



Pension Monthly Amount \$ \_\_\_\_\_

Pension Monthly Amount \$ \_\_\_\_\_

Source of pension \_\_\_\_\_

Veterans Benefits Monthly Amount \$ \_\_\_\_\_ Claim # \_\_\_\_\_

Veterans Benefits Monthly Amount \$ \_\_\_\_\_ Claim # \_\_\_\_\_

SSI Benefits Monthly Amount \$ \_\_\_\_\_

SSI Benefits Monthly Amount \$ \_\_\_\_\_

Unemployment Monthly Amount \$ \_\_\_\_\_

Unemployment Monthly Amount \$ \_\_\_\_\_

Public Assistance Monthly Amount \$ \_\_\_\_\_ Case # \_\_\_\_\_

Wages – Gross Monthly Amount \$ \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ How long employed \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_ How long employed \_\_\_\_\_

Interest Income Monthly Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

Interest Income Monthly Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

Does any household member receive retirement benefits as periodic payments? Yes \_\_\_ No \_\_\_

If Yes, what type of retirement account? \_\_\_\_\_

Other Income Monthly Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

Other Income Monthly Amount \$ \_\_\_\_\_ Source \_\_\_\_\_

TOTAL GROSS MONTHLY INCOME \$ \_\_\_\_\_

TOTAL GROSS ANNUAL INCOME \$ \_\_\_\_\_



Do you anticipate any major changes in this income in the next 12 months? Yes \_\_\_ No \_\_\_  
If yes, explain \_\_\_\_\_

**ASSETS**

Checking Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_  
Address \_\_\_\_\_

Checking Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_  
Address \_\_\_\_\_

Savings Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_  
Address \_\_\_\_\_

Savings Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_  
Address \_\_\_\_\_

Trust account # \_\_\_\_\_ Bank \_\_\_\_\_  
Address \_\_\_\_\_

Certificate of # \_\_\_\_\_ Bank \_\_\_\_\_  
Deposit Address \_\_\_\_\_

Certificate of # \_\_\_\_\_ Bank \_\_\_\_\_  
Deposit Address \_\_\_\_\_

Credit Union # \_\_\_\_\_ Name \_\_\_\_\_  
# \_\_\_\_\_ Name \_\_\_\_\_

Savings Bonds # \_\_\_\_\_ Name \_\_\_\_\_

Stocks # of Shares: \_\_\_\_\_ Value Per Share: \_\_\_\_\_  
Name of Company: \_\_\_\_\_

Life Insurance # \_\_\_\_\_ Cash Value \_\_\_\_\_  
Policy # \_\_\_\_\_ Cash Value \_\_\_\_\_

Real Property Do you own any property? \_\_\_Yes \_\_\_No  
If yes, type of property \_\_\_\_\_  
Location \_\_\_\_\_  
Appraised Market Value \$ \_\_\_\_\_  
Mortgage or outstanding loans balance due? \_\_\_\_\_



PROPERTY SOLD/DISPOSED

Type of property

Have you sold or disposed of any

Property in the last two years?

Yes ( ) No ( )

If YES, complete this section

Market Value when sold/disposed \$ \_\_\_\_\_

Amount sold/disposed for \$ \_\_\_\_\_

Date of transaction \_\_\_\_\_

ASSETS SOLD/DISPOSED

Have you disposed of any other assets in the Last two years (i.e. given money away to

Relatives, set up irrevocable trust account)?

Yes ( ) No ( )

If YES, complete this section

Describe the asset(s) \_\_\_\_\_

Date of disposition \_\_\_\_\_

Amount disposed \$ \_\_\_\_\_

Do you have any other ASSETS not listed above (excluding personal property)?

Yes \_\_\_\_ No \_\_\_\_ If yes,

list \_\_\_\_\_

MEDICAL AND/OR DISABILITY EXPENSES

Medical Costs

Medicare Premiums Monthly Amount \$ \_\_\_\_\_

Medicare Premiums Monthly Amount \$ \_\_\_\_\_

Medical Insurance Name of Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_

Monthly Cost \$ \_\_\_\_\_

Anticipated Medical/Drug/prescription Costs NOT covered by Insurance NOR reimbursed

Monthly Cost \$ \_\_\_\_\_

Name and address of pharmacy: \_\_\_\_\_

Medical bills or outstanding Costs you are making monthly payments for:

Balance due \$ \_\_\_\_\_ Monthly Payment \$ \_\_\_\_\_ Payable to : \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Projected costs NOT covered by Insurance NOR reimbursed for the next 12 months

\$ \_\_\_\_\_



Any other Medical Expenses: List type and amounts \_\_\_\_\_ \$ \_\_\_\_\_  
(Use another sheet for additional information)

Disability Expenses: Complete ONLY if disability expenses allow the disabled person or another household member to WORK. List type of expenses, weekly amount, paid to whom: \_\_\_\_\_

PROGRAM INFORMATION

1. Are you or any household member qualified for a housing unit or adjustment to income available only to mobility impaired persons? Yes \_\_\_ No \_\_\_  
Mobility impaired is someone permanently using a wheelchair, cane, walker, etc. Any mobility impairment will be verified with a physician.
2. Do you require an accessible unit? Yes \_\_\_ No \_\_\_
3. Are you currently living in Subsidized Housing? Yes \_\_\_ No \_\_\_
4. Have you ever resided in a Project financed and/or subsidized by the government?  
Yes \_\_\_ No \_\_\_  
If Yes, Name and Address \_\_\_\_\_  
Dates of residency: From \_\_\_\_\_ to \_\_\_\_\_
5. Have you ever been evicted from other Public Housing or any other Federal Housing program? Yes \_\_\_ No \_\_\_ If Yes, where \_\_\_\_\_  
Describe reasons \_\_\_\_\_
6. Have you ever been evicted from other housing? Yes \_\_\_ No \_\_\_
7. How did you hear about this housing? \_\_\_\_\_
8. Please list all states where all household members have ever lived:  
Household Member: \_\_\_\_\_  
States: \_\_\_\_\_  
Household Member: \_\_\_\_\_  
States: \_\_\_\_\_
9. Is any member of the household subject to a state lifetime sex offender registration requirement? Yes \_\_\_ No \_\_\_
10. Are you or any members of your household a part-time or full-time student enrolled in an institute of higher education? Yes \_\_\_ No \_\_\_
11. Is any member of the household a U.S. military veteran? Yes \_\_\_ No \_\_\_  
If Yes, Who? \_\_\_\_\_
12. Are you or any household member a current illegal user of a controlled substance or ever had a previous conviction of the same? Yes \_\_\_ No \_\_\_



13. Have you or any household member been convicted of the illegal manufacture or distribution of a controlled substance? Yes \_\_\_ No \_\_\_
14. If yes to either question 12 or 13 above, have you or the household member successfully completed a controlled substance abuse recovery program? Yes \_\_\_ No \_\_\_
15. Have you or any household member been convicted of a criminal offense in the last five (5) years? Yes \_\_\_ No \_\_\_ If yes, please explain? \_\_\_\_\_  
\_\_\_\_\_

(use another of sheet if more room is needed)

**REFERENCE INFORMATION**

Provide ALL Landlord information for the past three years (Please print)

Current Landlord: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Dates of residency: From \_\_\_\_\_ to \_\_\_\_\_

Previous Rental information:

Prior Address: \_\_\_\_\_  
 Landlord's Name \_\_\_\_\_  
 Landlord's Address \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Dates of residency: From \_\_\_\_\_ to \_\_\_\_\_

Prior Address \_\_\_\_\_  
 Landlord's Name \_\_\_\_\_  
 Landlord's Address \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Dates of residency: From \_\_\_\_\_ to \_\_\_\_\_

**CREDIT REFERENCES:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone # \_\_\_\_\_
2. Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone # \_\_\_\_\_

Personal Non-Related References:

1. Name \_\_\_\_\_ Address \_\_\_\_\_  
 Phone # \_\_\_\_\_



2. Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone # \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_

**OTHER REQUIRED INFORMATION**

Vehicles: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_ State \_\_\_\_\_

**PETS**

Pets allowed in Elderly Subsidized Housing must adhere to the Pet Policy. Do you own any Pets? Yes \_\_\_ No \_\_\_

If yes, describe: \_\_\_\_\_

Ardmore House has a local preference for Lower Merion Township residents or former residents if it was within the last twenty (20) years.

Do you now or have you ever lived in Lower Merion Township within the last twenty (20) years? Yes \_\_\_ No \_\_\_ If yes, see below.

Applicants who claim to or used to live in Lower Merion Township within the last twenty years are required to furnish proof of residency. This proof must be of the type which HUD has approved: a deed to a home or proof of sale, a lease or landlord verification, or if you lived with a relative a notarized statement from the relative you resided with. Applicants who are currently employed within the Township and are able to provide proof of that employment will also be given a preference. A preference does not guarantee admission to Ardmore House; the applicant must still meet our tenant selection criteria before qualifying as a resident.

When we receive the HUD approved proof of residence and/or employment, the application will be listed on our preference waiting list.



Unit Size Preference

\_\_\_\_\_ One Bedroom

\_\_\_\_\_ Efficiency

\_\_\_\_\_ Either

Statistical Information

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the U.S. Department of Housing and Urban Development, that Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and handicap 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.

Please check the appropriate information below:

Ethnicity:

Hispanic or Latino       Not Hispanic or Latino       Choose Not To Respond

Race: (Mark one or more)

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Choose Not To Respond





APPLICATION MUST BE COMPLETED IN FULL  
IF IT IS NOT COMPLETED IN FULL, IT WILL BE RETURNED TO YOU

IT IS YOUR RESPONSIBILITY TO CONTACT THIS MANAGEMENT OFFICE IN THE EVENT THAT YOUR ADDRESS AND/OR TELEPHONE NUMBER CHANGES AFTER COMPLETION OF THIS APPLICATION.

CERTIFICATION

I/we hereby certify that I/we do not/will not maintain a separate subsidized rental unit in another location. I/we certify that this will be my/our permanent and only residence. I/we understand I/we must pay an escrow deposit for this apartment prior to occupancy. I/we understand that my eligibility for housing will be based on Federal and State income and occupancy limits and by the Ardmore House 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.

\_\_\_\_\_  
Signature: Head of Household

\_\_\_\_\_  
Signature: Spouse/Co-Head

Date \_\_\_\_\_

AUTHORIZATION

I/we do hereby authorize ARDMORE HOUSE and its staff or authorized representative to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by ARDMORE HOUSE.

\_\_\_\_\_  
Signature: Head of Household

\_\_\_\_\_  
Signature: Spouse/Co-Head

Date \_\_\_\_\_



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



## Ardmore House

75 Ardmore Avenue  
Ardmore, PA 19003-1335



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Telephone 610-649-8761    Fax 610-649-0759    TDD 711

Please keep this information for your records

### ATTENTION ALL APPLICANTS

#### ARDMORE HOUSE HAS A SMOKE FREE POLICY

The Board of Directors voted to make Ardmore House a smoke free property in 2011. This may have a bearing on your decision to apply for an apartment at Ardmore House.

Smoking is prohibited on the entire property including common areas and individual apartments. Common areas include, but are not limited to the Community Room, Elevators, Hallways, Laundry Rooms, Trash Rooms, the Lobby and Fire Towers (stairs). The grounds of Ardmore House include, but are not limited to the sidewalks, parking lot, back patio and front porch areas.

Residents are responsible for ensuring that their family members, guests, aides and invitees also comply with this policy. Failure to comply with this policy is considered a lease violation and may result in termination of their lease.

Our residents are encouraged to quit smoking and can contact our Service Coordinator for guidance in finding an available smoking cessation program.

Please consider this your official notification of our smoke free policy.

Thank you



# APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...  
IS FRAUD WORTH IT?**

## Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

## Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

## So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

## Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

## Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

## Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to [Hotline@hudoig.gov](mailto:Hotline@hudoig.gov). You can write the Hotline at:



HUD OIG Hotline, GFI  
451 7<sup>th</sup> Street, SW  
Washington, DC 20410