RURAL DEVELOPMENT (RD)
RENTAL APPLICATION

FOR MANAGEMENT USE ONLY	
Date & Time Application Received:	
Requested Accessible Unit:	

Phone: (570) 345-2041 Fax: (570) 504-8252
Email: whisperingpines@monarchmanage.com

Whispering Pines
29 Whispering Pines Blvd. Pine Grove, PA 17963

ALL QUESTIONS MUST BE ANSWERED
BR Sizes offered: 1BR & 2BR

HOUSEHOLD COMPOSITION

List each person who will reside in the unit along with all requested information. Include individuals who would only live in unit on a part-time basis. If more than 6 household members, list on separate sheet.

Member No.	Full Name, including middle initial	Relationship to HOH	Elderly/ Disabled [Y/N]*	Date of Birth	Age	F/T or P/T Student [Y/N]**	SSN
1		Head of Household					
2							
3							
4							
5							
6							

**Indicate yes [Y] or no [N], if HH member is 62 or older or disabled.*
***List student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12, college, university, technical, trade, mechanical, and on-line schools.*

CONTACT INFORMATION

Current Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Is or has anyone on this application ever been known by any other name? [ ] YES [ ] NO
If 'YES" explain: _____

Are any household changes expected in the next 12 months? [ ] YES [ ] NO
If 'YES' explain: _____

Are any household members currently absent from the home? [ ] YES [ ] NO
If 'YES' explain: _____

Are any student changes expected in the next 12 months? [ ] YES [ ] NO
If 'YES' explain: _____

Bedroom Size (Please check all you are willing to accept; please see top of page for bedroom sizes offered at this property):
☐ 1BR ☐ 2BR

EQUAL HOUSING OPPORTUNITY

RENTAL HISTORY

Address: _____

Rent: $_____ Length of Residency: _____ Landlord's Name: _____

Landlord's Phone#: _____Landlord's Address: _____

If you lived at your current Address <u>LESS</u> than three (3) years, provide previous address:

_____

Rent: $_____ Length of Residency: _____ Previous Landlord's Name: _____

Landlord's Phone#: _____Landlord's Address: _____

STUDENT STATUS

Is every member of the household a Full-Time Student as defined on Page 1? [ ] Yes [ ] No
Are there any Part-Time adult students in the household? [ ] Yes [ ] No

*If you answered **<u>YES</u>** to either question above, you **<u>MUST</u>** answer the following questions. If you answered, no to both questions above, you may proceed to the next part of the application.*

Are you of legal age in accordance with state law or otherwise legally able to enter into a binding contract under state law? [ ] Yes [ ] No

Is the full-time adult student(s) married and filing a joint tax return? [ ] Yes [ ] No

Does full-time adult student receive assistance under Title IV of the Social Security Act? (i.e, AFDC or TANF, but not SS or SSI)? [ ] Yes [ ] No

Is full-time adult student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program? [ ] Yes [ ] No

Is the full-time adult student a single parent who is not claimed as a dependent by another individual? [ ] Yes [ ] No

Was the full-time adult student previously a foster child under Part B of E Title IV of the Social Security Act? [ ] Yes [ ] No

Are the minors in the household claimed as a dependent by a parent? [ ] Yes [ ] No

Is student receiving any financial aid or assistance with educational expenses? [ ] Yes [ ] NO

HOUSEHOLD INCOME

INCOME INSTRUCTIONS:

- *List GROSS amounts anticipated to be received in the 12-month period following effective date of certification.*
- *For adults include both earned income from jobs and unearned income. Do not list income of Foster Adults.*
- *Answer each 'YES' – 'NO' question. For each 'YES' include the GROSS ANNUAL amount.*
- ***DO NOT LEAVE ANY UNANSWERED QUESTIONS.***

(For additional household members 18 and older; use a separate sheet of paper.)

	Head of Household		Co-Head and/or Other Member	
Type of Income	Check One	Yearly Amount	Check one	Yearly Amount
1. Employment	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
2. Overtime or Shift Pay	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
3.Bonus/commission/etc	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
4. Tips	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
5. Cash Pay (under the table)	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
6. Self-Employment	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
7. Do you have a 2nd job?	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
8. Gig Income (Uber, Ebay, etc.)	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
9. Recurring Cash Contributions	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
10. Child Support	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
11. Informal Child Support	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
12. Spousal Support	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
13. Informal Spousal Support	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
14. Social Security	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
15. SSI	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
16. SSP	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
17. TANF/AFDC/etc. ***NOT** food stamps*	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
18. Unemployment	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
19. Severance Pay	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
20. Pension	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
21. Veterans/VA Income	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
22. Investment *	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
23. Annuity Account *	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
24. Trust Account *	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
25. Disability/Death Benefits *	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
26. Student Financial Aid	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
27. Military Pay	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
28. Real Estate Rental Income	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
29. Other:	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
30. Other:	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
	TOTAL INCOME	**$**	**TOTAL INCOME**	$
*Receiving a regular periodic payment (weekly, monthly, quarterly, annually, etc.)				

Are any income changes (this includes pay raises, seasonal work, day laborer) expected in the next 12 months? [ ] YES [ ] NO If 'YES', please explain: _____

_____

Does any member of your household who is not now working, expect to work for any period during the next twelve months? [ ] YES [ ] NO

Employment Information:

Employer: _____ Phone: _____
Address: _____ FAX: _____
Date of Hire: _____ Supervisor: _____

2nd Employer (if applicable):

Employer: _____ Phone: _____
Address: _____ FAX: _____
Date of Hire: _____ Supervisor: _____

(If more than 2 employers, please use a separate sheet of paper.)

ASSETS

Assets include cash (wherever held), all bank accounts, stocks, bonds, money market accounts, annuities (non-retirement accounts), cash value of whole or universal life insurance policies, equity in real estate or capital investments, items held as an investment, (jewelry, art, coin or stamp collections, etc), etc. *You must also include the value of any assets disposed of in the past 24 months for less than fair market value*.

ASSET INSTRUCTIONS:

- *List assets for all household members, including minors. Do not include assets of Foster/Children Adults.*
- *Cash value is market value minus any costs/penalties/fees required to convert to cash.*

(Additional household members—use a separate sheet of paper. Do not complete for Minors who do NOT have assets.)

	Head of Household			Co-Head and/or Other Member		
Type of Asset	Check One	Approx Cash Value	Income from Asset	Check one	Approx Cash Value	Income from Asset
1. Checking Acct	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
2. 2nd Checking Acct	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
3. Savings Acct	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
4. 2nd Savings Acct	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
5. Debit Card Payroll	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
6. Direct Express (SS/SSI)	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
7. ACCESS Card (SSP/TANF) NOT FOOD STAMPS	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
8. Money Network Card (Unemployment)	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$

9. EPPICARD (Child Support)	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
10. Prepaid Debit Card	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
11. Cash (e.g, in a Safe Deposit Box, etc.)	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
12. Certificate of Deposit(s) (CD's)	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
13. Other Bank Accts	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
14. Mutual Fund	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
15. Stocks	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
16. Portfolio, Brokerage, Investment Accts	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
17. Savings Bonds	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
18. Treasury Bills	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
19. Annuity (non-retirement)	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
20. Trust	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
21. Life Insurance	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
22. Real estate	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
23. Cash/Digital Apps (Venmo, Paypal, etc.)	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
24. Other asset	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
	TOTALS	$	$	**TOTALS**	$	$

Has anyone received a Federal Tax Refund in the past 12 months? [ ] YES, amount?_____ [ ] NO

Has anyone received any lump sum amounts in the past 2 years (i.e., lottery/ inheritance)? [ ] YES [ ] NO

Has anyone disposed of any assets for less than fair market value in the past 2 years? [ ] YES [ ] NO

If you answered 'YES' to any of the questions above, please explain (include amounts):

For each asset on the Asset Chart checked 'YES', please complete the following:

Type of Asset	HH Member	Name of Financial Institution/Company

(If necessary, please use an additional sheet to list additional asset sources.)

DEDUCTIONS

1. **Are you claiming Medical & Health Expenses (Elderly/Disabled Families ONLY)?**

   Answer "yes" or "no" to each possible expense listed below.

Medical Expense Sources	**YES**	**NO**
Do you pay for Medicare?	____	____
Do you pay for any other medical insurance?	____	____
Do you have any outstanding medical bills on which you are paying?	____	____
Do you expect to have any medical expenses during the next 12 months?	____	____
Do you pay for your prescriptions?	____	____
Do you pay for any auxiliary apparatus, e.g., adaptations to vans, interpreters, etc., or attendant care to enable someone in your household to work?	____	____

   If yes, please describe: _____
   _____

2. **Are you claiming Childcare Expenses?**

   Answer "yes" or "no" to each item listed below.

	YES	**NO**
Do you currently pay for childcare services for any children under the age of 13 residing in your household?	____	____
If yes, is this service necessary in order for you to be employed?	____	____
If yes, are any of the expenses reimbursed by an outside Source?	____	____

OTHER INFORMATION

Have eviction charges ever been filed against you at a District Magistrate's office for non-payment and/or late payment of rent to your landlord or for any other reason? [ ] Yes [ ] No

Have you or any other household member or person you wish to reside with you ever been convicted of a crime? (Omit only minor Traffic Violations; DUI is considered a crime.) [ ] Yes [ ] No

Are you or any other member of your household subject to any state or federal lifetime sex offender registration in this or any other state? If yes, who? _____ [ ] Yes [ ] No

Do you have a Housing Choice Voucher? [ ] Yes [ ] No

Do you have a pet? If yes, describe: _____ [ ] Yes [ ] No

Are there any special housing needs or reasonable accommodations, (Examples; a unit for mobility impaired, visually impaired or hearing impaired person, etc.), that the household will require to meet the needs of a disabled family member? **[ ] Yes [ ] No**. **If Yes**, please explain:

_____

Will you or anyone in your household require a live-in care attendant? [ ] Yes [ ] No
If yes, please provide name of the live-in care attendant and relationship (if any):

_____

If household is determined to be eligible and a unit is offered, will this be household's Primary residence? [ ] Yes [ ] No

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

Address: _____

By my/our signatures below:

I/we consent to release of wage matching data to RHS and the borrower.

I/We certify that if selected, the unit I/we occupy will be my/our only residence. I/We understand the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that providing false statements or information is punishable under federal law.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Head of Household Signature: _____ Date: _____

Co-Head or Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Warning: 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). Violations of these provisions are cited as violations of 42 USC 408 (a) (6), (7) and (8).

"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:

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (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

Sex:

☐ Male ☐ Female

☐ Please check here if you decline to provide this information.