

APPLICATION FOR TAX CREDIT HOUSING



**PRIME PROPERTY MANAGEMENT, INC**  
**5429 CHESTNUT STREET, SUITE M114**  
**PHILADELPHIA, PA 19139**  
**267-284-1400**  
**WWW.PHILLYPPM.COM**



Thank you for your interest in seeking housing in one of our fine homes for rent. Please be advised that all of the information requested that applies to you below must be provided by you. There will be a delay in processing of your application if you do not submit all the required documentation along with your application.

Please check a check mark beside the information that you are providing below:

1. \_\_\_\_\_ A \$35.00 non-refundable application fee. (In the form of a money order made payable to "Prime Property Management"). An additional \$10.00 Co-Tenant fee must be applied for additional household members 18yrs or older.
2. \_\_\_\_\_ Copies of Social Security Cards for all members of household.
3. \_\_\_\_\_ Birth Certificates for all members of household.
4. \_\_\_\_\_ Current pay stubs (If you are employed full time or part time)
  - a) If paid weekly, please provide 8 consecutive pay stubs.
  - b) If paid bi-weekly, please provide 4 consecutive pay stubs.
5. \_\_\_\_\_ Any additional source of income i.e. SSI, Social Security, DPA benefits, Pension, etc.

Proof of income must be provided for every member of household that is over 18 years of age.

When we receive your application we will be running a credit check, verifying rental history and conducting a home visit.

Please do not submit our application without the above listed information for it will not be accepted. If you need further information or assistance please contact us at 267-284-1400 or 267-284-1401.

Sincerely,

PRIME PROPERTY MANAGEMENT

**APPLICATION FOR TAX CREDIT HOUSING**



**PRIME PROPERTY MANAGEMENT, INC**  
**5429 CHESTNUT STREET, SUITE M114**  
**PHILADELPHIA, PA 19139**  
**267-284-1400**  
**WWW.PHILLYPPM.COM**



How did you hear about us? \_\_\_\_\_ Newspaper / Name of Newspaper: \_\_\_\_\_  
 \_\_\_\_\_ Flyer \_\_\_\_\_ Referral / Name of Referral: \_\_\_\_\_  
 \_\_\_\_\_ www.phillyppm.com \_\_\_\_\_ Other: \_\_\_\_\_

What size home are you looking for? \_\_\_ 1 Bedroom \_\_\_ 2 Bedroom \_\_\_ 3 Bedroom \_\_\_ 4 Bedroom \_\_\_ 5 Bedroom

Are you currently receiving rental assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what type \_\_\_\_\_

Every question on this application must be answered. If any question does not apply, please write "NA"

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

Current Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Time at current address \_\_\_\_\_ Monthly Rent/Mortgage \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

List the Head of Household and all other members who will be living in the unit. Include the relationship of each member to the Head of Household.

	<b>Full Name</b>	<b>Relationship</b>	<b>Birth Date</b>	<b>Age</b>	<b>Sex</b>	<b>Social Security #</b>	<b>Full Time Student (Yes/No)</b>
<b>1</b>							
<b>2</b>							
<b>3</b>							
<b>4</b>							
<b>5</b>							
<b>6</b>							
<b>7</b>							
<b>8</b>							

## APPLICATION FOR TAX CREDIT HOUSING

Does any adult member of the household anticipating to become a full time student  
in the next twelve months? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does anyone live with you now that is not listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain: \_\_\_\_\_  
\_\_\_\_\_

Do you expect a change in your household composition in the next twelve months? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain: \_\_\_\_\_  
\_\_\_\_\_

### **INCOME**

Please answer each of the following questions for all members of the household. For each "yes" provide the details on the table on the next page. Do any member of your household:

1. Work fulltime/part time or seasonally? \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Expect to work any period during the next year? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Expect a leave of absence from work due to lay-off, medical, maternity or military leave? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Now receive or expect to receive unemployment benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Now receive or expect to receive workers' compensation or long/short term disability? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Now receive or expect to receive child support payments? \_\_\_\_\_ Yes \_\_\_\_\_ No
7. Entitled to child support that he/she is not receiving? \_\_\_\_\_ Yes \_\_\_\_\_ No
8. Now receive or expect to receive alimony? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. Now receive or expect to receive public assistance TANF/General Assistance? (not including food stamps) \_\_\_\_\_ Yes \_\_\_\_\_ No
10. Now receive or expect to receive income from a pension or annuity? \_\_\_\_\_ Yes \_\_\_\_\_ No
11. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? \_\_\_\_\_ Yes \_\_\_\_\_ No
12. Receive income from assets including but not limited to interest or dividends from checking accounts, savings accounts, certificates of deposit, stock, bonds, income from rental properties, ect.? \_\_\_\_\_ Yes \_\_\_\_\_ No

## APPLICATION FOR TAX CREDIT HOUSING

### Income

List all sources of income for all household members. Use reverse side of this sheet if necessary.

Member No.	Source of Income/Type of Income	Annual Income

### Assets

For each household member list all assets and income, if any, from those assets.

Member No.	Financial Institution	Type of Account	Balance	Income, Interest, ect.

### RENTAL HISTORY

Provide name, address, and phone number of all landlords for the past three years.

Name and Address of Present Landlord:

\_\_\_\_\_ Telephone Number \_\_\_\_\_  
 \_\_\_\_\_ Length of Residence \_\_\_\_\_  
 \_\_\_\_\_ Reason for moving \_\_\_\_\_

Name and Address of Previous Landlord:

\_\_\_\_\_ Telephone Number \_\_\_\_\_  
 \_\_\_\_\_ Length of Residence \_\_\_\_\_  
 \_\_\_\_\_ Reason for moving \_\_\_\_\_

Have you ever been evicted or had late rental payments? \_\_\_\_ Yes \_\_\_\_ No

If yes explain: \_\_\_\_\_  
 \_\_\_\_\_

**APPLICATION FOR TAX CREDIT HOUSING**

**EMPLOYMENT HISTORY**

Present Employers Name and Address for Head of Household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Supervisor Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Length of Employment \_\_\_\_\_

Present Employers Name and Address for Co-Head of Household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Supervisor Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Length of Employment \_\_\_\_\_

**MISCELLANEOUS**

Have you or any member of your household been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other pertinent information you wish to include in you application may be submitted here: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICATION FOR TAX CREDIT HOUSING**

I/We understand that the application fee of \$35.00 is non-refundable. A deposit will be required to hold a specific unit. Upon move in the deposit held will be credited to the security deposit. If a unit is held for more than thirty days and the applicant cancels the application the deposit will be non-refundable.

I/We certify that if selected to move into this property, the unit I/we occupy will be my/our sole residence. I/we understand that the above information is being collected to determine eligibility to reside in a tax credit unit. I/we authorize the agent to verify all information provided on this application and to contact previous landlords and other sources for credit verification.

By signing this application, I/we also grant the owner/agent the right to obtain all information needed to determine my/our eligibility in accordance with the owner/agent's Resident Selection Criteria. Resident Selection may include but is not limited to criminal history checks, home visits, drug screening, and ability to pay rent, ect. I/we certify that the statements made in the application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, are grounds for rejection of occupancy, or termination of lease and/or rental assistance if owner finds later that I/we have falsified or omitted information.

I/We authorize Prime Property Management, Inc and its authorized representatives to contact any agencies, police departments, offices, or organizations including a credit agency in order to get a credit report. To obtain and verify information or materials which are deemed necessary to complete my/our application for Tax Credit Housing managed by Prime Property Management, Inc.

All household members over the age of eighteen must sign below.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Signature

\_\_\_\_\_  
Date

We do business in accordance with Federal Fair Housing Laws. We do not discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.