

APPLICATION FOR TAX CREDIT HOUSING



**PRIME PROPERTY MANAGEMENT, INC.**

5429 CHESTNUT STREET SUITE M114

PHILADELPHIA, PA 19139

(267) 284-1400 • (267) 284-1401

FAX: (267)-284-1413

[www.PHILLYPPM.COM](http://www.phillyppm.com)



**Thank you for your interest in choosing one of our quality and affordable homes for rent. All of the information requested below is required for us to determine your eligibility and approval to move into the unit. You must submit all of the required information to prevent a delay in processing your application.**

**Please check off each document as you attach it to the application.**

1. \_\_\_\_\_ \$35.00 non -refundable application fee for the head of household and \$10.00 additional for each person 18 years and older.

**(Money orders only made payable to ("PRIME PROPERTY MANAGEMENT"))**

2. \_\_\_\_\_ Copies of Social Security Cards for all members of the household.

3. \_\_\_\_\_ Copies of Birth Certificates for all household members.

4. \_\_\_\_\_ Current pay stubs for all members that are employed.  
a) If paid bi-weekly, provide 6 consecutive pay stubs.  
b) If paid weekly, provide 8 consecutive pay stubs.

5. \_\_\_\_\_ Additional source of income for all members of household ( SSI & Social Security Award Letter, DPA, Pensions etc.) All letters must have a current date.

6. \_\_\_\_\_ Six ( 6 ) months of bank statements for each asset account. (Checking , Savings, Net-Spend, Pre-paid debit cards etc..)

When you submit the application we will run a credit check, verify rental history, and conduct a home visit at your current residence.

Your application will **NOT BE ACCEPTED** if all of the required information is not attached. if you need further assistance please contact our office.



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How did you hear about us? Westside Weekly Paper \_\_\_\_\_ The Metro Paper \_\_\_\_\_  
 \_\_\_\_\_ Flyer \_\_\_\_\_ Referral/Name of Referral: \_\_\_\_\_  
 Website: \_\_\_\_\_ www.phillyppm.com : \_\_\_\_\_ Other: \_\_\_\_\_

What size home are you looking for? \_\_\_ 1 Bedroom \_\_\_ 2 Bedroom \_\_\_ 3 Bedroom \_\_\_ 4 Bedroom \_\_\_ 5 Bedroom

Are you currently receiving rental assistance? \_\_\_ Yes \_\_\_ No If yes, what type \_\_\_\_\_

**Every question on this application must be answered. If any question does not apply, please write "N.A."**

Applicant Name \_\_\_\_\_

Current Address \_\_\_\_\_ Apt # \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ How Long at current address \_\_\_\_\_ Monthly Rent/Mortgage \$ \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

**List the Head of Household and all other members who will be living in the unit. Include the relationship of each member to the Head of Household.**

	Full Name	Relationship	Birth Date	Age	Sex	Social Security #	Full Time Student (Yes/No)
1							
2							
3							
4							
5							
6							
7							
8							

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Are you currently a full time student enrolled in school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is everyone in your household including the head of household a full time student? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does any adult member of the household anticipate becoming a full time student in the next 12 months \_\_\_ Yes \_\_\_ No

Does anyone live with you now that is not listed above? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain: \_\_\_\_\_

Do you expect a change in your household composition in the next twelve months? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain: \_\_\_\_\_

**INCOME**

Please answer each of the following questions for all members of the household. For each “yes” provide the details on the table on the next page. Does any member of your household :

- 1. Work fulltime/part time or seasonally? (If "yes" skip to question #3) \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2a. If not working do you expect to work any period during the next year? (If yes, answer b & c) \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2b. Are you currently seeking employment? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 2c. Have you had a job interview within the past ninety (90) days? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 3. Expect a leave of absence from work due to lay-off, medical, maternity or military leave? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 4. Now receive or expect to receive unemployment benefits? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 5. Now receive or expect to receive workers’ compensation or long/short term disability? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 6. Now receive or expect to receive child support payments? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 7. Do you have a court ordered agreement to receive child support ? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 8. Now receive or expect to receive alimony? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 9. Now receive or expect to receive public assistance TANF/General Assistance? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(not including food stamps)
- 10. Now receive or expect to receive income from a pension or annuity? \_\_\_\_\_ Yes \_\_\_\_\_ No
- 11. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? \_\_\_\_\_ Yes \_\_\_\_\_ No

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12. Receive income from assets including but not limited to interest or dividends from checking accounts, savings accounts, certificates of deposit, stock, bonds, income from rental properties, etc.? \_\_\_\_\_ Yes \_\_\_\_\_ No

**INCOME**

List all sources of income (Employment, SSI, Public Assistance, Child Support etc..) for all household members.

Member No.	Source of Income/Type of Income	Annual Income

**ASSETS**

For each household member list all assets and income, if any, from those assets (Bank Accounts, Direct Deposit Accounts, Real Estate Owned, Net Spend Cards, Pre-paid debit Cards, etc..) and any income , if any received from those assets.

Member No.	Financial Institution	Type of Account	Balance	Income, Interest,ect.

**RENTAL HISTORY**

Provide name, address, and phone number of all landlords for the past three years.

Name and Address of Present Landlord:

\_\_\_\_\_ Telephone Number \_\_\_\_\_  
 \_\_\_\_\_ Length of Residence \_\_\_\_\_  
 \_\_\_\_\_ Reason for moving \_\_\_\_\_

Name and Address of Previous Landlord:

\_\_\_\_\_ Telephone Number \_\_\_\_\_  
 \_\_\_\_\_ Length of Residence \_\_\_\_\_  
 \_\_\_\_\_ Reason for moving \_\_\_\_\_

Have you ever been evicted or had late rental payments? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

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**EMPLOYMENT HISTORY**

Name and Address of Head of Household Present Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Supervisor Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Length of Employment \_\_\_\_\_

Name and Address of Co-Head Present Employer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Telephone Number \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Supervisor Name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Length of Employment \_\_\_\_\_

**MISCELLANEOUS**

Have you or any member of your household been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you own any pets? \_\_\_\_\_ Yes \_\_\_\_\_ No How many \_\_\_\_\_ Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other information you wish to include in your application may be submitted here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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**I/We understand that the application fee(s) of \$35.00 is non-refundable. A deposit of \$500.00 will be required to hold a specific unit. Upon moving into the specific unit the deposit of \$500.00 will be credited towards the security deposit. If a unit is held for more than thirty (30) days and the Applicant cancels the application the deposit will be non-refundable.**

I/We certify that if selected to move into this property, the unit I/we occupy will be my/our sole residence. I/we understand that the above information is being collected to determine eligibility to reside in a Tax Credit unit. I/we authorize the agent to verify all information provided on this application and to contact previous landlords and other sources for credit verification.

By signing this application, I/we also grant the owner/agent the right to obtain all information needed to determine my/our eligibility in accordance with the owner/agent's Resident Selection Criteria. Resident Selection may include but is not limited to criminal history checks, home visits, drug screening, and ability to pay rent. I/we certify that the statements made in the application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal Law, are grounds for rejection of occupancy, or termination of lease and/or rental assistance if owner finds later that I/we have falsified or omitted information.

**I/We authorize Prime Property Management, Inc. and its authorized representatives to contact any agencies, police department, offices, or organizations including a credit agency in order to get a credit report. To obtain and verify information or materials which are deemed necessary to complete my/our application for Tax Credit Housing managed by Prime Property Management, Inc.**

**All household members over the age of 18 years old must sign below.**

Head of Household Signature	Date
Co-Head Signature	Date
Signature	Date
Signature	Date
Management Signature	Date

We do business in accordance with Federal Fair Housing Laws. We do not discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.