

**READING HOUSING AUTHORITY**  
TENANT PLACEMENT OFFICE  
815 FRANKLIN STREET  
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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 **Sylvania Homes**. 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 **Sylvania Homes**. Gross family income must be three (3) times the monthly rent.

➤ **Pet Restrictions Apply – Ask For Details.**

**Rent Schedule (effective April 1, 2017)**

1 BR - \$702.00 monthly (Monthly Income Required: \$2,106.00)  
2 BR - \$852.00 monthly (Monthly Income Required: \$2,556.00)  
3 BR - \$1,000.00 monthly (Monthly Income Required: \$3,000.00)  
4 BR - \$1,150.00 monthly (Monthly Income Required: \$3,450.00)

Monthly Rent includes all utilities.

HOUSING CHOICE VOUCHERS (S8) ACCEPTED

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

## SYLVANIA HOMES - PRE-APPLICATION

(Last name) \_\_\_\_\_ (First name) \_\_\_\_\_ (Middle Initial) \_\_\_\_\_ (Tel. Number) \_\_\_\_\_ (E-Mail Address) \_\_\_\_\_

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

(Mailing address if different from street address)

Bedroom Size:  (1) one  (2) two  (3) three  (4) four

➤ 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 Sylvania Homes. Begin with the head of the household, and list children by age, starting with the oldest child. Use the below codes for 5 & 6:

1	2	3	4	5	6	7	8	SSN	Date of Birth	Gender M/F	See Codes		Gross Income per month
											Relationship	5	

Relationship Codes				Income Codes							
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)