Luminest
82 W. Queen Street-Chambersburg, PA 17201
(717)-977-3900 Fax (717) 655-2685
www.luminest.org

NAME:_____**EMAIL:**_____

PHONE:_____**CURRENT ADDRESS:** _____

AFTER your application is fully completed, with all documentation, return:

-via email to info@luminest.org **OR**
-mail to Meadow View Townhomes 82 W. Queen St. Chambersburg, PA 17201 **OR**
-call to set up a weekday appointment at the PICPI Community Center in Misty Ridge, Gettysburg, PA: 717-977-3900

If you return via email or standard mail, please call the office after 10 days if you have not received confirmation that we received your application.

The first homes are expected to be ready late summer of 2022.

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 and note the household size.

MAXIMUM GROSS Income Guidelines

	Meadow View Townhomes
1 person	$37,980
2 person	$43,380
3 person	$48,780
4 person	$54,180
5 person	$58,560
6 person	$62,880

How did you hear about us?

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

Are you or any member of your household an active member of the military? _____**yes** _____**no**

Do you require a handicap accessible unit?_____**yes** _____**no**

Are you or any household member hearing or vision impaired? _____**yes** _____**no**

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DOUBLE CHECK YOUR APPLICATION

- We require a non-refundable $25 per adult application fee with application. We accept money order or check. **NO CASH.**
- **Application Fee Waived through May 31st, 2022**

- 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.

- **Return Application to 82 W. Queen Street, Chambersburg**

For **each** member on the application we will need **copy** of:

Identity Verification	Income Verification	Asset Verification	Miscellaneous
☐ Birth Certificate	☐ Paystubs: Past 2 months Biweekly (7), weekly (10)	☐ Bank Statements for past 2 months (must include all pages)	☐ Landlord Information
☐ Photo ID: (drivers license, passport, military ID)	☐ Current Social Security Benefits letter	☐ SSP Information	☐ Each Adult Sign Consent Form
☐ Social Security Card	☐ SSI information (current year)	☐ 401K	$ ☐ 25.00 **non-refundable** application fee per adult
	☐ Workers Compensation	☐ Life Insurance Policy	☐
	☐ Information on Bonuses	☐ Savings Bonds	
	☐ TANF Documents	☐ Unemployment Awards letter	
	☐ Child Support Court Order		
	☐ Recurring income info		

All information provided will need documentation and will be verified.

RECEIVED AND CHECKED BY : _____
NAME OF LUMINEST STAFF:

Staff-Please do visual inspection of documents

EQUAL HOUSING OPPORTUNITY

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
  4a – Asian India
  4b – Chinese
  4c – Filipino
  4d – Japanese
  4e – Korean
  4f – Vietnamese
  4g – Asian Other
5 – Native Hawaiian/Other Pacific Islander
  5a – Native Hawaiian
  5b – Guamanian or Chamorro
  5c – Samoan
  5d – Other Pacific Islander
6 – Other
8 – 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 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)

RESIDENTIAL/RENTAL HISTORY for past 36 months for each adult applicant:

Please list each place each adult has lived for the past 36 months, starting with the most recent. Include the property owner's name and contact information. Use additional paper if necessary. Be sure to include the address on your photo ID.

From_____(month & year) to_____ Applicant who lived there_____

ADDRESS:_____Rent: $_____Landlord/Owner:_____

Relationship to you:_____Landlord's Address & phone: _____

_____

From_____(month & year) to_____ Applicant who lived there_____

ADDRESS:_____Rent: $_____Landlord/Owner:_____

Relationship to you:_____Landlord's Address & phone: _____

_____

From_____(month & year) to_____Applicant who lived there_____

ADDRESS:_____Rent: $_____Landlord/Owner:_____

Relationship to you:_____Landlord's Address & phone: _____

_____

From_____(month & year) to_____Applicant who lived there_____

ADDRESS:_____Rent: $_____Landlord/Owner:_____

Relationship to you:_____Landlord's Address & phone: _____

_____

[ ] I CERTIFY THAT I/we HAVE NOT HAD ANY LANDLORDS FROM WHOM I'VE/ we've RENTED IN THE PAST 36 MONTHS (if true). Please still list the past 36 month history of where all adults have lived, even if there was no lease in place.

Signature of Applicants to whom this applies: _____

(Title 18, Section 1001 of U.S. Code states that *a person is guilty of a felony for knowingly and willingly making false or fraudulent* statements here or anywhere on the application.)

If any adult applicant has lived in any other states not listed above, please provide name and states:

DO YOU HAVE A HCV/SECTION 8/Rental Assistance?_____Describe: _____

OTHER things we should know:

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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.):	

☐ 1BR Parkview & Wayne Gardens only ☐ 2BR ☐ 3BR ☐ 4BR Redwood only

HOUSEHOLD COMPOSITION

List each person who will reside in the unit along with the 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.*

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

STUDENT STATUS

Is every member of the household a Full-Time Student? As defined on Pg 5? **[ ] 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

EQUAL HOUSING OPPORTUNITY

HOUSEHOLD INCOME

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ICOME 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.*
- *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. Periodic Gift Income	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
9. Non-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. Retirement Account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
22. Investment Account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
23. Worker's Comp	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
24. Annuity Account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
25. Trust Account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
26. Disability/Death Benefits	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
27. Student Financial Aid	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
28. Military Pay	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
29. Real Estate Rental Income	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
30. Veterans/VA Income	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
31. Other:	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
	TOTAL INCOME	**$**	**TOTAL INCOME**	$

Are any income changes 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, IRA's, annuities, retirement/pension funds, 401K's, 403B's, 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.*
- *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)	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
8. Reliacard (Unemployment)	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
9. EPPICARD (Child Support)	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$

10. Prepaid Debit Card	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
11. Cash on Hand	[ ] 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. IRA/401K/etc.	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
18. 2nd IRA/401K/etc.	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
19. Savings Bonds	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
20. Treasury Bills	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
21. Annuity	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
22. Revocable trust	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
23. Life Insurance	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
24. Real estate	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
25. Other asset	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
26. Other asset	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
	TOTALS	$	$	**TOTALS**	$	$

Imputed Income. If total assets are more than $5,000 multiply by .06%: $_____

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 either question above, please explain:

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 nonpayment 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 beenconvicted 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

Are any criminal charges currently pending now for any household member? [ ] Yes [ ] No If yes, explain: _____

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, a live-in aide, etc.), that the household will require to meet the needs of a disabled family member? **[ ] Yes [ ] No. If Yes**, please list:

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: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder

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AUTHORIZATION FOR THE RELEASE OF INFORMATION

_____ has applied for residency (or is a resident) at a Luminest managed property. As part of our processing and on-going compliance it is necessary to obtain various forms of documentation including income, rental history, assets, credit and criminal verification. The information obtained will be used solely for the purpose of determining eligibility.

I/we, the undersigned, hereby authorize the release, without liability to any and all information that may be requested concerning my income, wages, salaries, credit report, references, etc. in connection with my application to determine whether I am eligible to occupy a home, or to continue to occupy a Luminest Community home.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.

Print Applicant/Tenant Name	Signature	Date
Other family member over age 18	Signature	Date
Other family member over age 18	Signature	Date
Other family member over age 18	Signature	Date

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