Applicant Name:_____

82 W. Queen Street - Chambersburg, PA 17201
(717) 977-3900 www.luminest.org

DOUBLE CHECK YOUR APPLICATION

- We require a non-refundable $15 per adult application fee with application. We accept money order or check. **NO CASH.** (For Section 811 applicant fee is waived.)
- Please read and answer **every** question on the application. If there are questions that do not pertain to you, check no or write **N/A** for "not applicable."

INCOMPLETE applications will be returned.

- **DO NOT USE WHITE OUT**. Use only black or blue pen to fill out the application. All information provided will need documentation and will be verified.
- **Call 717-977-3900 to Schedule an appointment to submit your application. Appointments are held in Chambersburg, Gettysburg & Shippensburg.**

****For **each** person on the application, we will need **copy** of each item below (that applies to you):

Identity Verification	Income Verification	Asset Verification	Miscellaneous
☐Birth Certificate	☐Paystubs: Past 2 Months Biweekly (7), Weekly (10)	☐Bank Statements: Past 2 Months (must include all pages)	☐Landlord Information (page 2)
☐Photo ID: (drivers license, passport, military ID)	☐Current Social Security Benefits Verification Letter	☐SSP Information	☐Required Signatures
☐Social Security Card	☐SSI Information (current year)	☐ Cash App/PayPal/Venmo (most recent statements)	$☐15.00 **non-refundable** Application Fee Per Adult
	☐Workers Compensation	☐Life Insurance Policy	☐Application Fee Does Not Apply to 811 Applicants
	☐Information on Bonuses	☐Savings Bonds	
	☐TANF Documents	☐Unemployment Award Letter	
	☐Child Support Court Order	☐ Retirement/Investment Accounts	
	☐Recurring Income Info		

811 Applicants: Please request and sign a supplemental form #92006

All information provided will need documentation and will be verified.

Staff-Please do visual inspection of documents

Cover A

82 W. Queen Street-Chambersburg, PA 17201
(717)-977-3900 www.luminest.org

luminest
community development

NAME:_____ **EMAIL:**_____

PHONE:_____ **CURRENT STREET ADDRESS:** _____

CITY: _____, **STATE**_____, **ZIP**_____

Eligibility is based on your income along with your credit, criminal and past landlord report history. To see if you qualify according to your annual income, see the charts below, note the household size and check the development(s) for which you are applying:

Tax Credit Properties
MAXIMUM GROSS Income Guidelines

	Franklin County	Adams County	Cumberland County
1 person	$40,140	$43,020	$44,280
2 person	$45,840	$49,200	$50,640
3 person	$51,600	$55,320	$56,940
4 person	$57,300	$61,440	$63,240
5 person	$61,920	$66,360	
6 person	$66,480	$71,280	

Chambersburg Family Developments:

☐ ***Sunset Court*** (Choose) ☐ 2 Bedroom ☐ 3 Bedroom

Chambersburg Senior (62+) Developments:

☐ ***Parkview Corner*** (Choose) ☐ 1 Bedroom ☐ 2 Bedroom

Waynesboro Family Developments:

☐ ***Valley Terrace*** (Choose) ☐ 2 Bedroom ☐ 3Bedroom

☐ ***Mount Vernon Terrace*** (Choose) ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom

Waynesboro Senior (62+) Developments:

☐ ***Wayne Gardens*** (Choose) ☐ 1 Bedroom ☐ 2 Bedroom

Shippensburg Senior (62+) Development:

☐ ***Citrus Grove*** (Choose) ☐ 1 Bedroom ☐ 2 Bedroom

Gettysburg Family Development:

☐ ***Meadow View*** (Choose) ☐ 2 Bedroom ☐ 3 Bedroom

Were you referred by the 811 program? ☐ Yes ☐ No

Is anyone in the household a member of the military?
☐ Yes ☐ No

How did you hear about us?

☐ **Luminest Website**
☐ **Facebook**
☐ **Zillow/Hotpads/Trulia**
☐ **Radio Station** _____
☐ **Family/Friend who live at Property**
☐ **Brochure/Flyer**
(from)_____
☐ **Other:**_____

luminest
community development

RENTAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED.

FOR MANAGEMENT USE ONLY	
Date & Time Application Received:	
Requested Accessible Unit:	
AMI Set Aside (20%, 30%, 50%, 60%)	
Program (LIHTC, HOME, etc.):	

Bedroom Size (Please check all you are willing to accept;) ☐ 1BR ☐ 2BR ☐ 3BR

HOUSEHOLD COMPOSITION

List each person who will reside in the unit along with all requested information. Do not include minors who will be present less than 50% of the time. If more than 6 household members, list on separate sheet.

Member No.	Full Name, including middle initial	Relationship to HOH	Gender [M/F]	Date of Birth	Age	Full Time Student [Y/N]***	Last 4 Digits of SSN
1		Head of Household					
2							
3							
4							
5							
6							

****List Full-Time 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: _____

EQUAL HOUSING OPPORTUNITY

RENTAL HISTORY

Current Address: _____ Rent: $_____

From (month/year): _____ To (month/year)_____ Landlord's Name: _____

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

If you lived at your current Address LESS than three (3) years, provide previous address:
Previous Address: _____ Rent: $_____

From (month/year): _____ To (month/year)_____ 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 **YES** to either question above, you **MUST** 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.)

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 (Section 8) or any other rental assistance? ☐ Yes ☐ No

Do you have a pet or other animals? 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):

_____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

Address: _____

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).

Household Race/Ethnicity/Disability Report Form

PLEASE READ CAREFULLY AND FOLLOW INSTRUCTIONS EXACTLY.

The following information is needed in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low-Income Housing Tax Credit (LIHTC) properties to collect and submit to the US Dept of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties. Although we would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information or whether or not you choose to furnish it.

Property Name: _____ **Unit #**: _____

The following RACE codes should be used when completing the table below (choose all options that apply):

1 – White
2 – Black/African American
3 – American Indian/Alaskan Native
4 – Asian
5 -- Asian India
6 -- Chinese
7 – Filipino
8 – Japanese
9 – Korean
10- Vietnamese
11- Other Asian
12- Native Hawaiian/Other Pacific Islander
13- Native Hawaiian
14- Guamanian or Chamorro
15- Samoan
16- Other Pacific Islander
17- Other
18- Decline to answer Race

The following Ethnicity codes should be used when completing the table below:

Y – Hispanic or Latino (person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race)
N – Not Hispanic or Latino
D – Decline to answer Ethnicity

Disability Status: Fair Housing Act definition of disability (or handicap): A physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment or being regarded as having such impairment (24 CFR 100.201). Disability does not include illegal use of or addiction to controlled substance.

Y – Disabled
N – Not Disabled
D – Decline to answer Disability

Enter both Relationship to Head of Household, Race, Ethnicity, Disability codes (as shown above) for each household member:

Last Name, First Name, MI	Relationship to HOH*	Race (use code above)	Ethnicity (Y/N/D)	Disabled (Y/N/D)	Gender M = Male F = Female N = Nonbinary O = Other D = Declined

*Please enter one of the following codes to indicate Relationship to Head of Household: **H** – Head; **S** – Spouse; **A** – Adult co-tenant; **O** – Other Family member; **C** – Child (17 years and younger); **U** – Unborn Child; **F** – Foster child/adult; **L** – Live-in caretaker; **N** – None of the above.

Resident/Applicant's Signatures (all HH members 18 and over must sign/date):

_____ _____ (date) _____ _____ (date)

_____ _____ (date) _____ _____ (date)

RELEASE FOR VERIFICATION FORM

(One form per adult in the household, print extra copies as needed)

_____has applied for residency (or is a resident) at Luminest properties. As part of our processing and ongoing compliance it is necessary to obtain various forms of documentation including income, assets, credit and criminal verification. The information obtained will be used solely for the purposes of determining eligibility.

I,_____, the undersigned, hereby authorize the release, without liability to any and all information they may request concerning my income, wages, salaries, credit record, references, etc. in connection with my application to determine whether I am eligible to occupy an apartment, or to continue to occupy an apartment at Luminest properties.

This Release is valid throughout the term of my tenancy at Luminest properties.

_____

Signature

_____

Print Name

_____

Date

Warning: Title18, 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 willfully 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 42 U.S.C. 208 (f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and