

# Warrior Run Manor Apartments

1105 Main Street  
Watson, PA 17777  
TEL: (570) 538-1033  
TDD: (570)538-3655  
FAX: (570) 538-1843

**OFFICE USE ONLY:**  
Date / Time Received:

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## RENTAL APPLICATION

### I. APPLICANT INFORMATION:

Applicant Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Apartment Size Requested: \_\_\_\_\_

### Household Composition

List ALL persons who will live in the apartment, beginning with the name of head of household first.

	Name(s)	Sex Male/Female	Relationship to Head of Household	Birth Date	Age	Social Security Number	Full- Time Or Part- Time Student Yes/No
1. Head							
2. Spouse/ Co-head							
3. Other							
4. Other							

*NOTE: Occupancy at Warrior Run Manor is restricted to households whose head, spouse or co-head are 62 years of age or older, handicapped or disabled.*

Is this everyone who will occupy the apartment? Yes \_\_ No \_\_

If No, please explain: \_\_\_\_\_  
\_\_\_\_\_

Do you anticipate any additions to the household in the next twelve months? Yes \_\_ No \_\_

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_



**FAMILY STATUS:**

Is Head/Spouse/Co-head: 62 or over: \_\_\_\_ Handicapped: \_\_\_\_ Disabled: \_\_\_\_

Do you or any other household member require the features of a handicap or accessible unit? Yes \_\_\_ No \_\_\_

If Yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Will any household members be, or have been, full or part time-students during five calendar months of this year, or plan to be full or part time-students in the next calendar year at any institution of higher education? Yes \_\_\_ No \_\_\_

If Yes, please explain and answer the following questions below: \_\_\_\_\_  
\_\_\_\_\_

Are any full or part-time students married and filing a joint tax return? Yes \_\_\_ No \_\_\_

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes \_\_\_ No \_\_\_

Is any full time or part time-student(s) a TANF or Title IV recipient? Yes \_\_\_ No \_\_\_

Is any full time or part time-student(s) a single parent living with his/her minor child who is not a dependent on another's tax return? Yes \_\_\_ No \_\_\_

Have you or any other household member ever been convicted of a crime? Yes \_\_\_ No \_\_\_  
If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Are you or any other household member currently engaging in the sale, use or manufacture of a controlled substance? Yes \_\_\_ No \_\_\_  
If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Have you or any other household member ever been convicted of possession, sale, use or manufacture of a controlled substance? Yes \_\_\_ No \_\_\_  
If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Have you or any other household member been evicted from any federally subsidized housing within the past three (3) years? Yes \_\_\_ No \_\_\_  
If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Are you or any other household member subject to State lifetime sex offender registration in any state? Yes \_\_\_ No \_\_\_

Please list all states that you and all other household members have resided in the past:

\_\_\_\_\_



## II. HOUSEHOLD INCOME:

Do you or any other household member receive income from the following sources:

Annual Household Income			
List ALL sources of income as requested below			
Source(s) of Income	Yes/No	Household Member Name(s)	Gross Monthly Amount
Employment Income			\$
Social Security Income			\$
SSI Benefit Income			\$
Pension Income			\$
Veteran's Benefits			\$
Unemployment			\$
Disability			\$
Workman's Comp			\$
Alimony			\$
Child Support			\$
Cash Contributions or Other Income not listed above			\$
<b>Total Monthly Income</b>			\$

*Federal Law requires that Warrior Run Manor apartments comply with HUD's Extremely Low Income targeting rule, which requires at least 40% of new admissions to the property each fiscal year be leased to applicants with gross annual income at or below the Extremely Low Income (ELI) limit or 30% of median area as defined by HUD.*

Please list gross annual household income anticipated from above: \$ \_\_\_\_\_

Do you or any other household members anticipate any changes to annual household income in the next 12 months? Yes \_\_ No \_\_

If Yes, please explain: \_\_\_\_\_

Does anyone in the household receive any regular cash contributions or gifts from non-household members? Yes \_\_ No \_\_

If Yes, please explain: \_\_\_\_\_

Does anyone in the household receive any income from property or real estate? Yes \_\_ No \_\_

If Yes, please explain: \_\_\_\_\_

Do you or any other household members file income tax returns? Yes \_\_ No \_\_

Please list total income from the previous year's income tax return: \$ \_\_\_\_\_

If this amount differs from the current year please explain: \_\_\_\_\_

What is the amount of cash that you and all other household members have on hand? \$ \_\_\_\_\_



### III. HOUSEHOLD ASSETS:

Do you or any other household member have any of the following assets or receive income from any of the following assets:

Household Assets					
List ALL household assets as requested below. If additional room is needed please request an additional form.					
Asset Type:	Yes/No	Household Member Name	Name and Address of Bank / Institution	Account #	Balance or Value:
Checking Account(s)				#	\$
				#	\$
				#	\$
				#	\$
Savings Account(s)				#	\$
				#	\$
				#	\$
				#	\$
Certificate of Deposit(s)				#	\$
				#	\$
				#	\$
				#	\$
Stocks/Bonds				#	\$
				#	\$
				#	\$
				#	\$
Mutual Funds				#	\$
				#	\$
				#	\$
				#	\$
IRA(s)				#	\$
				#	\$
				#	\$
				#	\$
Trust(s)				#	\$
				#	\$
				#	\$
				#	\$
Life Insurance Policies				#	\$
				#	\$
				#	\$
				#	\$
Real Estate or Other Property Investments			<u>Property Address:</u>	<u>Property Type:</u>	Appraised Value: \$

Have you or any other household member disposed of any assets or real property for less than fair market value within the previous two (2) years (*i.e. given away money or property to friends or relatives*)? Yes \_\_\_ No \_\_\_

If Yes, please identify the type of asset, the value of the asset and date of disposition below:

Type of Asset	Value at Disposition	Date of Disposition
	\$	
	\$	
	\$	
	\$	



#### IV. Additional Information:

Do you currently (*check one*): Rent \_\_\_\_\_ Own \_\_\_\_\_

If renting, are you or any other household member currently residing in subsidized housing or receiving rental assistance at another location? Yes \_\_\_ No \_\_\_

If renting, please provide name and contact information of present landlord and dates of occupancy below:

Landlord Name: \_\_\_\_\_

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

Landlord Phone Number: \_\_\_\_\_

Dates of Occupancy: From: \_\_\_\_\_ To: \_\_\_\_\_

Do you or any other household members own any household pets? Yes \_\_\_ No \_\_\_

If Yes, please describe type, age, weight and provide dates of all shots and vaccinations below:

Type of Pet	Age	Weight	Date(s) of shots and Vaccinations

Do you or any other household members own a vehicle? Yes \_\_\_ No \_\_\_

If Yes, please list the vehicle type, make/model, year, color and plate number below:

Type of Vehicle	Make / Model	Year	Color	Plate #:

#### EMERGENCY CONTACT INFORMATION:

Please list the name(s) of person(s) to contact in case of an emergency.

Name	Address	Relationship	Phone Number

Please list 3 persons to whom we can contact for references (*not relatives*).

Name	Address	Relationship	Phone Number

To assist in marketing efforts please indicate how you heard about the property:

\_\_\_\_\_



## V. Acceptance, Certification and Authorization:

Acceptance of this application does not guarantee rental of an apartment.

All applicants and household members must meet Warrior Run Manor screening criteria. Any changes in family composition, income, address, phone number or contact information must be reported promptly to management.

### **Certification:**

I / We hereby certify that all information contained in this application is true and accurate and complete to the best of my / our knowledge and that false statements or information are punishable by law and will lead to cancellation / denial of this application or termination of tenancy after occupancy.

I / We hereby certify that I / We will not maintain a separate residence at another location and I / We certify the apartment offered will be My / Our own permanent residence.

I / We understand that I / We must pay a security deposit for an apartment if offered, and sign a minimum of a one (1) year lease.

I / We understand that eligibility for housing will be based on applicable income limits and by the property's Tenant Selection and Screening Criteria. All adult applicants and household members 18 years of age and older must sign and date this rental application.

### **Authorization:**

I / We do hereby authorize Warrior Run Manor, its staff and/or authorized agents or representatives to contact any agencies, offices, establishments, groups or organizations to obtain and independently verify any information or materials presented which are deemed necessary to complete my / our rental application for housing.

\_\_\_\_\_  
(Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Co-applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Co-applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Co-applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Owner/Management Signature)

\_\_\_\_\_  
(Date)

Warrior Run Manor, it's Owner/Agents and/or staff do not discriminate on the basis of race, color, religion, sex, handicap, familial status, national origin and sexual orientation.

### **Penalties for Misuse of Consent**

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/Agent (or any employee of HUD or the Owner/Agent) for my 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, provides or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor 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 person, officer or employee of HUD, or the Owner/Agent 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 USC 408(f)(g) and (h). Violations of these provisions are cited as violations of 42 USC 408 (f) (g) and (h).



# WARRIOR RUN MANOR NON-SMOKING POLICY

**Objective:**

Warrior Run Manor is a smoke free facility.

To ensure ALL residents of Warrior Run Manor are notified of our non-smoking policy

**Procedure:**

1. Each applicant and resident will be notified of this smoke-free policy, in writing. A signed copy will be placed in the residents file.
  
2. No resident, employee or visitor shall be permitted to smoke within the building, residents' apartments, or common places such as the lobby, Community Room, and balcony.
  
3. Residents, employees and visitors will be permitted to smoke only in designated smoking areas. These areas include:
  - Behind Warrior Run Manor in the Smoking Shelter.
  - Outside of the Community Room kitchen.
  - In front of Warrior Run Manor near the bench.
  
4. Appropriate receptacles will always be used for disposal of cigarette butts, matches and ashes.
  
5. Zero Tolerance- any violations will result in a management action.

I fully understand the non-smoking policy and all other House Rules at Warrior Run Manor. I hereby agree to abide by these rules and know that failure to abide by each rule may result in eviction.

\_\_\_\_\_  
(Resident)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Resident)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Resident)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Resident)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Manager)

\_\_\_\_\_  
(Date)

Optional and Supplemental 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.

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

<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.	
<b>Signature of Applicant</b>	<b>Date</b>

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.



**Race and Ethnic Data Reporting Form**

U.S. Department of Housing and Urban Development  
Office of Housing

OMB Approval No. 2502-0204  
(Exp. 06/30/2017)

Name of Property

Project No.

Address of Property

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): \_\_\_\_\_

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

**\*Definitions of these categories may be found on the reverse side.**

**There is no penalty for persons who do not complete the form.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Public reporting burden** for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self-certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

## Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

### A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

**1. Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."

**2. Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

**1. American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**2. Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

**3. Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."

**4. Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**5. White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.