

Applicant Name: _____

82 W. Queen Street - Chambersburg, PA 17201

(717) 977-3900 www.luminest.org

DOUBLE CHECK YOUR APPLICATION

- 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):

<u>Identity Verification</u>	<u>Income Verification</u>	<u>Asset Verification</u>	<u>Miscellaneous</u>
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Paystubs: Past 2 Months Biweekly (7), Weekly (10)	<input type="checkbox"/> Bank Statements Past 2 Months (must include all pages)	<input type="checkbox"/> Landlord Information (page 2)
<input type="checkbox"/> Photo ID: (drivers license, passport, military ID)	<input type="checkbox"/> Current Social Security Benefits Verification Letter	<input type="checkbox"/> SSP Information	<input type="checkbox"/> Required Signatures
<input type="checkbox"/> Social Security Card	<input type="checkbox"/> SSI Information (current year)	<input type="checkbox"/> Cash App/PayPal/Venmo (most recent statements)	
	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> Life Insurance Policy	
	<input type="checkbox"/> Information on Bonuses	<input type="checkbox"/> Savings Bonds	
	<input type="checkbox"/> TANF Documents	<input type="checkbox"/> Unemployment Award Letter	
	<input type="checkbox"/> Child Support Court Order	<input type="checkbox"/> Retirement/Investment Accounts	
	<input type="checkbox"/> Recurring Income Info		

All information provided will need documentation and will be verified.

Staff – Please do visual inspection of documents.

Cover A

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

NAME: _____ EMAIL: _____

PHONE: _____ CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NORTH RIDGE
A Senior Living Community

Opening the end of 2026

Application fee waived until May 2026

Gettysburg Senior (62+) Development:

North Ridge (Choose) 1 Bedroom 2 Bedroom

Gettysburg Family Development:

Meadow View (Choose) 2 Bedroom 3 Bedroom

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 MAXIMUM GROSS INCOME chart below and note the household size.

	Adams Co.
1 person	\$43,020
2 person	\$49,200
3 person	\$55,320
4 person	\$61,360

How did you hear about us?

Luminest Website

Facebook

Zillow/Hotpads/Trulia

Radio Station _____

Family/friend who live at property

Brochure/flyer from _____

Other: _____

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

Is anyone a veteran? Yes No

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: _____



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	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
2. Overtime or Shift Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
3. Bonus/commission/etc	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
4. Tips	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
5. Cash Pay (under the table)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
6. Self-Employment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
7. Do you have a 2 nd job?	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
8. Gig Income (Uber, Ebay, etc.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
9. Recurring Cash Contributions	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
10. Child Support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
11. Informal Child Support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
12. Spousal Support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
13. Informal Spousal Support	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
14. Social Security	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
15. SSI	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
16. SSP	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
17. TANF/AFDC/etc. <small>not food stamps</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
18. Unemployment	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
19. Severance Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
20. Pension	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
21. Veterans/VA Income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
22. Investment *	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
23. Annuity Account *	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
24. Trust Account *	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
25. Disability/Death Benefits *	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
26. Student Financial Aid	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
27. Military Pay	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
28. Real Estate Rental Income	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
29. Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
30. Other:	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> 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.)

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



EQUAL HOUSING
OPPORTUNITY



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



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 #:** _____

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:

*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: 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 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