



## The Village at Somerset

500 Village Way, Somerset, PA 15501 • Telephone (814) 443-6434

Dear Applicant:

This letter is to advise you that in our tenant selection process, we will be checking your credit, criminal, and landlord history. If these verifications have negative results, it may be a cause for rejection.

Effective April 2023, the Department of Housing and Urban Development (HUD) requires that a variety of income levels must be used to determine admission to The Village at Somerset. Therefore, households with annual income at or below 50% will be eligible to apply. Households with annual income at or below 30% of the area median will be given special consideration. The income limits are as follows:

	50%	30%		50%	30%
One Person	\$27,000	\$16,250	Two Person	\$30,850	\$19,720
Three Person	\$34,700	\$24,860	Four Person	\$38,550	\$30,000
Five Person	\$41,650	\$35,140	Six Person	\$44,750	\$40,280
Seven Person	\$47,850	\$45,420	Eight Person	\$50,900	\$50,560

If you have any questions, please contact our office at 814-443-6434.

Thank you for your interest in The Village at Somerset. Please note that we must receive your application for housing by mail. We have enclosed a self addressed, stamped envelope for your convenience. We are unable to accept applications in person.

If you have a disability and need a reasonable accommodation in order to participate in the application process or to make effective use of the housing program, you have the right to request such an accommodation. A reasonable accommodation is a change, adaption, or modification to a program, service, building, unit or workplace that will allow a qualified person with a disability to participate fully in a program, take advantage of a service, live in a unit, or perform a job. If a person's disability is obvious, or otherwise known to management, and if the need for the requested modification is also readily apparent or known, then no additional information about the requester's disability or the disability-related need for the modification is needed. If the requester's disability and disability-related need for the reasonable accommodation is not known or readily apparent to the provider, the person requesting the reasonable accommodation or modification is given the Request for Accommodation or Modification (RAM) Form and the Certification of Need for Reasonable Accommodation or Modification to complete. The Certification of Need for Reasonable Accommodation form requires a signature from an appropriate medical professional documenting the validity and the verification of need. All requests and the outcomes are recorded on the RAM log.

Sincerely,

Connie L Buza  
Sr. Property Manager



A Community of Quality Managed by  
Winn Managed Properties, LLC, Boston, Massachusetts



Winn Residential does not discriminate against any person because of race, color, religion, sex, sexual orientation, handicap, familial status, or national origin.

Date Received: \_\_\_\_\_  
 Time: \_\_\_\_\_

Application # \_\_\_\_\_  
 Unit Size: \_\_\_\_\_

\*\*\*\*\*DO NOT WRITE ABOVE THIS LINE\*\*\*\*\*

**APPLICATION FOR HOUSING/ SECTION 8 & SECTION 42 PROGRAMS**  
**THE VILLAGE AT SOMERSET- 500 Village Way, Somerset PA 15501 – (814)443-6434**  
**PHFA # R-941-8F**

Applicant Name:	
Current Address:	
City, State, Zip Code:	
Home Phone #:	Head Work #:
Spouse Work #:	Email Address:

**EMERGENCY CONTACT**

List name, address, and phone number of a relative or friend who generally knows how to contact you:

Name:
Address:
City, State, Zip:
Phone #:

How did you hear about us? \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND INFORMATION**

List the Head of Household and all other members who will be living in the assisted unit. Give the relationship of each family member to the head of household.

Member #	Full Name	Relationship to Head of Household	Birth Date	SS #	Are you a student? List "No", "Part Time" or "Full Time"

**Head of Household only answer Yes or No to each of the following questions for the household:**

**YES NO**

- \_\_\_ \_\_\_ 1. Does anyone live with you now who is not listed above?  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_ \_\_\_ 2. Do you expect any additions to the household within the next twelve months? If yes,  
please list name and relationship: \_\_\_\_\_  
Explanation : \_\_\_\_\_
- \_\_\_ \_\_\_ 3. Has any household member been displaced by government action or presidential  
declared disaster?
- \_\_\_ \_\_\_ 4. Does anyone in the household attend an institute of higher education?  
If yes, do they receive financial assistance for tuition?  
If yes, name of household member receiving financial assistance for tuition? \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_ \_\_\_ 5. Do you or any member of your household have a Section 8 voucher?  
If yes, name of Housing Authority? \_\_\_\_\_  
\_\_\_\_\_
- \_\_\_ \_\_\_ 6. Are there any special accommodations that the household will require? (e.g., unity for  
mobility impaired, unit for hearing impaired, live-in aide, grab bars, wheel in showers)  
Please identify any special housing needs required as a result of a handicap: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOUSING HISTORY**

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

Current Landlord:	Phone #:
Address:	

Previous Landlord:	Phone #:
Address:	

Previous Landlord:	Phone #:
Address:	

**INCOME INFORMATION**

**FOR EACH TYPE OF INCOME THAT YOUR HOUSEHOLD RECEIVES, GIVE THE SOURCE OF THE INCOME AND THE AMOUNT OF INCOME THAT CAN BE EXPECTED FROM THE SOURCE DURING THE NEXT TWELVE MONTHS: (total GROSS income is before deductions , example of deductions: Medicare, health insurance...)**

FAMILY MEMBER	SOURCE OF INCOME/TYPE OF INCOME:	GROSS MONTHLY INCOME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**BACKGROUND INFORMATION**

YES	NO	
___	___	Have you or any member of your household ever lived in any federally or state assisted housing?
___	___	Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity? If yes, list where and when: _____
___	___	Are you or any member of your household currently engaging in the use of illegal drugs?
___	___	Have you or any member of your household ever been convicted of a felony? If yes, please explain : _____
___	___	Are you or any member of your household currently abusing alcohol?
___	___	Are you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring. If yes, please explain: _____
___	___	Are you or any member of your household subject to a lifetime registration requirement Under the state Sex Offender registration program <u>in every state?</u>
List all addresses where you and other household members have previously resided. <del>You must provide a complete list of states in which every household member has resided.</del>		

**HOUSEHOLD EXPENSES**



Do you pay for child care, which enables you or another family member to work or go to school?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give name and address of child care provider, weekly cost, and name of family member  
enable to work or attend school: \_\_\_\_\_

**ELDERLY FAMILIES ONLY**

Do you have Medicare? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what is your Medicare premium?  
\$ \_\_\_\_\_

Do you participate in the Medicare Prescription program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, list provider and premium amount \_\_\_\_\_

Do you have any other kind of medical insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have disability assistance expenses which allow an adult member enable to work or go to  
school? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, list type, amount, and name of family member enable to work  
\_\_\_\_\_

Do you receive medical assistance through the welfare department? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have any outstanding medical bills on which you are paying? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you expect to have any medical expenses during the next 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, give amount of medical expenses \$ \_\_\_\_\_

**APPLICANT CERTIFICATION**

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for Section 8 and Section 42 assistance. I/we authorize the agent to verify all information provided on this application and to contact previous Landlords or other sources for credit, criminal, Megan's Law and verification information, which may be released to appropriate Federal, State, or Local agencies. I/We have understood and answered all questions. I/We understand that my occupancy is contingent upon meeting management's resident selection criteria and the Affordable Housing Program requirements. I/we certify that the statements made in this 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 and will lead to cancellation/rejection of my application. I understand I/we must report any changes to management as soon as they occur.

Signature of Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse/Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_



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: (Check all that apply)</b>	
<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.