an extension (with the exception of EIV SSN verification requirements). Failure or refusal to comply with management is grounds for denial
18. All adult household members shall be required to *attend resident orientation* sessions. Execution of the lease is an acknowledgment that they have attended and understand the rights and requirements of residency at the property

Note: In accordance with Section 504/ADA requirements, *Project H.O.M.E.* will make reasonable accommodations and modifications for individuals with disabilities (applicants or residents). Such accommodations may include changes in the method of administering policies and procedures

Co-signors,

Section 8 Vouchers/Rental Certificates and PBOA subsidies will be considered

Project H.O.M.E. will consider housing applicants for residency who have submitted a completed application for occupancy and who at the time of admission meet all of the following conditions, as outlined and any applicable federal/state or local guidelines.

By the Property's:

- Loan Commitment Letter(s)
- Loan Agreement(s)
- Declaration of Restrictive Covenants, Conditions and Restrictions
- 24 CFR - Title 24: Housing and Urban Development - Part 92 Home Investment Partnerships Program (*as applicable*)
- Neighborhood Stabilization Program 1 (NSP) Neighborhood Stabilization Act of 2008 – regulations (*as applicable*)
- Community Development Block Grant (CDBG) funds legislation and regulations (*as applicable*)
- Tenant Selection Plan
- Affirmative Fair Housing Marketing (AFHM) Plan - Multifamily Housing
- City of Philadelphia Model Affirmative Marketing Plan for Accessible Housing Units (MAMP)
- Shelter Plus Care federal regulations and Contracts (*as applicable*)

The property will put forth a reasonable effort to ensure that the property is adequately marketed to families within the approved area median income at the time of admission.

HOUSING APPLICATION

Family Summary Sheet

Please list all family members who will reside in the unit

Member No.	Last Name	First Name	Relationship to Head of Household	Sex (M/F)	Date of Birth
1.			HEAD		
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

