



# RENTAL APPLICATION

**Geneva Greens**

500 Geneva Drive

Mechanicsburg PA 17055

Phone: (717) 691-8620 TTY: (800) 654-5984 Fax: (717) 232-1035 Email: genevagreen@coniferllc.com

**APPLICANT CONTACT INFORMATION**

APPLICANT NAME		STREET ADDRESS (Present)	
HOME PHONE ( )		CITY, STATE, ZIP	
MOBILE PHONE ( )	WORK PHONE ( )	CURRENT MONTHLY RENT \$	
REASON FOR MOVING		EMAIL	
HOW DID YOU HEAR ABOUT US? PLEASE DESCRIBE:			

**HOUSEHOLD INFORMATION**

Please list all household members that are applying to live in the apartment with you. Also list any new members that you anticipate will be living in the apartment in the next 12 months.

**FOR THE HEAD OF HOUSEHOLD:** Please complete this section for the Head of Household only.

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #
	<b>HEAD</b>	

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #

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NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #

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NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #

**FOR ADDITIONAL HOUSEHOLD MEMBERS:**

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #

**REASONABLE ACCOMMODATION:** If you are an individual with disabilities you may make a request for a reasonable accommodation. If you would like more information on how to make a request for a reasonable accommodation, please ask the Community Manager.

**A. General Information:**

Would any household member benefit from special features of an accessible apartment?	Check all that apply: <input type="checkbox"/> WHEELCHAIR ACCESSIBLE <input type="checkbox"/> HEARING IMPAIRED <input type="checkbox"/> VISUALLY IMPAIRED	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been convicted or are in the process of being convicted of a felony?	If YES, date of conviction:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been convicted for or are in the process of being convicted for manufacturing and/or distribution of a controlled substance?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Has anyone listed on this application been evicted from Federally Assisted housing for drug-related activity in the last 3 years?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is anyone listed on this application subject to any state lifetime sex offender registration requirement?		<input type="checkbox"/> YES <input type="checkbox"/> NO

**B. Household Composition:**

If applicable, do all of the children in the household live with you 50% or more of the time?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any absent household members who under normal conditions would live with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Will you or any adult household member require a live-in care attendant to live independently?	NAME RELATIONSHIP <input type="checkbox"/> YES <input type="checkbox"/> NO

**C. Additional Household Eligibility:** *In accordance with affordable housing program requirements, if ALL members of the household are full-time students, additional information will be required at the time of unit offer, to determine eligibility.*

What size bedroom are you applying for?	Check all that apply: <input type="checkbox"/> STUDIO <input type="checkbox"/> 1 BEDROOM <input type="checkbox"/> 2 BEDROOM <input type="checkbox"/> 3 BEDROOM <input type="checkbox"/> OTHER
Are you a victim of a recent presidentially declared disaster or of a government action?	Please explain: <input type="checkbox"/> YES <input type="checkbox"/> NO

**D. Emergency Contact:** *(Not someone listed on the application. Please list someone in the immediate area if possible.)*

CONTACT NAME(S)	RELATIONSHIP
HOME PHONE ( )	MOBILE PHONE ( )
	WORK PHONE ( )

**INCOME AND ASSETS**

*Include income and assets for ALL household members, including children's income and assets.*

A) LIST ALL INCOME SOURCES.

*This includes, but is not limited to, Full- and/or Part-time Employment, Self-Employment, Welfare Agencies, Social Security, Pensions, SSI, Disability, Armed Forces/Reserves, Unemployment, Child Care, Alimony, Child Support, Student Grants/Stipends, Rental income, Gift Income, and Regular Payouts from Annuities, 401ks and IRAs. (Attach sheet as needed for additional Income Sources.)*

HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT
HOUSEHOLD MEMBER	INCOME SOURCE	MONTHLY GROSS PYMT

**\*\*Attach sheet as needed for additional sources of Household Member income.**

B) LIST ALL ASSETS.

*This includes, but is not limited to, Accounts for Checking, Savings, Money Market, 529 (College Savings), and UTMA's, CDs, Brokerage accounts, Stocks, Bonds, Retirement accounts including IRA, Roth, Keogh, 401k, and 403b, Annuities, Whole Life Insurance policies, Funded/Pre-paid Debit cards, and Online accounts (PayPal, DraftKings, etc.).*

CHECKING <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CD <input type="checkbox"/>	STOCK <input type="checkbox"/>	RETIREMENT <input type="checkbox"/>	LIFE INSURANCE <input type="checkbox"/>	FUNDED DEBIT <input type="checkbox"/>	OTHER <input type="checkbox"/>	TOTAL VALUE OF ASSETS:
DO YOU OWN REAL ESTATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MARKET VALUE	IF "OTHER" SELECTED ABOVE, PLEASE EXPLAIN:						

Signature Clause: (please read)

My/Our signature(s) below serves as written permission to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. I understand that management is relying on this information to prove my household's eligibility for an apartment. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. The Resident acknowledges that the Owner is also relying on information provided by the Resident, or by employers and others on the Resident's behalf, and the Resident agrees that if any information relied on by the Owner in approving residency, regardless of its source, including, without limitation, any information contained in the Application or the Certification or any re-certification, is incorrect or untrue, this constitutes a material breach of the Lease and the Owner may evict the Resident from the premises and exercise any other remedies permitted by law. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Housing Program requirements. I understand the responsibility to report to management any changes in family composition for the changes in eligibility, income and assets they represent, whenever they occur. Submission of false statements of information are punishable under Federal Law, and could result in the cancellation of a lease agreement.

**APPLICANT SIGNATURES:**

_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date

**FOR OFFICE USE ONLY**

DATE RECEIVED	TIME RECIEVED	RECEIVED BY:	CHECK ALL THAT APPLY: <input type="checkbox"/> WAITLIST <input type="checkbox"/> LOTTERY <input type="checkbox"/> OTHER _____
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a conifer community



# WAITLIST PRIORITY & PREFERENCE QUESTIONNAIRE



Some communities have waitlist and resident selection preferences or priorities that determine the order in which applications are processed. The below questions are used to determine any potential priority or preference that may apply to your household. This information is used for waitlist processing purposes only and in no way determines housing eligibility. A copy of the Resident

Would you consider yourself or any other household member frail elderly?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any household member a person with disabilities?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any household member enlisted in the US Military or a veteran of the US Military? <input type="checkbox"/> YES <input type="checkbox"/> NO	Check all that apply: <input type="checkbox"/> ENLISTED <input type="checkbox"/> RESERVE <input type="checkbox"/> VETERAN	
Is any household member a spouse of a deceased veteran of the US Military?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any household member a victim of a recent presidentially declared disaster or of a government action?	Please explain: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does any household member receive any assistance in paying utility bills? <input type="checkbox"/> YES <input type="checkbox"/> NO	Check all that apply: <input type="checkbox"/> HEAP <input type="checkbox"/> LEAP <input type="checkbox"/> OTHER _____	
Is any household member currently receiving housing assistance from HUD or a Public Housing Authority?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any household member currently on a Public Housing, subsidized, or other affordable housing program waitlist? Please name the waitlist provider(s): _____		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any household member currently homeless or living in a homeless shelter?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Is any household member moving due to a domestic violence, dating violence, sexual assault, or stalking situation?		<input type="checkbox"/> YES <input type="checkbox"/> NO

**Selection Plan for this community is available on request.**

**SIGNATURES:**

_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Signature	_____ Printed Name	_____ Date
_____ Manager/Owner Signature	_____ Printed Name	_____ Date

“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 (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use 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 or discloses any information under false pretenses concerning an applicant or participated may be subject to a misdemeanor and 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 officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the \*\*Social Security ACT at 208 (a) (6) (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C 408 (a) (6), (7) and (8)\*\*