



# Jefferson School

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To be completed by office staff:  
 Application Number \_\_\_\_\_  
 Date Application Rec'd \_\_\_\_\_  
 Time Application Rec'd \_\_\_\_\_  
 Initials of Staff Member \_\_\_\_\_

## HEAD OF HOUSEHOLD

|   |   |
|---|---|
| M | F |
|---|---|

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_  
 (First) (Middle Initial) (Last)

CURRENT ADDRESS: \_\_\_\_\_ HOME #: \_\_\_\_\_  
 (House #) (Street Name) (Apt. #)

CELL #: \_\_\_\_\_  
 (City) (State) (Zip Code) WORK #: \_\_\_\_\_

EMAIL: \_\_\_\_\_ D.O.B: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ DRIVER LICENSE STATE: \_\_\_\_\_  
 DRIVER LICENSE NUMBER: \_\_\_\_\_

## HOUSEHOLD MEMBERS

Depending on the unit you qualify for, a non-refundable \$25 application fee per adult household member may be required.

| Name | DOB | M/F | Relationship | Soc. Sec. Number | DL State & Number |
|------|-----|-----|--------------|------------------|-------------------|
|      |     |     |              |                  |                   |
|      |     |     |              |                  |                   |
|      |     |     |              |                  |                   |
|      |     |     |              |                  |                   |
|      |     |     |              |                  |                   |
|      |     |     |              |                  |                   |

## ANNUAL HOUSEHOLD INCOME

|                                   |    |
|-----------------------------------|----|
| Employment/Wages                  | \$ |
| Social Security Income            | \$ |
| Social Security Disability Income | \$ |
| Public Assistance (Welfare/TANF)  | \$ |
| Child Support                     | \$ |
| Pension                           | \$ |
| Other Income (Please Specify):    | \$ |



**Preferences for Determining Waiting List Position (if applicable)**

|  |                            |                           |   |   |
|--|----------------------------|---------------------------|---|---|
| Do you or any member of your household have a DISABILITY?  |                            |                           | Y | N |
| Is the Head of Household or Spouse 62 years of age or older or disabled?   |                            |                           | Y | N |
| Are you currently employed?  |                            |                           | Y | N |
| Are you a student or recent graduate of an educational or training program?  |                            |                           | Y | N |
| Were you involuntarily displaced due to a natural disaster?  |                            |                           | Y | N |
| Are you homeless?  |                            |                           | Y | N |
| Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.) |                            |                           | Y | N |
| If yes above, please circle features required:   |                            |                           |   |   |
| Unit for mobility impaired   | Unit for visually impaired | Unit for hearing impaired |   |   |
| Grab bars  | No steps                   | Other:                    |   |   |
| Describe:  |                            |                           |   |   |

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I, \_\_\_\_\_, hereby give my permission for a credit and criminal background check, which is part of the application process.

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Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Types of Program Assistance (For Office Use ONLY)**

**\*\*Important: You must notify us promptly should any information on this application change**

Tax Credit  50%  60%

ACC  30

May 2020

