Penn Ridge

Address:	**308 South Morris Avenue**
	Crum Lynne, PA 19022
Phone:	**484.483.0493**
Fax:	**610.833.1917**
Email:	**PennRidge@pennrose.com**
TTY:	**800.545.1833 x647**

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

A non-refundable $25 application fee per adult household member is 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):	$

EQUAL HOUSING OPPORTUNITY

PENNROSE
Bricks & Mortar | Heart & Soul

Preferences for Determining Waiting List Position (if applicable)

	Y	N
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.

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

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

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

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