



Housing and Neighborhood Development Service
 7 East 7th Street Erie, PA 16501-1105
 Phone: 814.453.3333 Fax: 814.456.0922
 www.hands-erie.org

Office Use Only:
 Date Stamp of Date Received:

 Time Received: _____
 Receiver's Initials: _____




PLEASE **PRINT** ALL NECESSARY INFORMATION
INCOMPLETE APPLICATIONS CANNOT BE PROCESSED

Application for General Housing within Erie County

APPLICATION INSTRUCTIONS: Only completed applications can be processed. Review the six (6) properties listed on the following pages to determine which property or properties you may qualify for housing. Check the box next to the properties that you wish to apply, along with the bedroom size required if more than one choice.

APPLICATION FEE: An application fee of fifteen dollar (\$15) will be required when you are contacted that an apartment is available. It will be required for each household member over the age of 18. Fees must be paid by money order and made payable to **HANDS**. Personal checks and cash are not accepted. Application fees are to cover the costs of background, credit and criminal inquiries.

All of our housing communities are SMOKE FREE.

- Homes at Pine Grove (Fairview Family Homes)**   
- Please select number of bedrooms required** 3 Bedroom 4 Bedroom

The Homes at Pine Grove are located off of West Ridge Road in Fairview. This property offers 3 and 4-Bedroom homes. Current rent amounts are \$612 - \$661 per month plus utilities for a 3-Bedroom, and \$667 - \$746 per month plus utilities for a 4-bedroom home. There are also 4 homes in which the rent is subsidized. Each home has a garage and comes with appliances and window treatments. Applicants must fall within the income requirements as follows:

Minimum monthly income: Households must earn at least \$1,749 per month to qualify for a 3-bedroom and at least \$1,906 per month to qualify for a 4-bedroom home. To qualify for one of the rent subsidized homes, the household must receive a minimum of \$429/month.

Maximum Annual income:

1 Person - \$24,420 | 2 Person - \$27,900 | 3 Person - \$31,380 | 4 Person - \$34,860
 5 Person - \$37,680 | 6 Person - \$40,440 | 7 Person - \$43,260 | 8 Person - \$46,020

Mid-Town Homes



Please select number of bedrooms required 3 Bedroom units only

The Mid-Town Homes are located on Erie's East side within the area of East 11th and East 14th Streets between German and Parade Street.

This property offers 3 Bedroom Homes. Current rent amounts are \$616 - \$669 per month plus utilities. Applicants must fall within the income requirements listed as follows:

Minimum monthly income: Households must earn at least \$1,760 per month to qualify for this property.

Maximum Annual income:

1 Person - \$24,420 | 2 Person - \$27,900 | 3 Person - \$31,380
4 Person - \$34,860 | 5 Person - \$37,680 | 6 Person - \$40,440

WAITLIST IS CLOSED



Mid-Town 4



Please select number of bedrooms required 2 Bedroom 3 Bedroom

Mid-Town 4 consists of one 2-Bedroom and three 3-Bedroom homes. Two homes are located on East 13th Street between German and Parade Streets and the third one is on German Street between 12th and 13th Streets. The 2 Bedroom is located in the 500 block of East 14th Street.

Current monthly rent amount is \$566 for the 2 Bedroom and \$657 for the 3 Bedroom, plus utilities.

Applicants must fall within the income requirements listed as follows:

Minimum monthly income: Households must earn at least \$1,557 for 2 Bedrooms and \$1,840 for the 3 Bedroom homes to qualify for this property.

Maximum Annual income:

1 Person - \$32,550 | 2 Person - \$37,200 | 3 Person - \$41,850
4 Person - \$46,500 | 5 Person - \$50,250 | 6 Person - \$53,950



Mid-Town 6 Triplex



Please select number of bedrooms required 1 Bedroom 2 Bedroom 3 Bedroom

Mid-Town 6 is a small building with 3 apartments located at 1214 German Street. There is one, one bedroom accessible unit, a 2 bedroom and 3 bedroom apartment.

Current rents are \$460 for a 1 BR, \$613 for a 2 BR and \$792 for a 3 BR per month plus utilities.

Minimum monthly income: Households must earn at least \$1,314 per month to qualify for a 1 bedroom, at least \$1,751 per month to qualify for a 2 bedroom and at least \$2,263 to qualify for the 3 bedroom apartment.

Maximum Annual income:

1 Person - \$32,550 | 2 Person - \$37,200 | 3 Person - \$41,850
4 Person - \$46,500 | 5 Person - \$50,250 | 6 Person - \$53,950

Cityscape 7   

Please select number of bedrooms required 3 Bedroom units only

Cityscape 7 consists of two 3-Bedroom homes. The homes are located between East 12th and East 13th Streets on German and on East 14th St. between German and Parade Streets.

Current rent amount is \$657 per month plus utilities. Applicants must fall within the income requirements listed as follows:

Minimum monthly income: Households must earn at least \$1,877 per month to qualify for this property.

Maximum Annual income:

1 Person - \$24,420 | 2 Person - \$27,900 | 3 Person - \$31,380
4 Person - \$34,860 | 5 Person - \$37,680 | 6 Person - \$40,440

Scots Glen (Edinboro Family Homes)   

Please select number of bedrooms required 3 Bedroom 4 Bedroom

The Scots Glen community is at the end of Walker Drive behind the Giant Eagle in Edinboro. This community offers 3 and 4-Bedroom homes. Current rent amounts start at \$634 per month for a 3-Bedroom, and \$694 per month for a 4-bedroom home. Resident is responsible for gas and electric. Each home has a garage and comes with appliances, central air, washer/dryer, home protection system and window treatments. Applicants must fall within the following income guidelines:

Minimum monthly income: Households must earn at least \$1,811 per month to qualify for a 3-bedroom and at least \$1,983 per month to qualify for a 4-bedroom home.

Maximum Annual income:

1 Person - \$20,350 | 2 Person - \$23,250 | 3 Person - \$26,150 | 4 Person - \$29,050
5 Person - \$31,400 | 6 Person - \$33,700 | 7 Person - \$36,050 | 8 Person - \$38,350

Villa Maria Apartments   

Please select number of bedrooms required 2 Bedroom 3 Bedroom

The Villa Maria Apartments are located at 815 Plum Streets. Centrally located, this property offers 2 and 3-Bedroom apartments. Each apartment comes with appliances, central a/c and window treatments. Current rent amounts are \$542 - \$557 per month for a 2-bedroom and \$605 - \$652 per month for a 3-bedroom home. Resident is responsible for gas and electric. Applicants must fall within the income requirements as follows:

Minimum monthly income: Households must earn at least \$1,548 per month to qualify for a 2-bedroom and \$1,729 per month for a 3-bedroom home.

Maximum Annual income:

1 Person - \$24,420 | 2 Person - \$27,900 | 3 Person - \$31,380
4 Person - \$34,860 | 5 Person - \$37,680 | 6 Person - \$40,440

Woodlands at Zuck Park (Millcreek Family Townhomes)



Please select number of bedrooms required

3 Bedroom

4 Bedroom

The Woodlands at Zuck Park is located off of Old Zuck Road in Millcreek on Apple Grove Lane. This property offers 3 and 4-Bedroom townhomes with garages and also come with appliances, central air conditioning, window treatments and washer/dryer connections. Rent amounts for the 3-bedroom townhomes is \$622 per month plus utilities. The 4-bedroom townhomes start at \$673 up to \$744 per month plus utilities. Applicants must fall within the income requirements as follows:

Minimum monthly income: For the 3-bedroom townhomes, households must earn at least \$1,777 per month. The 4-bedroom townhomes require the household to earn at least \$1,923/month to qualify.

Maximum Annual Income:

1 Person - \$24,420 | 2 Person - \$27,900 | 3 Person - \$31,380 | 4 Person - \$34,860
5 Person - \$37,680 | 6 Person - \$40,440 | 7 Person - \$43,260 | 8 Person - \$46,020

If you require any additional information regarding the housing choices on this application, please call us at 814.453.333.

In addition to the General Housing provided on this application, HANDS also offers housing for Veterans, Persons with Disabilities as well as Housing for Seniors. If you would like more information on these housing opportunities, please call 814.453.3333 or visit our website at hands-erie.org.



For marketing purposes, please tell us how you heard about HANDS and/or the apartment community for which you are applying:

- Newspaper
 Agency Referral
 Resident Referral
 Friend/Relative
 Drive-By
 HANDS Website
 Senior News
 Facebook
 Craigslist.org
 Other Source (specify) _____

| | | | | | |
|------------------------|-------|-------------------|---------------|---------------------|----------------------|
| Applicant Name | | | Date of Birth | Social Security No. | |
| Last | First | MI | | | |
| Present Street Address | | City | State | Zip Code | How Long at Address? |
| Home Phone Number | | Cell Phone Number | | Email Address | |
| Former Street Address: | | City | State | Zip Code | How Long at Address? |
| Former Street Address: | | City | State | Zip Code | How Long at Address? |
| Former Street Address: | | City | State | Zip Code | How Long at Address? |

PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER FOR ALL LANDLORDS FOR THE PAST 2 YEARS

| | | | |
|-------------------------|------|-------|----------|
| Current Landlord Name: | | | Phone |
| Address | City | State | Zip Code |
| Previous Landlord Name: | | | Phone |
| Address | City | State | Zip Code |
| Previous Landlord Name: | | | Phone |
| Address | City | State | Zip Code |

EMPLOYMENT INFORMATION

| | | | | |
|------------------------------|--|------------------|----------------------------------------------------------------------------|---------------------------|
| Name and Address of Employer | | Type of Business | Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business Phone Number | | Position/Title | Number of Year at Job | Yrs. In this line of work |
| Name and Address of Employer | | Type of Business | Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business Phone Number | | Position/Title | Number of Year at Job | Yrs. In this line of work |

CO-APPLICANT/SPOUSE INFORMATION

| | | | | | |
|-------------------------|-------|------|---------------|---------------------|----------------------|
| Co-Applicant Name | | | Date of Birth | Social Security No. | |
| Last | First | MI | | | |
| Present Street Address: | | City | State | Zip Code | How Long at Address? |
| Former Street Address: | | City | State | Zip Code | How Long at Address? |
| Former Street Address: | | City | State | Zip Code | How Long at Address? |

PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER FOR ALL LANDLORDS FOR THE PAST 2 YEARS

| | | | |
|-------------------------|------|-------|----------|
| Current Landlord Name: | | | Phone |
| Address | City | State | Zip Code |
| Previous Landlord Name: | | | Phone |
| Address | City | State | Zip Code |
| Previous Landlord Name: | | | Phone |
| Address | City | State | Zip Code |

CO-APPLICANT EMPLOYMENT INFORMATION

| | | | | |
|------------------------------|----------------|-----------------------|----------------------------------------------------------|--|
| Name and Address of Employer | | Type of Business | Self Employed? | |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business Phone Number | Position/Title | Number of Year at Job | Yrs. In this line of work | |
| | | | | |

Please list EVERY state each applicant has resided in below:

| Applicant Name | States Resided In |
|----------------|-------------------|
| | |
| | |
| | |
| | |
| | |
| | |

| INCOME/ASSETS | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------|------------------------------------------|-----------------|
| SOURCE | APPLICANT | CO-APPLICANT | Other Household -18 yrs of age or older: | TOTAL For MONTH |
| 1. Gross Salary (before taxes) | | | | |
| 2. Overtime Pay | | | | |
| 3. Commissions/Fees/Tips/Bonuses | | | | |
| 4. Unemployment Benefits (gross amount) | | | | |
| 5. Workers Compensation | | | | |
| 6. <input type="checkbox"/> Social Security <input type="checkbox"/> Pensions <input type="checkbox"/> Retirement Please list GROSS AMOUNTS Per Month | | | | |
| 7. TANF Payments/Public Assistance Per Month | | | | |
| 8. Alimony, Child Support (please circle) Per Month | | | | |
| 9. Net Income From Business | | | | |
| 10. Net Rental Income (if you own property and rent it to others) | | | | |
| 11. Other: | | | | |
| | | | TOTAL MONTHLY: | |
| | | | Total Monthly Income x 12 = | |
| ASSETS for <u>ALL</u> household members | CASH VALUE | INCOME FROM ASSETS | NAME & ADDRESS OF FINANCIAL INSTITUTION | |
| Checking Account | \$ | \$ | | |
| Savings or Direct Express Card | \$ | \$ | | |
| Certificate of Deposit (CDs) | \$ | \$ | | |
| Mutual Funds/ Stocks / Bonds / Life Ins | \$ | \$ | | |
| Real Estate - If you own your own home or have property | \$ | \$ | | |
| Other: | \$ | \$ | | |
| TOTAL: | \$ | \$ | | |

HOUSEHOLD COMPOSITION

| | FULL NAME <small>List the full names and related information for all people that will be living in the house or apartment for which you are applying.</small> | Relation-ship to Head of House-hold | SEX | DATE of BIRTH <small>MM/DD/YY</small> | AGE | SOCIAL SECURITY NUMBER | 1= White 2= Black or African America 3= American Indian or Alaskan 4= Native Hawaiian or Pacific Islander 5= Asian | 1= Hispanic/Latino 2= Non-Hispanic /Non-Latino |
|------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----|------------------------------------------|-----|------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| Head | | HEAD | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |

THE FOLLOWING QUESTIONS (1 – 11) MUST BE COMPLETED

1. I/We have have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the "other" row in the income/assets section of this application. Date of disposal _____

2. Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? Yes No If yes, list household member's name and states requiring registration. _____

3. Have you or any member of your household ever been charged with or convicted of a crime (misdemeanor or felony) other than minor traffic violations? Yes No
If yes, please explain _____

4. Are there any full or part-time students? Yes No
If yes, please list the name of students _____

5. Do you own pets? Yes No If yes, What kind and how many? _____

6. Has the family's tenancy in subsidized housing ever been terminated for fraud, nonpayment of rent or failure to cooperate with recertification procedures? Yes No

7. Do you currently have a Section 8 Housing Choice or VASH Voucher? Yes No **If yes, Please attach a copy of your Voucher when submitting application**

8. Are you currently receiving Section 8 or HUD Assistance where you live now? Yes No

9. For Section 8 eligibility and allowance purposes, is there a disability you wish to claim? Yes No

10. Please list the name and telephone number of an additional person to contact in the event we are unable to reach you, e.g., a relative, caseworker, etc. None

Name _____ Phone Number _____

11. Are there any special housing needs or accommodations that the household will require? Examples are a unit for a person with mobility, visual or hearing impairment, or a unit with grab bars and/or wheel-in showers.
Yes No If yes, please explain below.

Housing preference. Please refer to the attached Resident Selection Summary to determine if you qualify for any of the following preference options and place a check in appropriate box below:

Displaced from your home by the Uniform Relocation Act (URA) of 1970 (MUST PROVIDE DOCUMENTATION TO QUALIFY)

Your household has children who have tested positive for documented elevated blood levels due to your current living situation (MUST PROVIDE DOCUMENTATION TO QUALIFY)

You are presently living in housing declared substandard (MUST PROVIDE DOCUMENTATION FROM THE AGENCY THAT DECLARED YOUR CURRENT HOME SUBSTANDARD TO QUALIFY)

The information provided above is true and complete to the best of my knowledge and belief. I/We consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy.

I/We consent to have background credit and criminal checks to be obtained for all household members age 18 and over.

If you are in need of special services, please call HANDS at (814) 453-3333.

| | | | |
|-------------------------|-------|-------------------------|-------|
| _____ | _____ | _____ | _____ |
| Head of Household | Date | Co-Applicant | Date |
| _____ | _____ | _____ | _____ |
| Other Adult Over Age 18 | Date | Other Adult Over Age 18 | Date |
| _____ | _____ | | |
| HANDS Representative | Date | | |

If you have a complaint regarding this application, you may call:

PHILADELPHIA HUD

(215) 656-0663

TDD# (215) 656-3450

PITTSBURGH HUD

(412)644-6965

TDD# 1-800-927-9275

Toll-Free Complaints 1-800-669-9777



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) | |
| <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. | |

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.