



Bellaire Court Senior Apartments Rental Housing Application



State College Borough Planning Office ~ 243 S. Allen St., State College, PA 16801 ~ 814-234-7109

Dear Applicant:

Enclosed is an application for residency in the Borough's senior citizens apartment building located at 729 to 763 Bellaire Avenue, State College, Pennsylvania. The building contains eighteen (18) one-bedroom apartments and was constructed by the Borough of State College in 1977-78. One apartment has been made accessible to individuals who use wheelchairs and are age 60 or older.

If you are interested in renting one of the apartments, we request you read the application and then fill it out as completely as possible. If you have any questions concerning the application, please call 234-7109.

Those who apply, meet the requirements, and qualify for housing will be notified and their names will be placed on the waiting list. This list will be used to assign the housing units as they become available.

Those applicants who do not qualify for this housing will be notified by mail and will be informed of the reason(s) for their ineligibility.

All information provided in this application will be treated as confidential and will not be released to anyone other than our employees or agents, except where allowed by law.

Please remember you must inform the State College Borough Planning Office of any changes to your contact information so you can be reached about your application status and available apartments.

Please type or print, in ink, the information requested on the application. If you need more space, attach a separate sheet of paper. Answer all questions carefully since this information will be used to determine your eligibility. Complete all income and asset information for all persons who will be residing in the unit, using it as their address, is a member of the household, and/or on the lease.

Return your application to:

Borough of State College
Planning Department Staff
243 South Allen Street, 2nd Floor
State College, PA 16801
814-234-7109 (voice) ~ 814-234-7197 (FAX)

It is the public policy of the Municipality to prohibit discrimination in housing, public accommodations and residential real estate-related transactions because of race, color, religion, age, ancestry, national origin, place of birth, sex, sexual orientation, gender identity or expression, source of income, disability or handicap, presence of a service animal (public accommodations) or support animal (housing and real estate-related transactions), pregnancy, birth of a child or marital or familial status.

State College Borough Senior Apartments

Descriptive Information

I. Minimum Standards for Occupancy

Age All applicants must be at least 60 years old.
In the case of a couple, at least one applicant must be 60 years old.

Residency Residents of Centre and adjacent counties, former residents of Centre and adjacent counties, and relatives of residents of Centre and adjacent counties are eligible for an apartment at Bellaire Court.

Residents of State College Borough and parents of Borough residents receive priority on the waiting list for apartments.

Income An applicant's annual gross income may not exceed \$34,620 per year for 1 person or \$39,600 per year for 2 persons. (2018)

II. Rent

Rent is 30 percent of the tenant's income, adjusted by medical cost for persons age 62 and older, with maximum limits set by HUD.

III. Items Covered

Included in rent:

- | | |
|--|--|
| <input type="checkbox"/> Water & Sewer | <input type="checkbox"/> Refuse collection |
| <input type="checkbox"/> Cable TV connection (Basic) | <input type="checkbox"/> Electricity (heat, hot water, |
| <input type="checkbox"/> Air Conditioner | <input type="checkbox"/> Washer/Dryer in each unit (monthly fee applies) |

Additional Costs are:

- Utility fee - \$15/month
- Washer/Dryer Fee - \$10/month
- Pet Fee - \$15/month

IV. Pets

The keeping of pets is not encouraged; however, it is recognized pets are a part of the normal lives of many of us and special arrangements will be approved with tenants who wish to bring a pet with them. No pets which are considered "dangerous" or a health hazard will be permitted. \$15/month pet fee.

V. Lease and Rules & Regulations

Each tenant will be asked to sign a lease with the Borough. The lease will contain details on tenant and landlord rights and responsibilities.

VI. Smoking Regulations

Smoking is not permitted on the property, in common areas, or in individual units. A smoker's bench and ash disposal can are located on the property.



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Instructions: The information on this form is needed to determine if your household is eligible for a unit at Bellaire Court Senior Apartments. Information you provide will be used strictly to determine your eligibility for a rental unit at Bellaire Court Senior Apartments and will be handled confidentially. If you have any questions or you need to request a reasonable accommodation, including assistance in completing this application, please contact the State College Borough Planning Office at 814-234-7109.

A. Applicant Contact Information		
Head of Household: (legal name)	Household size:	
Current Address:	Apt. #:	
City/State/Zip:		
Email Address:	Home Phone:	Mobile Phone:
Emergency Contact Name:		Phone:

B. Head of Household Ethnicity/Race Information
Since these housing programs received federal funding, the Borough is required to report the race and ethnic origin of the Head of Household for each assisted household. Please assist us in supplying accurate information by answering the following questions. The questions are optional, and your response will have no bearing on your eligibility.
Ethnicity: <i>(Please check one)</i> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino
Race: <i>(Please check one)</i> <input type="checkbox"/> White (Caucasian) <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian & White <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Amer. Indian/Alaskan Native & White <input type="checkbox"/> American Indian or Alaskan Native & Black/African American <input type="checkbox"/> Other Multi Racial

C. Household Composition – List the Head of Household (HH) and all other persons who comprise the household				
Full Legal Name	Relationship to Head of HH	Date of Birth	Social Security #	Gender <i>M or F</i>
1	<i>Head of Household</i>			
2				

D. Pet Information <i>(a separate Pet Application is required)</i>			
Yes	No		Type & weight of pet?
<input type="checkbox"/>	<input type="checkbox"/>	1. Does your household have any pets?	

E. Household Composition Information			
Yes	No		If Yes who?
<input type="checkbox"/>	<input type="checkbox"/>	1. Is any household member 62 years of age or older?	
<input type="checkbox"/>	<input type="checkbox"/>	2. Is any household member a person with a disability?	
<input type="checkbox"/>	<input type="checkbox"/>	3. Does any household member require special housing accommodations?	
<input type="checkbox"/>	<input type="checkbox"/>	4. Is any household member a live-in attendant?	
<input type="checkbox"/>	<input type="checkbox"/>	5. Is any household member temporarily absent from the home? <i>Reason for absence:</i>	
<input type="checkbox"/>	<input type="checkbox"/>	6. Will other members join your household within the next year? <i>If yes, explain:</i>	
<input type="checkbox"/>	<input type="checkbox"/>	7. Will you or any household member require a live-in care attendant to live independently?	
<input type="checkbox"/>	<input type="checkbox"/>	8. Does anyone in your household smoke?	

F. Household Income (Indicate ALL income of ALL household members, including dependents under 18)							
Yes	No	Asset Type	Head of Household	Co-Head/Spouse	Other Adult Member(s)	Dependent	Total
<input type="checkbox"/>	<input type="checkbox"/>	1. Salary – Job #1					
<input type="checkbox"/>	<input type="checkbox"/>	2. Salary – Job #2					
<input type="checkbox"/>	<input type="checkbox"/>	3. Commission/Tips/Bonus					
<input type="checkbox"/>	<input type="checkbox"/>	4. Income from Military					
<input type="checkbox"/>	<input type="checkbox"/>	5. Business Net Income					
<input type="checkbox"/>	<input type="checkbox"/>	6. Social Security/SSI/SSDI					
<input type="checkbox"/>	<input type="checkbox"/>	7. Real Estate/Rental Income					
<input type="checkbox"/>	<input type="checkbox"/>	8. Interest/Dividends					
<input type="checkbox"/>	<input type="checkbox"/>	9. Pension/Retirement					
<input type="checkbox"/>	<input type="checkbox"/>	10. Unemployment Benefits					
<input type="checkbox"/>	<input type="checkbox"/>	11. Workers' Compensation					
<input type="checkbox"/>	<input type="checkbox"/>	12. Alimony/Family support					
<input type="checkbox"/>	<input type="checkbox"/>	13. TANF or other Welfare					
<input type="checkbox"/>	<input type="checkbox"/>	14. Other:					

G. Household Asset Information			
Yes	No		If Yes who?
<input type="checkbox"/>	<input type="checkbox"/>	1. Has anyone in the household given away anything of value within the last two years? (include type of asset, value, amount disposed for and date of disposal) Explanation:	
<input type="checkbox"/>	<input type="checkbox"/>	2. Has anyone in the household owned a home? Do they currently own it? <input type="checkbox"/> Yes <input type="checkbox"/> No – dated disposed _____ If Yes, Is it being rented? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it sitting vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No Is it in the process of being sold? <input type="checkbox"/> Yes <input type="checkbox"/> No	

H. Household Assets (Indicate ALL assets of ALL household members, including dependents under 18)						
Yes	No	Asset Type	Cash Value	Income (Interest/Div.)	Financial Institution	Account Number
<input type="checkbox"/>	<input type="checkbox"/>	1. Checking Account #1				
<input type="checkbox"/>	<input type="checkbox"/>	2. Checking Account #2				
<input type="checkbox"/>	<input type="checkbox"/>	3. Savings Account #1				
<input type="checkbox"/>	<input type="checkbox"/>	4. Savings Account #2				
<input type="checkbox"/>	<input type="checkbox"/>	5. Credit Union Account				
<input type="checkbox"/>	<input type="checkbox"/>	6. Stocks,Bonds,Mutual Fund*				
<input type="checkbox"/>	<input type="checkbox"/>	7. Real Estate/Home/Land				
<input type="checkbox"/>	<input type="checkbox"/>	8. IRA/Keogh Account(s) *				
<input type="checkbox"/>	<input type="checkbox"/>	9. Retirement/Pension*				
<input type="checkbox"/>	<input type="checkbox"/>	10. Trust Fund(s) *				
<input type="checkbox"/>	<input type="checkbox"/>	11. Whole Life Insurance *				
<input type="checkbox"/>	<input type="checkbox"/>	12. Other:				
<input type="checkbox"/>	<input type="checkbox"/>	13. Other:				
<input type="checkbox"/>	<input type="checkbox"/>	14. Other:				

* When listing the "cash value" of any asset with an asterisk (*), indicate the amount you would have if you were to convert it to cash. The amount would have deducted any penalties for withdrawal, amounts used to pay off a balance, or any fees which may be assessed for the conversion.

I. Current Employment Contact Information (list additional employment on separate sheet)				
Household Member's Name		Occupation		Work Phone
Name and Address of Employer		City	State	Zip
Date Hired	Salary \$	When paid? (hourly, weekly, twice monthly, monthly, yearly, other)		# hours/week Work FAX #

J. Medical Expense Deduction – Do any household member <u>over age 62</u> pay for the following? (You will be required to provide documentation for the expenses)				
Yes	No	Type of Expense	If Yes, who?	Annual Cost \$
<input type="checkbox"/>	<input type="checkbox"/>	1. Physician or other health care professional services.		
<input type="checkbox"/>	<input type="checkbox"/>	2. Hospital or other health care facility services.		
<input type="checkbox"/>	<input type="checkbox"/>	3. Medical insurance premiums, including Medicare.		
<input type="checkbox"/>	<input type="checkbox"/>	4. Prescription and non-prescription medications		
<input type="checkbox"/>	<input type="checkbox"/>	5. Dental and vision expenses.		
<input type="checkbox"/>	<input type="checkbox"/>	6. Medical or health products or auxiliary apparatus.		
<input type="checkbox"/>	<input type="checkbox"/>	7. Live-in or periodic medical care assistance.		
<input type="checkbox"/>	<input type="checkbox"/>	8. Periodic payments on accumulated medical bills.		

K. Residency		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Are you now, or have you ever been a resident of the Borough of State College? Address - Dates of residency -
<input type="checkbox"/>	<input type="checkbox"/>	2. Are you a parent of a resident of the Borough of State College? Name - Address -
<input type="checkbox"/>	<input type="checkbox"/>	3. Are you a resident or a parent of a resident who lives in outside the Borough of State College, but in Centre County? Name - Address -
<input type="checkbox"/>	<input type="checkbox"/>	4. Are all members of your household legal residents of the United States?

L. Landlord Information		
Landlord or Management Agent Information	Name	
	Address	
	Phone #	
Housing Expenses	Monthly Rent Payment: \$	Monthly Mortgage Payment: \$
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	1. Have you ever been requested to leave or been evicted prior to the end of a lease term? If Yes, give name of landlord, and reason:

M. Applicant Certifications	
①	I/We understand that the State College Borough is relying on this information to determine my household's eligibility for Housing Programs. I/We will provide all necessary information including source names, addresses, phone numbers, and account numbers, where applicable, as well as any other information, including documentary evidence of income and assets of all proposed occupants (e.g. federal income tax information). I hereby authorize the State College Borough or its agent to make inquiries for the purpose of verifying the information contained in this application.
②	I/We declare that all of the above information and representations contained herein are to the best of my/our knowledge and belief, true and correct. I/We understand that providing false information or making false statements may be grounds for program ineligibility and may result in criminal penalties.
③	I/We understand that it is our responsibility to contact the State College Borough if any of information provided on this application changes, including but not limited to, changes in mailing address, phone number, household composition, income, or assets.
④	I/We understand that any Lease Agreement I/We enter into for an apartment may be cancelled at any time without liability by the Owner or its Agent if any information or representation upon which they relied and made in the application is misleading, incorrect or untrue regardless of my/our intent.

Adult Household Member #1:			
	Printed Name	Signature	Date
Adult Household Member #2:			
	Printed Name	Signature	Date

Release and Consent Form

I. This Section to be Completed by Program Administrator/Manager			
Administrator Name:	Elizabeth Eirmann	Title:	Planner – Housing Specialist
Administrator Address:	Borough of State College	Phone:	814-278-4701
	243 S. Allen St.	Fax:	814-234-7197
	State College, PA 16801	Email Address:	eeirmann@statecollegepa.us

II. This Section to be Completed by Applicant

Applicant/Owner Name(s):

I/We _____, the undersigned, hereby authorize all persons or companies in the categories listed below to release information regarding employment, income and/or assets for purposed of verifying information on my/our application for participation in Homebuyer Assistance, Owner-Occupied Rehab, and Rental Programs. I/we authorize release of information without liability to the administrator/management listed above, and/or their agents.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity, student status, employment, income, assets, and child support income. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation in the Homebuyer Assistance, Owner-Occupied Rehab, and Rental Programs.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, **but are not limited to:**

- | | | |
|---------------------------------------|--------------------------------|-------------------------------|
| Bank and other Financial Institutions | Investment Companies | Support and Alimony Providers |
| County & Local Tax Departments | Public Assistance Agencies | Utility Providers |
| Educational Institutions | Retirement Systems | Veterans Administration |
| Employers - Past and Present | Social Security Administration | |
| Insurance Carrier | State Unemployment Agencies | |

III. Applicant Certification

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for the duration of the Certification and Recertification Process. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

Applicant/Owner Printed Name	Signature	Date
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Co-Applicant/Owner Printed Name	Signature	Date
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Other Adult Household Member Printed Name	Signature	Date
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NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF A TAX FORM" MUST BE PREPARED AND SIGNED BY THE APPLICANT.