

Tel Hai Apartments, Inc.
RHS Rental Assisted Apartments

A residential lifestyle, our Rural Development Services Building with 37 units, offers apartments with bedroom, living room, dining/kitchen and private bath. This is a federally subsidized housing facility for low income elderly, handicap or disabled individuals. Activities and services for various needs are also available. Included for a minimal fee are van trips to the grocery store, trips to the mall and nurses response to an emergency call bell system, which is located in each apartment. There are also various social events and activities offered.

In order to be eligible to be placed on our waiting list for one of these units, an application and financial statement must be completed and evaluated. To be placed on our "very low" income priority list, your income cannot exceed \$30,600.00 for a single person and \$35,000.00 for a couple. This priority listing is in accordance with Governmental directives and guidelines. If one's annual household income exceeds \$ 54,450.00 single or \$ 61,400.00 for a couple, one is not eligible to apply to live in these units. Rent is set at 30% of one's adjusted monthly (allowable medical expenses are used as deductibles to determine adjusted income). After monthly rent is determined, a \$30.00 monthly utility allowance is deducted. Should you be interested in additional information, please respond further.

Sincerely,

Amy Whary
Volunteer Coordinator and Tel Haven Apartment Manager
Tel Haven Apartments
610-273-9333 x 2010

APPLICATION
USDA/RDS PROGRAM

TEL HAI APARTMENTS, INC.
A Subsidiary of Tel Hai Services, Inc.
1200 Tel Hai Circle, Honey Brook, PA 19344,
(610) 273-9333, FAX: (610) 273-4530
TDD#: (610) 273-4528

OFFICE USE ONLY

DATE/TIME RECEIVED

WAITING LIST LEVEL

Tel Hai Apartment Complex

This is an application for housing in the Tel Hai Apartments located in Honey Brook, PA. Please complete this application and return it to Tel Hai Apartments at the address listed at the top of this form. An applicant may be interviewed only after the office at Tel Hai Apartments receives the complete tenant application. A tour of the Community may be offered prior to application.

PLEASE PRINT

A. GENERAL INFORMATION

Applicant Name (s) _____

Address:

Street _____ Apt. # _____
City _____ State _____ Zip Code _____

Telephone: () _____ Circle One: Home – Work – Cell

Email: _____

Marital Status: () Married () Single () Widowed () Divorced
Currently own _____ Monthly Mortgage Payment \$ _____
Monthly Rental Payment \$ _____ Rent \$ _____
Check Utilities Paid by You:
Electricity _____ Sewer _____
Heat _____ Water _____
Gas _____ Other _____

Approximate Monthly Cost of Utilities Paid by You (excluding phone & cable TV) \$ _____

Bedroom Size Requested: One Bedroom Standard _____
One Bedroom Wheel Chair Accessible _____

Tel Hai Apartments, Inc. is an Equal Housing Opportunity Community, which is in compliance with Section 504 and Fair Housing Regulations. Tel Hai Apartments will accommodate any applicants who need assistance completing this application.

List all persons who will live in the apartment. List HEAD of Household First:

NAME	RELATIONSHIP	DATE OF BIRTH	AGE	SOCIAL SECURITY#
1.	(SELF)			
2.				

Is anyone in this household a full time student? Yes _____ No _____

Name (s) _____

B. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW: (Gross Amounts)

FAMILY MEMBER NAME	SOURCE OF INCOME (Gross Amount)	
_____	a. Social Security	Monthly Amount \$ _____
_____	Social Security	Monthly Amount \$ _____
_____	b. Pension	Monthly Amount \$ _____
_____	Pension	Monthly Amount \$ _____
	Source of Pension (s) _____	
_____	c. Veterans Benefits	Monthly Amount \$ _____ Claim # _____
_____	d. SSI Benefits	Monthly Amount \$ _____
_____	SSI Benefits	Monthly Amount \$ _____
_____	e. Unemployment Comp.	Monthly Amount \$ _____
_____	Unemployment Comp.	Monthly Amount \$ _____
_____	f. AFDC	Monthly Amount \$ _____
_____	g. Employer _____	
	Position Held _____	How Long Employed? _____
	Wages, Gross Monthly Amount \$ _____	
_____	Employer _____	
	Position Held _____	How Long Employed? _____
	Wages, Gross Monthly Amount \$ _____	
_____	h. Alimony	Monthly Amount \$ _____ Source _____
_____	i. Child Support	Monthly Amount \$ _____ Source _____
_____	j. Interest Income	Monthly Amount \$ _____ Source _____
_____	Interest Income	Monthly Amount \$ _____ Source _____
_____	k. Other Income	Monthly Amount \$ _____ Source _____
_____	Other Income	Monthly Amount \$ _____ Source _____

TOTAL GROSS ANNUAL INCOME

\$ _____

(Base this on the monthly amounts listed on previous page and multiply x12)

Do you anticipate any changes in this income in the next 12 months? YES _____ NO _____

IF YES, Explain:

C. ASSETS

Checking Account (s)

Account Number	Bank Name	Balance	Date

Savings Account (s)

Account Number	Bank Name	Balance	Date

Trust Account

Account Number	Bank Name	Balance	Date

Certificates of Deposit (CDs)

Account Number	Bank Name	Balance	Date

IRA

Account Number	Bank Name	Balance	Date

Credit Union

Account Number	Bank Name	Balance	Date

Stocks

Name	Number of Shares	Market Value	Date

Savings Bonds / Mutual Fund – circle one

Account Number	Bank Name	Balance	Date

Whole Life Insurance Policy# _____ Face Value \$ _____
Cash value of Life Insurance Policy \$ _____

Real Estate: Do you own any property? Yes _____ No _____
If YES, Type of Property _____
Location _____
Appraised Market Value \$ _____
Mortgage or Outstanding Loans Balance Due \$ _____
Amount of Annual Insurance Premium \$ _____
Amount of Most Recent Tax Bill \$ _____
Have you Sold/Disposed of any property in the last 2 years? Yes _____ No _____
If yes, Type of Property _____
Location _____
Market Value when Sold/Disposed \$ _____
Amount Sold/Disposed For \$ _____
Date of Transaction _____

1. Have you disposed of any other Assets in the last 2 years (Example: Given away money to relatives, set up irrevocable Trust accounts)? Yes _____ No _____
If yes, describe Asset _____
Date of Disposition _____
Amount Disposed \$ _____
2. Do you have any other assets not listed above (excluding personal property)? Yes ___ No ___
If yes, list _____

D. MEDICAL/CHILDCARE/HANDICAP ASSISTANCE EXPENSES

Medical Costs:

1. Medicare Premiums Monthly Amount \$ _____
Monthly Amount \$ _____
2. Medical Insurance Coverage - Name of Insurance Company _____
Address _____ Monthly Amount \$ _____
3. Anticipated Medical/Drug/Prescription/Non-Prescription costs not covered by Insurance NOR reimbursed:
Monthly Amount \$ _____
4. Medical bills or outstanding costs you are making monthly payments for:
Balance Due \$ _____ Monthly Payments \$ _____
Payable To: _____
5. Are you seeing a Physician regularly? _____ Name of Physician _____
Address _____ Projected Cost(s) _____
6. Any other medical expenses: List type and amounts: _____ \$ _____
\$ _____

Childcare Costs: Complete ONLY for children 12 & younger:

7. Name (s) of children cared for _____ Age _____
_____ Age _____

8. Name and address of person or agency caring for children

9. Weekly cost for childcare due to employment \$ _____

10. Weekly cost for childcare due to education \$ _____

Handicap Assistance Expenses: Attendant care and/or apparatus expense that enables handicapped applicants or others in the household to work. Complete ONLY if Handicap Expenses allow someone in the household to work.

11. List:

Type of Expenses	Weekly Amount	Paid to whom

E. PROGRAM INFORMATION

- 1. How did you hear about this Community? _____
- 2. Are you paying more than 50% of your gross income for rent and utilities? Yes _____ No _____
- 3. Are you applying for status as an "Elderly Household", where the tenant or co-tenant is 62 or older, handicapped or disabled as defined by USDA/RDS? Yes _____ No _____
If so, you will be eligible for a \$400 and/or medical deduction your eligibility must be verified.
- 4. Would you/or anyone in your household benefit from a wheelchair accessible unit? Yes ___ No ___
4-A. If yes, would you like to request an adapted unit? Yes _____ No _____
- 5. Are you currently living in Subsidized Housing? Yes _____ No _____
- 6. Have you ever resided in a Project Financed and/or Subsidized by the Government? Yes ___ No ___
6-A. If Yes, Name & Address: _____

7. Have you ever been evicted from Public Housing or any other Federal Housing Program?
Yes _____ No _____ If Yes, Where? _____
When _____ Describe reasons _____

- 8. Do you have a negative police record? Yes _____ No _____
 - 9. Have you ever been convicted of a felony? Yes _____ No _____
 - 10. Are you currently using illegal drugs? Yes _____ No _____
 - 11. Have you ever been convicted of sale, distribution, or possession of illegal drugs? Yes ___ No ___
 - 12. Are you now or will you become a part time or full-time student prior to move-in? Yes ___ No ___
 - 13. Will you accept an apartment when one is available? Yes ___ No ___
 - 14. Briefly describe your reasons for choosing to apply for a Tel Hai Apartment _____
-

F. REFERENCE INFORMATION

Current Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____

Previous Rental Information:

Prior Landlord _____
Address _____
Home Phone _____ Business Phone _____

Prior Landlord _____
Address _____
Home Phone _____ Business Phone _____

G. CREDIT REFERENCES:

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

3. Name _____ Address _____ Phone _____

H. PERSONAL NON-RELATED REFERENCES:

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

3. Name _____ Address _____ Phone _____

In case of emergency notify:

Name _____

Address: _____

Phone _____ Relationship to you _____

I. OTHER REQUIRED INFORMATION

VEHICLES: List any cars, trucks or other vehicles owned or leased. (Parking will be provided for one vehicle). Your vehicles must be currently registered and insured.

Type of vehicle _____ Year/Make _____ Color _____

License Plate # _____ Drivers License # _____

PETS: Do you own a pet? Yes _____ No _____

If yes, Describe _____

I. CERTIFICATION /AUTHORIZATION

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We understand I/We must pay a security deposit for this apartment. I/We understand that my eligibility for housing will be based on United States Department of Agriculture/Rural Development Services income limits and by Tel Hai Apartments, Inc. selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I/We further understand I/We are not guaranteed transfer to the Personal Care or Nursing Center facilities at Tel Hai Retirement Community.

SIGNATURE:

TENANT

CO-TENANT

DATED _____

DATED _____

AUTHORIZATION

I/We do hereby authorize Tel Hai Apartments, Inc. and its staff or authorized representative to contact any agencies, Local/State police departments, offices, groups or organizations to obtain and verify any information materials which are deemed necessary to complete my/our application for housing which is administrated/managed by Tel Hai Apartments, Inc. I further authorize Tel Hai Apartments Inc. to verify all information listed on this application.

SIGNATURE:

TENANT

CO-TENANT

DATED _____

DATED _____

FOR USDA/RDS 515 PROGRAM
APPLICANTS ONLY

FAMILY HOUSEHOLD COMPOSITION:

“The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname.

Ethnicity: (Please mark one)

Hispanic or Latino _____
Not Hispanic or Latino _____

Race: (Please mark one or more)

1 American Indian/Alaska Native _____
2 Asian _____
3 Black or African American _____
4 Native Hawaiian or Other Pacific Islander _____
5 White _____

Gender: (Please mark one)

Male _____ Female _____