



Simpson Mid-Town

Management Office • 1001 Green Street • Philadelphia, Pennsylvania 19123
Office (215) 232-7290 • Facsimile (215) 232-7289
Russ Alexander, Housing Manager

Thank you for your interest in Simpson Mid-Town Apartments. In order to live at Simpson Mid-Town Apartments, you must be age 62 or older as of the day you apply, and your income (single occupancy) must be less than \$28,150 annually. You must also pass a credit and criminal background check more fully described in our tenant selection plan. The rent paid by each resident is equal to 30% of the resident's monthly income. The balance of the rent is paid by the United States Department of Housing and Urban Development (HUD).

The following items are also available on our Web Site:

1. Application Assistance and Information Statement;
2. Options for Applicants with Disabilities;
3. Pre-Application for Waiting List;
4. Supplement to application.

Please carefully review all of the available information. If you are in agreement with what is asked of you, please sign and date the Pre-Application in the space shown, and return it to us at Simpson Mid-Town Apartments. Once we have received it, we will obtain a credit report and criminal background check. You will then receive a letter indicating whether we are able to approve your application and add you to the waiting list, or if we must decline your application. Once you are close to the top of the waiting list, we will arrange for a personal interview here in our office, at which time you will need to provide us with more information, including but not limited to the following items:

- Government-issued picture ID;
- Social Security card; and
- Birth certificate or other proof of birth date.

Simpson Mid-Town is a non-smoking facility, and offers equal access to housing and services without regard to race, color, creed, sex or sexual preference, National origin or disability.

Please give me a call if you have any questions. Again, thank you for considering living in our community.

EQUAL HOUSING OPPORTUNITY



Simpson Mid-Town does not discriminate on the basis of handicapped status in the admission or access to its federally assisted programs and activities.



For Office Use: Date/Time Received _____ Received by _____

Simpson Mid-Town
1001 Green Street, Philadelphia, PA 19123
215-232-7290 FAX: 215 232-7289

Russ Alexander, Housing Manager

Email: Ralexander@simpsonsenior.org

PRE-APPLICATION FOR WAITING LIST

Upon request, we will accommodate persons with disabilities who, as a result of their disabilities, cannot utilize our preferred application process by providing alternative methods of taking applications. Contact our office for assistance.

INSTRUCTIONS: Any person wishing to apply for admission at Simpson Mid-Town must complete this pre-application. The pre-application must be signed by the applicant in order to be considered complete. The pre-application form is used to initiate the verification of the applicant's eligibility for residency at Simpson Mid-Town. Information obtained on this application is collected in accordance with the Privacy Act (copied on next page). The following information is required at this time.

HEAD OF HOUSEHOLD INFORMATION:

Name _____ Sex _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Telephone _____ How long have you lived here? _____

Social security number _____

SECOND HOUSEHOLD MEMBER INFORMATION:

Name _____

Sex _____ Date of Birth _____ Social Security number _____

INCOME:

List sources and estimated amounts of household's anticipated income and assets (indicate frequency of amounts received, i.e., weekly, monthly, annually, etc.)

Description (Source)	Frequency	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

How did you first learn about Simpson Mid-Town? _____

NOTE: If a preliminary review of your application indicates that you are eligible for residency at Simpson Mid-Town and no apartment is available at the time you submit your application, your name will be placed on a waiting list. When an apartment is available and your name reaches the top of the waiting list, you will be contacted to complete the application process. At that time an appointment will be made with you, and you will be given instructions on how to provide information about the following:

- | | |
|------------------------|--------------------------------------------|
| Birth Certificate | * Prior Landlord Reference |
| Photo ID | * Credit Information |
| Social Security number | * All income, assets, and medical expenses |

APPLICANT CERTIFICATION

I/We understand that when our name(s) reach the top of the waiting list and an apartment is available for rent, we will be contacted to complete the application process. I/We also understand that this Pre-Application provides only preliminary information to the Simpson Mid-Town management staff, and that no final determination of eligibility will be made until the application process is completed.

I/We certify the information included in this application is accurate and complete to the best of my/our knowledge. I/We understand that false statements or information are punishable under Federal law. And I/we understand that false statements or information are grounds for denial of eligibility for rental assistance and/or termination of housing assistance and/or tenancy. I/We authorize Simpson Mid-Town to obtain a credit, court record, and criminal background check for me/us.

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make willful, false statements of misrepresentations to any department or agency of the United States as to any matter within its jurisdiction. "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 participant 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). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**"

Signature of Head of Household X _____ Date _____

Signature of Other Adult Member X _____ Date _____

Simpson Mid-Town does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in, its federally-assisted programs and activities.

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll Free Hot Line at 800-424-8590.

Privacy Act Notice to Tenants: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937, as amended (42 U.S.C. 1437 et seq.); the Housing and Urban-Rural Recovery Act of 1983 (P.L. 98-181); the Housing and Community Development Technical Amendments of 1984 (P.L. 98-479); and by the Housing and Community Development Act of 1987 (42 U.S.C. 3543).

The information is being collected by HUD to determine an applicant's eligibility, the recommended unit size, and the amount the tenant(s) must pay toward rent and utilities. HUD uses this information to assist in managing certain HUD properties, to protect the government's financial interest, and to verify the accuracy of the information furnished.

HUD or a PHA may conduct a computer match to verify the information you provide. This information may be released to appropriate federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. You must provide all of the information requested. Failure to provide any information may result in a delay or rejection of your eligibility approval.



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APPLICATION ASSISTANCE AND INFORMATION STATEMENT

If you have difficulty completing this application, please advise us of your needs when you receive this application, or call us to schedule assistance. Appropriate assistance will be provided in a confidential manner and setting.

Answering Questions on your Application

Please answer all questions truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowances, rent, family composition, or prior resident history is grounds for rejection. Additionally, you should be aware that Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or obtaining federal funds.

Answering Questions Relating to Disability

Answers to questions on your application concerning disability status are optional. But please note that families with disabled members may be entitled to 1) certain deductions from income that affect rent; or 2) units designed to be accessible for individuals with disabilities. So, without this information, we may not be able to calculate your rent correctly or verify your eligibility to live in an accessible apartment.

If you answer the questions relating to disability, we will need to verify that you or family members are disabled. We do not need to know the nature, extent, or current condition of the disability. But we will need to know that you meet the federal definitions that apply to these terms and that you can abide by the terms of our lease.

Information you provide on disability status will be treated as confidential by management. In accordance with program regulations, information may be released to appropriate federal, state, or local agencies.

Housing Requirements Questionnaire

Please complete the Housing Requirements Questionnaire that accompanies this application. The information is needed so that we may assign you an apartment appropriate to any needs that exist for you. Your answers will be verified. If, however, there are no family members with a disability, or if you do not wish to complete the document for any reason, simply indicate that choice in the space provided at the top of the document. The choice not to complete this document will not in any way affect the processing of your application for an apartment.



Embracing Life®

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NOTICE TO ALL APPLICANTS
OPTIONS FOR APPLICANTS WITH DISABILITIES

Simpson Mid-Town provides assisted housing to the general public under the HUD Section 202 PRAC Capital Advance program. We are not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, familial status, or disability. In addition, we have an obligation to provide "reasonable accommodations" to applicants if they have a disability. Compliance actions may include reasonable accommodations as well as structural modifications to the apartment or the premises.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the programs under which we operate. Examples of reasonable accommodations and structural modifications include, but are not limited to:

- Making reasonable alterations to an apartment so it could be used by a person with a wheelchair;
- Installing strobe-type flashing-light smoke detectors in an apartment for a hearing-impaired person;
- Permitting a person to have a seeing-eye dog to assist a vision-impaired person where existing pet rules would not allow the dog;
- Making large type documents or a reader available to a vision-impaired applicant during the application process;
- Permitting an outside agency to assist an applicant with a disability to meet the property's applicant screening criteria.

An applicant with a disability must still be able to meet essential obligations of tenancy – you must be able to pay rent, to maintain your apartment in a safe and sanitary condition, to report required information to the building manager, to avoid disturbing your neighbors, etc., but there is no requirement that you be able to do these things without assistance.

If you have a disability and think you might need or want a reasonable accommodation, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

The next page of this application is a *Housing Requirements Questionnaire*. If you wish to complete the document and provide management with information regarding a disability, please do so. If you do not have a disability, or if you do not wish to complete the questionnaire for any reason, please indicate so, sign the form, and return it to the manager. Thank you.

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HOUSING REQUIREMENTS QUESTIONNAIRE

PLEASE READ THE FOLLOWING INFORMATION REGARDING THIS QUESTIONNAIRE:

This questionnaire is administered to every applicant applying to Simpson Mid-Town. It is used to determine whether you need special features in your housing unit. The need for special adaptations must be verified in order to assure that the limited number of apartments with special features go to persons that actually need the features. Completing this questionnaire is optional on your part. If you choose not to complete this form, please check the line that indicates that choice, sign and date the form, and return it to the manager. The choice not to complete this questionnaire will not in any way affect the processing of your application for an apartment.

If you choose to complete this form, please check the box that indicates your choice to furnish this information, complete the information requested, sign and date the form, and return it to the manager.

APPLICANT ELECTION TO PROVIDE SPECIAL NEEDS INFORMATION

Household head name _____ Social Security # _____

____ I choose to complete this form. ____ I choose NOT to complete this form.

Applicant's signature _____ Date _____

Manager's signature _____ Date _____

INFORMATION RELATIVE TO THE HOUSING REQUIREMENTS OF APPLICANT

1. Do you have a condition that requires:

- ____ An apartment for the vision-impaired
- ____ An apartment for the hearing-impaired
- ____ A barrier-free apartment
- ____ Special parking space
- ____ Other

2. If you checked any of the above-listed categories, please explain exactly what you need to accommodate your situation.

3. Will you require a live-in aide to assist you? ____ Yes ____ No

4. Who should be contacted to verify your need for the features you have identified above (for example, a doctor or social service agency)?

Name _____ Daytime phone _____

Address _____

City, State, Zip _____