

# **HARFORD HOUSING INC.**

# **ELDERLY**

---

## **Harford Village Apartments**

**201 School Street  
Harford PA 18823**

**Phone: 570-434-2836  
Fax: 570-434-2838  
Andusko**

**Paul Lukus**

**DIRECTORS  
Joseph Matis**

**Jerry Cronk  
Elaine**

**Thomas Chamberlain**

**Executive Director  
Karen Allen**

Dear

Thank you for your interest in filing an application for an apartment at Harford Village Apartments. Enclosed, you will find an application for residency. Please fill it out and return it in the enclosed, stamped envelope. At that time, your application will be reviewed, and I will contact you for an appointment for an interview.

In order to efficiently complete your application interview, please be prepared to furnish the following information:

1. Social Security Number
2. Amount of Social Security received per month
3. Amount of any pensions received per month
4. Source of pensions received (name and address)
5. Name and addresses of all banks you do business with
6. Checking and Savings Account numbers, Certificates of Deposit
7. Value of Stocks and Bonds
8. Dividends earned on Stocks and Bonds
9. Value of any Real Estate you own
10. Life Insurance policies
11. Proof of Assets disposed of for less than Fair Market Value in the past two years
12. Amount of medical insurance premiums you pay (please bring a receipt or cancelled check)
13. Names, addresses, and phone numbers of present and past landlords
14. Names, addresses, and phone numbers of two personal references (no relatives please)
15. Names, addresses, and phone numbers of three credit references
16. Proof of date of birth (Birth Certificate, Driver's License, photo ID, etc)
17. All medical bills paid out of your own pocket (not covered by insurance) for the past twelve months

When you are called for an interview, if you do not have access to a copy machine please bring original documentation and I will be glad to make the copies for you. The more information you bring with you, the quicker your application can be processed. The filing of this application

does not obligate you in any way; it merely determines eligibility under the HUD Section 8 Housing Program.

Again, thank you for your interest in Harford Village Apartments and I look forward to meeting with you in the near future. If you have any questions you may contact this office at (570) 785-5990.

Sincerely,

Brittany Burrell  
Manager



## **APPLICANT REQUIRED VERIFICATION FORMS**

1. **Social Security Benefits**  
You must obtain a confidential statement for CURRENT benefits received. The confidential statement can be obtained from your local social security office or by calling 1-800-772-1213. We cannot use yearend statements for prior year benefits.
2. **Pension**  
If you receive a pension, you must obtain a letter of verification from your pension company and have them state the gross monthly amount of the pension. If deductions are being made for medical coverage, please have them indicate this in the letter. Also provide a copy of your most recent check stub.
3. **Employment Verification**  
If you are employed at the present time, please provide us with the name, address and telephone number of your employer. We will need to contact them so they can complete a verification form.
4. **Checking Account (s)**  
Copies of the last six months Checking Account statements.
5. **Savings Account (s)**  
Copies of the last six months Savings Account statements.
6. **Savings Account Passbook (s)**  
Copies of Savings Account Passbook (s) which must be updated and current. Please be sure to include interest rate.
7. **Bank Books and Certificates of Deposit**  
Copies of updated and current bank books and Certificates of Deposits that indicate the amount, rate of interest and date of maturity.
8. **Government Bonds**  
Copies of Government bonds (EE,E)
9. **Stock Certificates**  
Copies of all stock certificates and yearend dividend statements.
10. **Federal Income Tax**  
You will need to provide a copy of your latest income tax filing (Federal only).
11. **Trust Funds**  
If you have a trust fund, please provide documentation for this.
12. **Personal Verification**  
Please provide a copy of your social security card and birth certificate.
13. **Medical Insurance**  
If you presently have and pay for any medical insurance (AARP, Blue Cross/Blue Shield, etc.) please provide a copy of your latest bill and a copy of a canceled check. If this is not available, please provide a letter from the carrier indicating the monthly, quarterly or annual remittance amount.
14. **Real Estate**  
If you own any portion of a home, you must provide us with a Fair Market Appraisal and any information for any outstanding mortgages.
15. **Consent to Release of Information Form**  
Please read the HUD fact sheet and sign where indicated and return it along with the paperwork package.

**VERIFYING CHECKLIST  
NET FAMILY ASSETS AND INCOME**

**Net Family Assets:**

1. Cash held in savings and checking accounts, safety deposit boxes, homes etc.
2. Trusts
3. Equity in rental property or other capital investments
4. Stocks, bonds, treasury bills, certificates of deposit, money market funds
5. Individual retirement and Keogh accounts
6. Retirement and pension funds
7. Lump sum receipts (inheritances, capital gains, one time lottery winnings, settlements on insurance and other claims)
8. Personal property held as an investment
9. Assets disposed of within two years before effective date of Certification/Recertification

**Annual Income:**

1. Social Security/SSI
2. Pensions, retirement funds, insurance policies, annuities, disability compensation or death benefits
3. Employment income
4. Income from a business
5. Independent income
6. Alimony
7. Lump sum payment for unemployment, social security, etc.
8. Lottery winnings paid in periodic payments
9. Recurring contributions or gifts received from persons not living in the unit
10. Income of temporarily absent member
11. Income of permanently confined person
12. Income if family assets exceed \$5,000

The information on this and the following forms is being collected by the Department of Housing and Urban Development (HUD) to determine the applicants eligibility; the recommended unit size; and the amount the tenant (s) must pay toward rent.

## APPLICATION CHECKLIST

- Social Security numbers of all members of the household
- Birth certificates of all members of the household
- Amount and sources of monthly income (social security award letter, pension, any other regular monthly income)
- Name and address of bank(s) you do business with, along with account numbers and balances
- All information regarding assets (real estate, stocks, bond, etc)
- All information regarding life insurance policies
- Names and addresses of past two landlords, if applicable
- Names and addresses of two personal references (no relatives please)
- Names and addresses of three credit references
- Out of pocket medical expenses for the past 12 months (health insurance premiums, prescriptions, eyeglasses, dental, hearing aids, etc)
- Social Security card
- Driver's License or Photo ID card