

RESIDENT SELECTION PLAN

Men's Residence

In order to promote a safe and supportive environment for Project Residents, the agent will utilize predefined criteria to base 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 is verified in writing based on approved forms and specified by PHFA.

The criteria are as follows:

1. Single, adult male.
2. Annual income of less than \$ 37,050
3. **Must provide valid photo ID and Social Security card upon application return** your application will not be processed without these
4. Applicant must be "homeless" defined by HUD as the following
 - a. Sleeping in a place not meant for human habitation such as a vehicle, parks, sidewalks, and abandoned buildings.
 - b. Sleeping in emergency shelters
5. You must fully complete this application and sign the Release of Information.
6. Must sign the tenant income certification (TIC) form.
7. Must submit to a random urine drug test.
8. Other criteria to be considered include:
 - a. Record of criminal and sex offender background based upon police and other reports. These reports are carefully weighed in the approval process but not necessarily cause for rejection.
 - b. Prior history as a Resident at the project and similar facilities in terms of cleanliness, behavior, adherence to house rules, and payment history where appropriate.
 - c. Permit the agent to verify any information stated on this application.

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

The Men's Residence also participates in the Protection of VAWA, The Violence Against Women Act (this includes male victims of domestic violence) and well as Protections on the Fair Housing Act.



CONSENT: I authorize and direct any business; individual; or Federal, state, or local agency, department, or organization to release to **YMCA Men's Residence** any information or materials needed to complete and verify my application for tenancy, my eligibility and continued eligibility for tenancy, and my certification and re-certification for assistance, if applicable. I understand and agree that this authorization or the information obtained with its use may be given to and used by any Federal, state, or local housing assistance agency and the owner and management agent in administering and enforcing program and owner and management agent rules and policies.

INFORMATION COVERED: I understand that, depending on program policies and requirements, previous or current information regarding me is required. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Employment, Income and Assets	Credit and Criminal Activity
Residences and Rental Activity	Medical or Child Care Allowances	Social Security Numbers
Sexual Offender Status	Criminal History	

GROUPS OR INDIVIDUALS THAT MAY BE ASKED TO RELEASE THE ABOVE INFORMATION (depending on program requirements) include but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers	
Veterans' Administration	Welfare Agencies	Banks and other Financial Institutions
Retirement Systems	Post Offices	Social Security Administration
State Unemployment Agencies	Schools and Colleges	Credit Providers and Credit Bureaus
Support and Alimony Providers	Utility Companies	Medical and Child Care Providers
Police Departments and Other Agencies Which Retain Criminal Background Histories and Sexual Offender Registries		

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or a Public Housing Authority (PHA) may conduct matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to be notified of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, state, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and state welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES:

Head of Household

(Print Name)

Date

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM MUST BE PREPARED AND SIGNED SEPARATELY.

CONSUMER NOTICE THIS IS NOT A CONTRACT

Paul Kraft hereby states that with respect to YMCA Men's Residence, I am acting in the following capacity:

**As Agent of the Owner/Landlord pursuant to a
property management agreement.**

Signatures:

I acknowledge that I have received this notice:

Applicant

Date

I certify that I have provided this notice:

Paul Kraft

Triangle Group Housing Coordinator

Date

RENTAL APPLICATION FOR MEN'S RESIDENCE



Please Complete this Application & Return to:
YMCA MEN'S RESIDENCE
310 W. Philadelphia St
York, PA 17401
(717) 854-7291

FOR OFFICE USE ONLY:
Date Received: _____
Time Received: _____
CSR: _____

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

Email: _____

(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
<p><u>Current Housing Status:</u> Provide the name, address, and phone number of all your landlords for the past 3 years.</p> <p>Current Landlord: _____ Phone: _____</p> <p>Address: _____</p> <p>Previous Landlord: _____ Phone: _____</p> <p>Address: _____</p> <p>Previous Landlord: _____ Phone: _____</p> <p>Address: _____</p>				
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.)		Years with last employer:	Business Phone ()	
ANNUAL INCOME				
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, 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, misdemeanors, summary offenses & felonies)

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 accommodation 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/we 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/we understand that to be considered for housing we must pass all resident selection criteria including a criminal background check, and income qualification. I / we understand that if information is missing (intentionally or not), incomplete, or falsely reported on this rental application I/we shall be immediately rejected for consideration of housing. I/we understand that this application gives YMCA permission to verify all the information included within the application and other information requested during the processing of the application. I/we 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

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 only head of household statistics 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