



# RESIDENTIAL APPLICATION for BEECHVIEW MANOR

1926 Pauline Avenue | Pittsburgh PA 15216 | T: 412.571.2999 | F: 412.571.9209



## THIS APPLICATION IS FOR INDEPENDENT SENIOR LIVING

Applicants must be 62 years old or older, or if wheelchair bound, can be younger than 62 years of age.

**We are required to establish eligibility according to HUD regulations.**

**NOTE:** All information on this application will be kept strictly confidential and will need to be VERIFIED at the time the application is processed.

<b>DATE YOU ARE COMPLETING THIS APPLICATION:</b>		<b>THIS SECTION IS FOR OFFICE USE ONLY:</b>	
		<b>DATE RECEIVED IN OFFICE:</b>	<b>TIME OF MAIL POST:</b>
<b>HEAD OF HOUSEHOLD LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE INITIAL:</b>	
<b>SOCIAL SECURITY NUMBER:</b>	<b>DATE OF BIRTH (Mo / Day / Year):</b>		
<b>YOUR ADDRESS:</b>	<b>CITY:</b>	<b>STATE:</b>	<b>ZIP CODE:</b>
<b>HOME / CELL PHONE NUMBER:</b>	<b>OTHER PHONE NUMBER:</b>		
<b>SPOUSE / SIGNIFICANT OTHER (S.O.) LAST NAME:</b>	<b>SPOUSE / S.O. FIRST NAME:</b>	<b>SPOUSE / S.O. MIDDLE INITIAL:</b>	
<b>S.O. SOCIAL SECURITY NUMBER:</b>	<b>S.O. DATE OF BIRTH (Mo / Day / Year):</b>		

### SECTION 1 INCOME: LIST EACH PERSON/PERSON'S SOURCE OF INCOME AND INCOME AMOUNTS

Person	Source of Income	Gross Monthly Income	Annual Amount
HEAD OF HOUSEHOLD:	SOCIAL SECURITY INCOME:		
HEAD OF HOUSEHOLD:	PENSION INCOME:		
SPOUSE or S.O.:	SOCIAL SECURITY INCOME:		
SPOUSE or S. O.:	PENSION INCOME:		
	SSI:		
	SP:		
	WELFARE:		
	EMPLOYMENT or UNEMPLOYMENT:		
	ALIMONY:		

**SECTION 2 ASSETS: LIST ALL ASSETS OF HEAD OF HOUSEHOLD and/or SPOUSE / SIGNIFICANT OTHER**

<b>Person</b> <small>(LIST NAME of HEAD OF HOUSEHOLD and / or SPOUSE / SIGNIFICANT OTHER)</small>	<b>Source of Income</b>	<b>Amount of Annual Interest</b>
	CHECKING:	
	SAVINGS:	
	CERTIFICATES OF DEPOSIT:	
	SECURITIES:	
	PROPERTY (Selling Value):	
	RENTAL INCOME:	
	IRA / ANNUITY / TRUST / EMPLOYMENT:	

**SECTION 3 RESIDENCE INFORMATION:**

Are you presently living in a home that you own?  YES  NO

Do you live in rental property?  YES  NO

Landlord's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for wanting to move: \_\_\_\_\_

**SECTION 4 PERSONAL INFORMATION: (check all that applies to the head of household / applicant)**

MARRIED  SINGLE  WIDOW / WIDOWER

MOBILITY IMPAIRED  HEARING IMPAIRED  SENSORY IMPAIRED

Any special accommodation you or your spouse may need (indicate below)?  YES  NO

(for example: grab bars, roll-in shower, strobe light for fire alarm, etc. — if “yes,” indicate it on line below)

**OPTIONAL:** For Fair Housing purposes, please indicate your ethnicity / race:

American Indian / Alaskan Native  Asian or Pacific Islander  Hispanic  Black  Caucasian

**NOTE:** This is a **PRELIMINARY APPLICATION** and it does not obligate you to rent an apartment at Beechview Manor, nor does it guarantee or obligate Beechview Manor to rent an apartment to you. This application is intended solely to determine residence eligibility. Once reviewed, we will contact you.

**SECTION 5 FEDERAL LAW SCREENING: ALL QUESTIONS BELOW MUST BE ANSWERED**

Federal Law requires that managers of Federally-funded housing screen applicants for criminal activity, drug/alcohol abuse and sex-offender registration. All applicants or family members who may reside at Beechview Manor must answer the questions and sign below indicating truthfulness of statement.

Under Federal Law, Beechview Manor has the right to deny review on this application to anyone who does not provide complete and accurate information on this form, or who do not consent to a criminal background check. Denial of residency as a result of inaccuracies or inconsistent information are in compliance with the Fair Housing and Equal Opportunity provisions.

1. Have you ever been evicted from Federally-assisted housing for drug-related criminal activity?  YES  NO

2. Do you currently use illegal drugs, or abuse prescription drugs or alcohol?  YES  NO

3. Are you currently subject to a lifetime registration requirement as a State sex offender?  YES  NO

4. Have you ever been convicted of any drug-related crime?  YES  NO

5. Have you ever been convicted of a felony in the US?  YES  NO

6. Have you ever been convicted of any crime involving fraud?  YES  NO

7. Have you ever been convicted of any crime involving violence?  YES  NO

8. Please list all states in which you have lived or have held licenses to drive and include your drivers license numbers: \_\_\_\_\_  
\_\_\_\_\_

9. Have you ever been known by another name? If yes, please list the names below (including maiden names or alias): \_\_\_\_\_

**NOTE:** Beechview Manor, Inc. does not discriminate on the basis of race/ethnicity, color, national origin, sex or sexual orientation, disability, veteran status, familial status, political beliefs, religion, age or past arrests in any of its admissions policies, or other agency-administered programs.

**BY SIGNATURE BELOW, THE APPLICANT HEREBY CERTIFIES THAT THE INFORMATION ABOVE IS TRUE, CORRECT AND FREE OF OMISSIONS.**

I hereby authorize law enforcement agencies to release criminal records and / or sex offender registration information to Beechview Manor, a public housing authority, or to an agency contracted by Beechview Manor to conduct a criminal background check.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## APPLICANT / TENANT CONSENT

The undersigned applicant(s) and co-signer(s) hereby consent to allow Beechview Manor, itself, or through its designated agents or employees, to obtain a consumer report on each applicant(s) and verify each of our credit and employment information for the purpose of determining leasing viability. We also agree and understand that the owner and its agent / employees may obtain additional consumer reports on each applicant(s) whether consumer reports were requested. The names and the addresses of any consumer reporting agency that provided such reports shall not be indicated

Applicant / Co-signer:

Date:

Applicant / Co-signer:

Date:

This form can be found online at <http://beechviewmanor.org/forms/>

However, for the safety and security of your personal information,

**THIS FORM CANNOT BE COMPLETED ON-LINE**

Please download and save this PDF file (Beechview Manor Residential Application) to your computer, print it out, [complete all sections on all four pages](#) and mail / return it to:

**Beechview Manor  
1926 Pauline Avenue  
Pittsburgh, PA 15216**

### **We do business in accordance with the Federal Fair Housing Law.**

Beechview Manor, Inc. does not discriminate on the basis of race/ethnicity, color, national origin, sex or sexual orientation, disability, veteran status, familial status, political beliefs, religion, age or past arrests in any of its admissions policies, or other agency-administered programs.



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.