PRESBYTERIAN
SENIOR LIVING
Silver Spring Gardens

Para una aplicación en español, llámenos al 717-591-1918 o #711

Thank you for your interest in Silver Spring Gardens. Please read these instructions entirely before submitting your application.

Completed applications may be returned by either:

1. Mail completed application to Silver Spring Gardens, 66 Ashburg Drive, Mechanicsburg, PA 17050.

2. Email completed application to alake@psl.org if you choose to email your application, you must also mail the original signed application to the address above. All applications must have an original ink signature.

3. Fax completed application to 717-791-9976. If you choose to fax your application, you must also mail the original signed application to the address above. We require all applications to have an original ink signature.

Once we receive your application, we will evaluate it to ensure that all questions are answered before accepting the application. If the application is incomplete and we cannot determine whether you meet the selection criteria to be placed on the waiting list, your application will be returned to you. We will NOT date and time stamp the application if it is not complete. Before submitting your application, please review your application and make sure that all questions are answered. If any of the following questions are not complete, we will not be able to accept your application:

☐ Did you print your Full Name, page2?

☐ Did you list Date of Birth (month/day/year) on page 2? If anyone in the household is not 62 or older, thisapplication will be rejected, as all household members must meet the age requirement.

☐ Did you list the amount of your current estimated Total Annual Income on page 3?

☐ Did you answer question #7, page 5, do you need accessible apartment features due to a mobility, hearing, vision impairment?

Please note that we accept applications during normal business hours only. Whether you mail, fax, or email your application to us, the date and time of your application receipt will be when staff reviews the application to determine whether you are eligible to be placed on the waiting list.

Thank you,

Management

PRESBYTERIAN SENIOR LIVING
HOUSING MANAGEMENT CORPORATION

For Internal Office Use Only

Date Received: _____ **App Received By:** _____

Time Received: _____

CONSUMER NOTICE FOR APPLICANTS
THIS IS NOT A CONTRACT

I, Alesia Lake, hereby state that with respect to Silver Spring Gardens, I am acting in the following capacity:

- ☐ Owner/Landlord of the Property; OR
- ☒ A direct employee of the Owner/Landlord; OR
- ☐ An agent of the Owner/Landlord pursuant to a property management or exclusive leasing agreement

I hereby acknowledge that I have received this Consumer Notice:

Consumer - Applicant	**Date**	**Consumer - Co-Applicant**	**Date**
_____	_____	_____	_____

I hereby certify that I have provided this Notice: _____ _____
Management Rep./Licensee Date

EQUAL HOUSING OPPORTUNITY

WAITING LIST APPLICATION

Community: Silver Spring Gardens, 66 Ashburg Drive, Mechanicsburg, PA 17050

Our community is designated as Housing for Older Persons. **All household members must be age 62 or older.**

Name: _____

How did you hear about us? _____

Desired Apartment Size
1st Choice ☐ 1BR ☐ 2BR
2nd Choice ☐ 1BR ☐ 2BR ☐ N/A
Note: If you do not meet the minimum income for a 2BR, you will not be placed on that waiting list.

TOBACCO-FREE AND SMOKE-FREE COMMUNITIES

All Presbyterian Senior Living communities are Tobacco-Free and Smoke-Free communities. The use of tobacco products is not permitted anywhere on the property; including the buildings, apartments, common areas, and exterior grounds. The term "smoking" means inhaling, exhaling, using, carrying, or disposing of any lighted cigar, cigarette, pipe, or similar lighted tobacco product in any manner or in any form. Tobacco products include, but are not limited to, cigars, cigarettes; pipe smoking, and all smokeless tobacco, such as snuff, chew, vaporless cigarettes, and dip.

By initialing here, I/we confirm that I/we understand and agree that all household members and guests will comply with the above policies. (*All Applicants Initial Here)* _____ _____ _____ _____

If you speak Limited English and need an interpreter, please contact the Management Office and one will be provided free of charge.

If you or a member of your household has a disability and requires a reasonable accommodation, you may request it at any time during the application process.
In order to comply with state and federal program regulations, we are required to ask the following questions. All information will remain confidential, except as necessary to prove that you qualify. Wherever possible, we are required to obtain third-party verification. Please be prepared to provide the names, addresses, and phone numbers of the parties that can verify the information requested.

HOUSEHOLD COMPOSITION

List the head of your household and all persons who will live in the household within the next twelve (12) months. Give the relationship of each person to the head of household. Proof of age will be required for all household members. A government-issued photo ID and social security card are required for each household member. Proof of age is required for all household members. Acceptable **age verifications** include, but are not limited to, (1) a valid Social Security Administration Benefit printout, (2) a Birth Certificate, (3) Military discharge papers, or (4) valid Government Issued Photo Identification. Ask the Community Manager about other acceptable forms.

FULL NAME	RELATIONSHIP TO HEAD	BIRTHDATE M/D/YR	SOC. SEC. OR ALIEN REG. #	TYPE OF PHOTO ID & ID #
	HEAD		XXX-XX-__ __ __ __	

APPLICANT INFORMATION

Applicant's Name	Home Phone	Cell/Work Phone	Email Address

RESIDENCY INFORMATION – *MUST PROVIDE 3 FULL YEARS' HISTORY – USE REVERSE SIDE IF NEEDED*

Present Street Address, City, State Zip	☐ Rent ☐ Own ☐ Other - Explain:	Length of Residency To	Monthly Payment/Rent $
Previous Street Address, City, State Zip *(If less than 3 years at above address – use reverse side if necessary.)*	☐ Rent ☐ Own ☐ Other - Explain:	Length of Residency To	Monthly Payment/Rent $

CO-APPLICANT INFORMATION ☐ Check here if N/A.

Co-Applicant's Name	Home Phone	Cell/Work Phone	Email Address

RESIDENCY INFORMATION – *MUST PROVIDE 3 FULL YEARS' HISTORY – USE REVERSE SIDE IF NEEDED*

Present Street Address, City, State Zip	☐ Rent ☐ Own ☐ Other - Explain:	Length of Residency to	Monthly Payment/Rent $
Previous Street Address, City, State Zip *(If less than 3 years at above address – use reverse side if necessary.)*	☐ Rent ☐ Own ☐ Other - Explain:	Length of Residency to	Monthly Payment/Rent $

Please attach extra sheet for each additional household member with contact & residency information.

1. Are any of your household members temporarily or permanently absent? ☐ No ☐ Yes

   If yes, please explain _____

2. Do you expect anyone else to move in within the next twelve (12) months? ☐ No ☐ Yes

   If yes, who? _____ When? _____

Does <u>anyone in your household</u> receive regular or periodic payments, including annual Required Minimum Distributions from the following? (Now, or expected within the next 12 months) Use additional pages if necessary.

INCOME (Check <u>All</u> That Apply)	Name:		Name:		TOTAL **MONTHLY** HOUSEHOLD INCOME **(BEFORE TAXES)**
1. ☐ Social Security ☐ Supplemental (SSI) ☐ Disability (SSDI)	☐ Yes	☐ No	☐ Yes	☐ No	**$**
2. Pension(s)	☐ Yes	☐ No	☐ Yes	☐ No	**$**
3. ☐ Regular and/or ☐ Special Armed Forces pay (*Including allowances for a member of the family*)	☐ Yes	☐ No	☐ Yes	☐ No	**$**
4. Veteran's Benefits	☐ Yes	☐ No	☐ Yes	☐ No	**$**
5. Employment: ☐ FT ☐ PT ☐ Seasonal	☐ Yes	☐ No	☐ Yes	☐ No	**$**
6. ☐ Commissions ☐ Fees ☐ Tips ☐ Bonuses	☐ Yes	☐ No	☐ Yes	☐ No	**$**
7. ☐ Self-employed ☐ own a business ☐ GIG employment	☐ Yes	☐ No	☐ Yes	☐ No	**$**
8. Work for someone who pays in cash	☐ Yes	☐ No	☐ Yes	☐ No	**$**
9. Unemployment Compensation	☐ Yes	☐ No	☐ Yes	☐ No	**$**
10. Severance Pay	☐ Yes	☐ No	☐ Yes	☐ No	**$**
11. Long-Term or Short-Term disability (not SSI if checked above)	☐ Yes	☐ No	☐ Yes	☐ No	**$**
12. Death Benefits (other than if included in Social Security above)	☐ Yes	☐ No	☐ Yes	☐ No	**$**
13. Cash Assistance ☐ SSP ☐ GA ☐ TANF (*MyCompass)*	☐ Yes	☐ No	☐ Yes	☐ No	**$**
14. ☐ Child Support ☐ Spousal Support ☐ Alimony	☐ Yes	☐ No	☐ Yes	☐ No	**$**
15. Student Financial Assistance or Grant(s) (*Public or private)*	☐ Yes	☐ No	☐ Yes	☐ No	**$**
16. Regular Distribution(s) *(including RMD)* from ☐ IRA ☐ 401K ☐ 403B ☐ Simple IRA ☐ Keogh	☐ Yes	☐ No	☐ Yes	☐ No	**$**
17. Regular Distribution(s) from ☐ Roth IRA ☐ Annuity ☐ TOD Account ☐ Brokerage Account ☐ Mutual Fund	☐ Yes	☐ No	☐ Yes	☐ No	**$**
18. Regular Distribution(s) from other Investment Acct(s)	☐ Yes	☐ No	☐ Yes	☐ No	**$**
19. Regular payments from a Settlement (*check type*) ☐ Legal ☐ Lottery ☐ Inheritance ☐ Other: _____	☐ Yes	☐ No	☐ Yes	☐ No	**$**
20. Trust(s) distribution(s)	☐ Yes	☐ No	☐ Yes	☐ No	**$**
21. ☐ Rental and/or ☐ Investment Property Income	☐ Yes	☐ No	☐ Yes	☐ No	**$**
22. Other:	☐ Yes	☐ No	☐ Yes	☐ No	**$**
*ESTIMATED TOTAL **YEARLY** INCOME (BEFORE TAXES ARE TAKEN OUT) - **AMOUNT REQUIRED***					**$**

3. Does any household member receive income from any other source? This includes anyone who will not be living with you paying any of your expenses and/or giving you money regularly. It also includes payments toward your rent or utilities or regularly buying household and/or personal items for you or any member of your household (*not including groceries*). ☐ No ☐ Yes

If yes, please explain: $ _____ received for_____ _____

Source of Income _____Phone _____

Address _____City _____ State _____ Zip _____

Does <u>anyone in your household</u> have any of the following assets? (Now, or expected within the next 12 months) Use additional pages if necessary.

Assets (Check all that apply)	**Total # of each type**	Name:		Name:	
1. Checking account		☐ Yes	☐ No	☐ Yes	☐ No
2. Savings account		☐ Yes	☐ No	☐ Yes	☐ No
3. ☐ Christmas Club or ☐ Vacation Club account		☐ Yes	☐ No	☐ Yes	☐ No
4. Money Market		☐ Yes	☐ No	☐ Yes	☐ No
5. Mutual Fund		☐ Yes	☐ No	☐ Yes	☐ No
6. Certificates of Deposit (CD's)		☐ Yes	☐ No	☐ Yes	☐ No
7. Annuity		☐ Yes	☐ No	☐ Yes	☐ No
8. Transfer on Death (TOD) Account		☐ Yes	☐ No	☐ Yes	☐ No
9. Brokerage account		☐ Yes	☐ No	☐ Yes	☐ No
10. Other Investment account(s)		☐ Yes	☐ No	☐ Yes	☐ No
11. Trust(s) under the control of the household		☐ Yes	☐ No	☐ Yes	☐ No
12. ☐ Stocks ☐ Bonds ☐ T-Bills		☐ Yes	☐ No	☐ Yes	☐ No
13. Savings Bonds		☐ Yes	☐ No	☐ Yes	☐ No
14. Life Insurance Policies		☐ Yes	☐ No	☐ Yes	☐ No
15. Burial plot(s)		☐ Yes	☐ No	☐ Yes	☐ No
16. Real Estate: ☐ Current home ☐ Rental property ☐ Vacant land ☐ Vacation home ☐ Farm		☐ Yes	☐ No	☐ Yes	☐ No
17. ☐ Promissory Note ☐ Mortgage or ☐ Deed of Trust (<u>Held by you</u> from the sale of your property to <u>someone else</u>.)		☐ Yes	☐ No	☐ Yes	☐ No
18. Personal Property held as an <u>Investment</u>: ☐ Coins ☐ Stamps ☐ Art/Gems ☐ Jewelry ☐ Collector Auto ☐ Other:		☐ Yes	☐ No	☐ Yes	☐ No
19. Cash or other Assets (not listed above) at home, held by another person or in a Safe Deposit Box: (Explain)		☐ Yes	☐ No	☐ Yes	☐ No
20. RV, ATV, Boat, Golf Cart and/or equipment/machinery not used to generate income for a business		☐ Yes	☐ No	☐ Yes	☐ No
21. ☐ Cash app ☐ Venmo ☐ PayPal ☐ Bitcoin ☐ Cryptocurrency					
22. Other:		☐ Yes	☐ No	☐ Yes	☐ No
ESTIMATED CASH VALUE OF ALL ASSETS – AMOUNT REQUIRED		**$**		**$**	
EST. ANNUAL INCOME (dividends or interest) FROM ASSETS		**$**		**$**	

4. Has any household member disposed of any asset(s) in the past 2 years for less than fair market value? This includes but is not limited to gifts or cash to family, religious and charitable organizations.
   ☐ No ☐ Yes If yes, please explain _____

5. Has any household member received any LUMP SUM payments in the last twenty-four months?
   ☐ Yes ☐ No

   If yes, select all that apply: ☐ Inheritance, ☐ Capital Gains, ☐ Settlements, ☐ Lottery Winnings, ☐ Pension or Annuity Disbursements, ☐ Cash from the sale of an asset (including but not limited to real estate), ☐ Fundraiser (eg. Go Fund Me) ☐ Other _____

   For each item above selected, list total amount(s) received, date received and how the funds were used: _____

We provide Reasonable Accommodations consideration for Persons with Disabilities.

6. Do you want to request special accommodations in the facilities (structural changes), policies (exceptions or waivers), or communications (language interpreter or sign language)? ☐ No ☐ Yes
   If yes, please describe the accommodation requested _____

7. Does any household member need an apartment with special design features? ☐ No ☐ Yes
   If yes, please check all that apply: ☐ Mobility ☐ Hearing ☐ Vision
   Other physical modifications (describe) _____
   If you checked any of the above, please explain exactly what you believe is required to accommodate your situation _____
   Name of the household member requiring the features identified above _____

8. Do you or any household member require the services of a live-in aide? ☐ No ☐ Yes

9. Are you or is any member of your household a victim of domestic violence, dating violence, sexual assault, and or stalking? ☐ No ☐ Yes

   If yes, please speak with Management about federal protections under VAWA.

10. Do you currently have or are you on a waiting list for a Section 8 Voucher, VASH, or other rental subsidy? ☐ No ☐ Yes
    If yes, please provide County and State where voucher was issued or you are on a waiting list _____

11. Has any household member ever been convicted of a felony crime? ☐ No ☐ Yes
    If yes, please explain the conviction and date(s) and occurrence _____
    _____

12. Has any household member ever been evicted for any reason? ☐ No ☐ Yes
    If yes, please provide details and date _____
    _____

13. Has any household member filed bankruptcy within the last three years? ☐ No ☐ Yes
    If yes, Status: ☐ Pending, Date Filed: _____ **Or**, ☐ Discharged, Date: _____

14. Is any household member enrolled in school now or within the last 6 months? ☐ No ☐ Yes

15. Will anyone become enrolled in school in the next 12 months? ☐ No ☐ Yes

If yes, name of household member and school _____

16. Has any household member ever lived in a community owned/managed by Presbyterian Senior Living?

☐ No ☐ Yes

If yes, Name of Community _____

The information is used for statistical reporting to the Department of Housing and Urban Development (HUD) and PHFA and is not used to determine eligibility for housing. Please provide the following information for the head of household.

RACE	
☐ **White**	☐ **American Indian/Alaska Native & White**
☐ **Black or African American**	☐ **Asian & White**
☐ **Asian**	☐ **Black/African American & White**
☐ **American Indian or Alaska Native**	☐ **American Indian/Alaska Native & Black/African American**
☐ **Native Hawaiian or Other Pacific Islander**	☐ **Other Multi-racial**
☐ **Decline to Report**	

ETHNICITY	GENDER
☐ **Hispanic or Latino**	☐ **Male**
☐ **Not Hispanic or Latino**	☐ **Female**
☐ **Decline to Report**	☐ **Decline to Report**

I/We understand that any intentional misrepresentation or failure to disclose required information will result in the rejection of my/our application and that I/we will not be permitted to re-apply for residency in the future. I/We understand that federal law and the IRS require me/us to give truthful, complete answers regarding my/our income and student status so the landlord can determine whether I/we qualify for housing at this community.

If I/we rent an apartment and it is discovered later that I/we provided false or incomplete information about my/our qualification, I/we will be subject to eviction.

All applicants and co-applicants initial below to acknowledge understanding of this statement:

_____ _____ _____ _____

I/We agree to provide documentation of all income and assets as required and further authorize disclosure of all information that will verify my/our income and assets. I/We hereby certify that I/We have reviewed and/or received a copy of the Resident Selection Plan for this apartment community and I/we understand that all applicants must be eligible for the IRS Section 42 Program or other funding programs associated with the community and qualify under the Resident Selection Plan.

I/We authorize Presbyterian Senior Living, its subsidiaries, and its agents to investigate my/our credit worthiness, income, assets, residency history, criminal history, financial histories, and employment through any investigation, credit bureau, housing reference, or other reasonable means. I/We have read this application and understand it.

I/We understand that if our address or phone number changes after submitting this application, it is my/our responsibility to contact the Community to update our new contact information. The Waiting List may be updated periodically to ensure that only interested applicants remain on the list. In this case, applicants will receive communication by mail asking them to update information and confirm continued interest in the community. If the community does not receive a response by the requested date or the communication is returned as undeliverable, the applicant will be removed from the Waiting List and will be notified in writing with an Applicant Rejection Notice.

THIS WAITING LIST APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT, OR LEASE.
ALL APPLICATIONS ARE SUBJECT TO APPROVAL.

It is our aim to ensure that this apartment community is a drug-free zone. The sale or use of illegal controlled substances will not be tolerated. Any unlawful possession or consumption of controlled substances will not be permitted. Therefore, by signing this application, all individuals involved acknowledge and agree to abide by this policy. Furthermore, all Applicants, Co-Applicants, and Household Members are required to sign below, confirming their understanding and compliance with the terms and conditions of the Waiting List Application.

By signing this application, I/we verify my/our support for this policy and I/We certify that all answers given in this Waiting List Application are true and complete to the best of my/our knowledge and belief. I/We authorize investigation of all statements contained in this Waiting List Application as may be necessary to qualify for housing under the IRS Section 42 or other funding program regulations.

All Applicants, Co-Applicants, and Other Adult Household Members must sign below.

Applicant Signature	Date
Co-Applicant Signature	Date
Other Adult Household Member Signature	Date
Other Adult Household Member Signature	Date

A complete, signed and dated application may be dropped off or mailed to:
Silver Spring Gardens, 66 Ashburg Drive, Mechanicsburg, PA 17050

WARNING: 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 use 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 willingly 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. 408 (a) (6), (7), and (8).