

READING HOUSING AUTHORITY
TENANT PLACEMENT OFFICE
815 FRANKLIN STREET
READING, PENNSYLVANIA 19602
applications@readingha.org

PHONE 610-372-3933

FAX 610-378-1289

Este documento está publicado solamente en Inglés. Si usted necesita ayuda en Español para entender el documento, por favor comuníquese con la oficina para asistencia adicional, sin costo alguno.

Dear Applicant/s:

Attached is a Pre-application for **Emma Lazarus Townhomes**. Please complete all requested information and contact our office if you have any questions. This is only a Pre-application. You will be scheduled for a formal application at a later date.

There is an income requirement for **Emma Lazarus Townhomes**. **Gross family income must be three (3) times the monthly rent.**

Rent Schedule

3 BR - \$875.00 monthly (Monthly Income Required: \$2,625)
Tenant pays for electric and gas

No Pets – No Smoking

Section 8 Housing Choice Vouchers accepted

YOU MAY MAIL OR E-MAIL YOUR COMPLETED PRE-APPLICATION. Hand-carried Pre-Applications will not be accepted.

Emma Lazarus Townhomes – PRE-APPLICATION

 (Last name) (First name) (Middle Initial) (Tel. #) (E-Mail Address)

 (Street address) (Apt. #) (City) (State) (Zip Code)

(Mailing address if different from street address)

Bedroom Size: (3) three

- Do you currently have a Housing Choice Voucher (S8)? Yes No
- Do you expect any changes in the size of your family? Yes No - If Yes, describe: _____
- Total monthly income for household: \$ _____
- Total monthly rent/board (include utilities): \$ _____

List all persons who will be living with you in Emma Lazarus. Begin with the head of the household, and list children by age, starting with the oldest child. Use the below codes for 5 & 6:

	Name - Last, First, Middle Initial	SSN	Date of Birth	Gender M/F	See Codes			Gross Income per month
					5	Relationship	6	
1								
2								
3								
4								
5								
6								
<u>Relationship Codes</u>				<u>Income Codes</u>				
1 – Head of Household	4 – Grandparent	7 – Sister	1 – Social Security		4 - Wages		7 – Pension	10 – Investment income
2 – Spouse	5 – Child	8 – Brother	2 – SSI		5 – Unemployment Compensation		8 – Workers’ Compensation	(interest, CDs, stocks/bonds)
3 – Parent	6 – Foster Child	9 – Other Adult	3 – Cash Assistance		6 – Support (child or spousal)		9 – Veterans Benefits	11 – Other – please specify

I certify all information provided is true and correct to the best of my knowledge _____
(Head of Household Name)
(Signature)
(Date)