

RESIDENT SELECTION PLAN

In order to promote a safe and supportive environment for Project Residence, the agent will utilize predefined criteria to base its approve/reject decision on. These criteria represent a variety of program and regulatory requirements including those of section 42 of the Internal Revenue Code, HUD and PHFA. All information will be verified in writing based on preapproved forms as specified by PHFA.

The criteria are as follows:

1. Single, male adult.
2. Annual income of less than \$ **28,800**
3. Must furnish social security card
4. Applicant must be "homeless" defined as follows:
 - a. Sleeping in a place not meant for human habitation, such as a car, parks, sidewalks, and abandoned buildings.
 - b. Sleeping in emergency shelters
5. Must complete application and all income verification forms.
6. Must sign a tenant certification form.
7. Other criteria to be considered include:
 - a. Record of criminal activity based upon police and other reports. Such activity will be considered in the approval process but not necessarily cause for summary rejection.
 - b. Prior history as a Resident both at the project and similar facilities in terms of cleanliness, behavior, adherence to house rules, and payment history where appropriate.
 - c. Ability of the Agent to verify information supplied with the application.

It is illegal to discriminate against any person because of RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS, or NATIONAL ORIGIN.

The Men's Residence also participates in the Protections of the VAWA, violence against women act (this includes men of domestic violence) and well as Protections or the Fair Housing Act



YMCA Men's Residence

Please Complete this Application & Return to:
YMCA Men's Residence
310 W. Philadelphia Street
York, PA 17401
(717) 854-7291 X4700

FOR OFFICE USE ONLY
Date Received: _____
Time Received: _____
Applicant #: _____

The following information is confidential and will not be disclosed without your consent.

Email Address: _____ (Email is a quick and easy way to communicate. Please provide an email address for any work, and personal references you may be submitting below.)

Applicant's Name			Social Security No.	Home Phone ()
Present Street Address	City	State	Zip Code	No. Yrs at Present Address
Former Street Address (if at present address for less than 5 yrs.)	City	State	Zip Code	No. Yrs. at Former Address
Current Housing Status: Provide the name, address, and phone number of all your landlords for the past 3 years.				
Current Landlord:		Address: _____ Phone: _____		
Previous Landlord:		Address: _____ Phone: _____		
Previous Landlord:		Address: _____ Phone: _____		
Name and Address of Employer			Type of Business	Self Employed? Yes _____ No _____
Business Phone Number ()		Position/Title	No. Yrs. on Job	Yrs in this line of work
Name and Address of Previous Employer (if employed at present position less than 5 yrs.)			No. of Yrs. with Previous Employer	Business Phone ()
Co-Applicant's Name			Social Security No.	Home Phone ()
Present Street Address	City	State	Zip Code	No. Yrs at Present Address
Former Street Address (if at present address for less than 5 yrs.)	City	State	Zip Code	No. Yrs at Former Address
Name and Address of Employer			Type of Business	Self-employed? Yes _____ No _____
Business Phone Number ()		Position/Title	No. Yrs. on Job	Yrs. in this line of work
Name and Address of Previous Employer (if employed at present position less than 5 yrs.)			No. of Yrs. with Previous Employer	Business Phone ()



SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 YRS OR OLDER	TOTAL
Gross Salary				
Overtime Pay				
Commissions/Fees/Tips/Bonuses				
Unemployment Benefits				
Workers Compensation, etc.				
Social Security, Pensions, Retirement Funds, etc., Received Periodically				
TANF Payments				
Alimony, Child Support				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Other:				
			TOTAL:	

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account	\$	\$		
Savings	\$	\$		
Certificate of Deposit	\$	\$		
Mutual Funds/Stocks/Bonds	\$	\$		
Real Estate	\$	\$		
Whole Life Insurance	\$	\$		
Other:	\$	\$		
TOTAL:	\$	\$		



I _____ have or I _____ have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the "other" column in the above listing of assets. (CHECK ONE)

Are all household members full-time students? Yes _____ No _____

HOUSEHOLD COMPOSITION List the head of your household and all members who live in your home. Give the relationship of each family member to the head.

MEMBER NO.	FULL NAME	RELATIONSHIP	BIRTHDATE M/D/Y	SOCIAL SECURITY NO.
Head of Household				

PLEASE LIST MOTHER'S MAIDEN NAME OF ALL ADULT'S	
YOUR FULL NAME	YOUR MOTHER'S MAIDEN NAME
1.	

Have you ever been denied housing with us before? Yes _____ No _____

Do you own the home where you currently reside? Yes _____ No _____

Do you own a home or other property? Yes _____ No _____

Are you or any member of your household currently using an illegal substance? Yes _____ No _____

Are you or any member of your household currently abusing alcohol? Yes _____ No _____

Have you or any member of your household been convicted of drug use or manufacture or any other felony? Yes _____ No _____

Have you or any member of your household been convicted of any crime in the past five years? Yes _____ No _____

(note: any crime includes ALL crimes, misdemeanor, summary offense & felony)

Have you or any member of your household been convicted of any misdemeanors? Yes _____ No _____

Have you or any member of your household ever been evicted from any housing? Yes _____ No _____

Are you or any member of your household registered with any State as a Sexual Offender? Yes _____ No _____ If yes, which state(s)? _____

Are there any special housing needs or reasonable accommodations that the household will require? If yes, list below:



Are there any special housing needs or reasonable accommodations that the household will require? If yes, list below:

COMMENTS/ADDITIONAL INFORMATION

The information provided in this application is true and complete to the best of my/our knowledge and belief. I consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy. I understand that in order to be considered for housing we must pass all the resident selection criteria criminal background check, and income qualification. I understand that if information is missing (intentional or not), incomplete, or falsely reported on this rental application I/we shall be immediately rejected for consideration of housing. I understand that this application gives the YMCA permission to verify all the information included within the application and other information requested during the processing of the application. I understand that this application is not an approval for housing.

*****ALL PERSONS AGE 18 AND OLDER MUST SIGN THIS APPLICATION BELOW*****

Applicant (Head of Household)	_____	Date	_____
Co-Applicant	_____	Date	_____
Co-Applicant	_____	Date	_____

In accordance with the data collection information required by the Department of Housing and Urban Development (HUD), please provide the following information for the head of household. It is for data collection only. Please report the head of household statistics only at this time.

RACE	
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native & White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian/Alaska Native & Black/African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other Multi-racial

ETHNICITY	GENDER
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female

Triangle Group

GENERAL VERIFICATION OF CONSENT

Date _____

(Name and address of third party who is being FROM: requested to verify this information)

All Services

(Name of individual requesting the information, title, name of housing project, address, phone number and email address)

D. Keiser

HOUSEHOLD MEMBER RELEASE

TO THE HOUSEHOLD MEMBER: YOU DO NOT HAVE TO SIGN THIS FORM IF THE NAME OR ADDRESS OF EITHER THE PROJECT OR PROVIDER IS LEFT BLANK.

RELEASE: I hereby authorize the release of the requested information. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

Signature: _____

Date: _____

This person has applied for housing assistance under a program of the U. S. Government which requires the housing owner to verify all information that is used in determining this person's eligibility or level of benefits.

RETURN THIS VERIFICATION TO THE PERSON LISTED ABOVE (or other instruction to the third party to ensure that the verification is returned to the right person. This is important because owners have a responsibility to treat this information confidentially.)

SUBJECT: Verification of Information Supplied by an Applicant for Housing Assistance

NAME _____

ADDRESS _____

We ask your cooperation in providing the following information and returning it to the person listed at the top of the page. Your prompt return of this information will help to ensure timely processing of the application for assistance. Enclosed is a self-addressed, stamped envelope for this purpose. The applicant/tenant has consented to this release of information as shown below.

Requested information: _____

Response: _____

Signature _____

Printed Name & Title _____

Telephone _____

Date _____

I certify that the above information is true and correct.

Signature _____

Printed Name and Title _____

Telephone _____

Email Address _____

Date _____

PENALTIES FOR MISUSING THIS VERIFICATION

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at ** 208 (a) (6), (7) and (8). ** Violation of these provisions are cited as violations of 42 U.S.C. Section ** 408 (a) (6), (7) and (8). **



SAMPLE
CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

I/We have _____/have not _____ disposed of any asset(s) for less than fair market value within the past two (2) years.

If asset(s) were disposed of for less than fair market value describe below:

The asset(s) I/We disposed of was:

Date of Disposition: _____

The fair market value of the asset(s) I/We disposed of was:

The amount(s) received for the asset(s) I/We disposed of was:

Print Name

Signature of Applicant

Date:

Print Name

Signature of Co-Applicant

Date

PENALTIES FOR MISUSING THIS CERTIFICATION

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government, HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty Provisions for misusing the social security number are contained in the Social Security Act at ** 208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section ** 408 (a) (6), (7) and (8).**



Triangle Group LP
NO ASSETS SELF-AFFIDAVIT

APPLICANT/RESIDENT _____

To whom it may concern:

Please be advised that I DO NOT have any checking, savings, certificate of deposits, money market, retirement, or any other type of accounts in any bank or credit union, etc...

If this should change at any time in the future, I will advise the management/compliance office immediately.

I certify that the information above is true and complete to the best of my knowledge. I understand that providing false or misleading information is a breach of my lease and may be subject to criminal penalties, along with losing my housing.

Signature of Applicant/Resident _____ Date _____

* Only sign if you do not have a bank account

THINGS YOU NEED TO HAVE

- If you are employed you will need to have **2 month of pay stubs** (most recent)
- If you have a **checking or Savings Account** you will need to bring 6 month of most **resent bank statements**
- If you **don't have** a checking or Savings Account but your money comes in a Bank Card for your direct Deposit. You would need to get **receipt balance from an ATM**
- If you get Social Security Income, you will need to have **the 2020 award letter** stating how much you get per month
- You will need to have and **state issued picture I.D card**
- You will need to have your **Social Security Card**
- Letter from **Welfare stating your benefits**
- Men's shelter affidavit
- If you are looking to get into the **Single Room Occupancy** through York Housing Authority, Section 8 program you need to go and apply with them and get a **Confirmation Number** and bring a copy back to me.