READING HOUSING AUTHORITY

The Tenant Placement Office 815 Franklin Street Reading, Pennsylvania 19602

Phone: (610) 372-3933 FAX: (610) 378-1289 TDD: (610) 796-1386

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 <u>331 Elm Street Apartments.</u> Please complete all information and return by mail to the Tenant Placement Office. This is a pre-application only. You will be scheduled for a formal application at a later date.

Monthly Income Requirements: <u>2 Bedroom</u>: \$1,698 (\$20,376/year) <u>3 Bedroom</u>: \$1,938 (\$23,256/year)

Exceptions to the income requirements will be considered

Annual Income Limits by Family Size (subject to change in accordance with HUD HOME requirements):

| 1 person | \$23,700 | 2 person | \$27,050 | 3 person | \$30,450 |
|----------|----------|----------|----------|----------|----------|
| 4 person | \$33,800 | 5 person | \$36,550 | 6 person | \$39,250 |

Tenant pays Electric & Natural Gas

Housing Choice Voucher (Section 8) Accepted

Includes Central Air, Washer & Dryer & Dishwasher

No pets allowed

RENT SCHEDULE – effective July 1, 2015

(subject to change with 30 day notice)

1st Floor - 3 Bedroom - \$646/month

2nd Floor – 2 Bedroom - \$566/month

3rd Floor – 2 Bedroom - \$566/month

PLEASE RETURN THIS APPLICATION BY MAIL TO
READING HOUSING AUTHORITY TENANT PLACEMENT OFFICE
815 FRANKLIN STREET
READING, PA 19602

Reading Housing Authority The Tenant Placement Office 815 Franklin Street Reading, PA 19602 (610) 372-3933 (Office) (610) 378-1289 (Fax)

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331 ELM STREET APARTMENTS - PRE-APPLICATION

| (Last name) | | (First name) | (Middle Initial) | | | | | |
|-------------|---|---|------------------|--|--|--|--|--|
| (Street | address) | | (Apt. #) | | | | | |
| (City) | | (State) | (Zip Code) | | | | | |
| (Mailin | ng address if differe | (Telephone Number) | | | | | | |
| Bedro | om Size: TWO | ☐ THREE | | | | | | |
| 1. | Do you <u>currently</u> h | nave a Housing Choice Voucher (S8)? | | | | | | |
| 2. | | embers to be housed (include yourself)ation on household members as listed on rev | | | | | | |
| 3. | | changes in the size of your family? Yes | | | | | | |
| 4. | 4. Total monthly income for the household is | | | | | | | |
| 5. | 5. Total monthly rent/board (include utilities) | | | | | | | |
| I certif | fy all information p | rovided is true and correct to the best of my | knowledge. | | | | | |
| | | (Applicant's Signature) | | | | | | |
| | | (Date) | | | | | | |

Relationship Codes (enter in column 5) Income Codes (enter in column 6)

- 1. Head of Household
- 2. Spouse
- 3. Parent
- 4. Grandparent
- 5. Child
- 6. Foster Child
- 7. Sister/Brother
- 8. Other (please specify)

- 1. Social Security
- 2. SSI
- 3. Cash Assistance
- 4. Wages
- 5. Unemployment Compensation
- 6. Support
- 7. Pension
- 8. Other (please specify)

List all persons who will be living with you.

Start with the head of the household -

List your children by age, starting with the oldest child -YOU MUST COMPLETE ALL COLUMNS

| | Name-Last, First, Middle Initial | Age | Date of Birth | Sex M/F | See Codes | | Gross Amount Income per | Social Security # |
|---|----------------------------------|-----|------------------|------------|-----------|---|----------------------------|----------------------|
| | | | | | 5 | 6 | month | · |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |