RENTAL APPLICATION
LIHTC
AFFORDABLE COMMUNITIES

Property Name: Orinoka Civic House
Address: 2771 Ruth Street
City, State, Zip: Philadelphia, P.A. 19134
Telephone #: 215-278-2615
Email: orinoka@mmsgroup.com
Website Address: www.multifamilymgt.com

Orinoka Civic House does not discriminate based on race, color, creed, religion, sex, national origin, ancestry, age, handicap or disability of any person, familial status, the use of a guide or support animal because of the physical handicap of the user or because the user is a handler or trainer of support or guide animals or because of the handicap or disability of an individual with whom the person is known to have a relationship or association.

Orinoka Civic House strictly adheres to these anti-discrimination laws and the Owner agrees that this property will be listed, shown, leased and managed in accordance with these laws.

INSTRUCTIONS FOR THE HEAD OF HOUSEHOLD

1. Please do the following while completing this application:

    - Complete all sections in ink (please print)
    - Please do not leave any section blank (including sections that do not apply to you). If a section asks for information you do not have currently available, you may write N/A for: not applicable or not available.
    - When making corrections (1) put one line through incorrect information (2) write the correct information (3) initial the change.

2. As head of household, you will complete this rental application form on behalf of your entire household. However, each Additional adult household member 18 years-of-age or old who is expected to live in the apartment must sign this rental Application.

3. False, incomplete or misleading information will cause your household's application to be declined.

4. As long as your active application is on file with us, it is your responsibility to contact us whenever your address, telephone number, or income situation changes and whenever you need to add a person to your application or remove a person from your application.

APPLICATION PROCESSING

1. All applications will be processed in accordance with the procedures outlined in the Community Resident Selection Criteria. A copy of the Resident Selection Criteria is available upon request; otherwise a copy is available for viewing in the management office.

2. A preliminary determination of your household's eligibility will be established after your application is accepted. If your household meets the preliminary eligibility requirements, your application will be placed on Our Community Waiting List. However, this does not guarantee that your household will be offered an apartment.

3. In the event you fail to respond to an application update request within the specified time frame, your application will be removed from the Community Waiting List and determined inactive. The

reactivation of applications may be granted if the household meets the exceptions outlined in the Community Resident Selection Criteria.

4. When management anticipates an expected vacancy, applicants with active applications on file will be contacted in order of date and time for an in person eligibility interview. All adult members of your household are required to attend the eligibility interview. In the event your household does not meet the final eligibility requirements your application will be declined.

5. Information from applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010. This information is needed in order for the owner to verify whether the applicant qualifies for the exemption from disclosing and providing verification of SSN.

Orinoka Civic House

Thank you for your interest in Orinoka Civic House.

We are a "Tax Credit" property. What does that mean to you? We are an "affordable property" but we are not a Section 8 property where your rent is 30% of your income. We are NOT subsidized.

Instead we have rents that are below the area market rents. In brief, the rent you pay is determined by your Household Income at the time you move into the property. After move-in your income does not have any effect on the rent. Your income can go up or down and your rent will not be affected.

Our occupancy standard is no more than 2 persons per bedroom (maximum 2 people - 1 bedroom; maximum 4 people - 2 bedroom)

We do perform credit, criminal and previous landlord checks.

These rent prices and eligible incomes are subject to change, are updated every year by PHFA, and are adjusted on occasion by the landlord.

Effective 6/1/2025

BR	AMI%	Rent	Maximum Household Income (Gross) 1 person household	2 person household
1 bedroom	20%	$306	$16,720	$19,120
1 bedroom	50%	$978	$41,800	$47,800
1 bedroom	60%	$1,202	$50,160	$57,360

BR	AMI%	Rent	Maximum Household Income (Gross) 1 person household	2 person household	3 person household	4 person household
2 bedroom	20%	$361	$16,720	$19,120	$21,500	$23,880
2 bedroom	50%	$1,167	$41,800	$47,800	$53,750	$59,700
2 bedroom	60%	$1,436	$50,160	$57,360	$64,500	$71,640

Note: Residents are responsible for paying gas and electric.

RENTAL APPLICATION
AFFORDABLE COMMUNITIES

CONTACT INFORMATION (CURRENT)

FIRST NAME HEAD OF HOUSEHOLD	LAST NAME HEAD OF HOUSEHOLD	MI	HOME PHONE NUMBER	CELL PHONE NUMBER	WORK/ MESSAGE NUMBER
CURRENT STREET ADDRESS			**CITY**	**STATE**	**ZIP CODE**
FIRST NAME CO-HEAD	**LAST NAME CO-HEAD**	**MI**	**HOME PHONE NUMBER**	**CELL PHONE NUMBER**	**WORK/ MESSAGE NUMBER**
CURRENT STREET ADDRESS			**CITY**	**STATE**	**ZIP CODE**

Household Composition

List all persons, including yourself, who are expected to reside in the unit. NOTE: The number to left indicates the "Family Member Number" and is the number requested in the remaining sections of this application. * Enter "E" for elderly or "D" for disabled.

Full Name	Relation-ship	Gender M/F/ Prefer not to disclose	Elderly/ Disabled	AGE	DOB	Social Security Number	Occupation	Student Status Y	N
1.	**Head of Household**								
2.									
3.									
4.									
5.									
6.									
7.									

Is any member of your household a member of the Armed Forces or Reserves? **[ ] Yes [ ] No**

Is any member of your household in the process of enlisting into the Armed Forces or Reserves? **[ ] Yes [ ] No**

Is there anyone not listed on your rental application living in your unit or residing in your household on a temporary basis? **[ ] Yes [ ] No**

If not, do you expect anyone to move-in on a regular or temporary basis in the future? **[ ] Yes [ ] No**

Is anyone member of your household fleeing from domestic violence? **[ ] Yes [ ] No**

PROGRAM ELIGIBILITY

Does any member of your household currently live in Federally Assisted Housing? **[ ] Yes [ ] No**

If yes, is the member or your household receiving subsidy assistance? **[ ] Yes [ ] No**

If yes, what is your current rent portion$_____, and what is the effective date of your most recent Annual Re-certification? _____

UNIT SIZE REQUESTED

Unit sized requested circle one **STUDIO 1 BEDROOM 2 BEDROOM 3 BEDROOM**
2ND CHOICE _____

Why are you requesting this unit size: _____

_____

Are there any special accommodations that your household will require (e.g., unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, grab bars etc.)

_____

_____

Will any of the above household members live anywhere except in the apartment? **[ ] Yes [ ] No**

If yes, where and why? (provide address) _____

_____

Are there any other persons who will live in the apartment on a less than full-time basis? **[ ] Yes [ ] No**

If yes, where and why? (provide address) _____

_____

WAITING LIST PRIORITY

Is your household displaced? **[ ] Yes [ ] No**

Definition:

Displaced Family	**A family in which each member, or whose sole member, is a person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to federal disaster relief laws [24 CFR 5.403]**
Displaced Person	**A person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to federal relief laws. [24CFR 5.403]**

MISCELLANEOUS

Do you own a pet? **[ ] Yes [ ] No** If yes: Cat___ Dog____ Other_____
If this property has a NO PETS POLICY, would you be willing to give up your pets(s) in order to reside here?
[ ] Yes [ ] No

How did you hear about our apartment community? [ ] newspaper; [ ] Internet search [ ] friend/family [ ]
[ ] Other—specify _____

EMERGENCY CONTACT

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER

STUDENT STATUS - HUD

Under Section 8 of the U.S. Housing Act of 1937 certain households with students are ineligible for occupancy at our community. We therefore require all applicants and residents upon certification/ re-certification, to answer the following questions regarding student status.

Exemption #1—The HUD student rule is only applicable to applicants applying to communities for which they are requesting Section 8 (subsidy) assistance.

Exemption #2—Students with disabilities that were receiving Section 8 (subsidy) assistance as of November 30, 2005 are exempt from the Student Status requirements under Section 8. However, students with disabilities receiving assistance as of December 1, 2005 are subject to the following Student Status requirements under the Section 8 program.

Answer questions below for all adult household members 18 years of age and older

1. How long have you and/or any other adult household members established a household separate from your/their parents or legal guardian? _____
2. Are you or any other adult household member a Full-time or Part-time student? **[ ] Yes [ ] No**
3. Are you or any other adult household member under the age of 24? **[ ] Yes [ ] No**
4. Are you or any other adult household member currently a student of an institution of higher education? **[ ] Yes [ ] No**
5. Are you or any other adult household member a veteran? **[ ] Yes [ ] No**
6. Are you or any other adult household member married? **[ ] Yes [ ] No**
7. Do you or any other adult household member have a dependent child(ren)? **[ ] Yes [ ] No**
8. Is one or both of your parents, or any other adult household member's parent(s) currently receiving Section 8 assistance? **[ ] Yes [ ] No**
9. Are you or any other adult household member claimed as a dependent by your/their Parent(s) or legal guardian pursuant to IRS regulations? **[ ] Yes [ ] No**

   If yes:

   Mother/Guardian Name _____

   Address_____**Phone**_____

   Father/Guardian Name_____

   Address_____**Phone**_____
10. **Please provide the name and address of the educational institution or agency that can confirm your current Student status:**

_____

Name of college/university Address Phone

STUDENT STATUS - LIHTC

Under Section 42 of the Internal Revenue Code certain households with students are ineligible for occupancy at our community. We therefore require all applicants and residents upon certification/ re-certification, to answer the following questions regarding student status.

IF YES, ANSWER THE FOLLOWING QUESTIONS:

1. Are any full-time student(s) married and filing a joint tax return? **[ ] Yes [ ] No**
2. Are any student(s) enrolled in a job-training program receiving assistance under The Job Training Partnership Act? **[ ] Yes [ ] No**
3. Are any full-time student(s) a TANF or a title IV recipient? **[ ] Yes [ ] No**
4. Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return and whose children are not dependents of anyone other than a parent? **[ ] Yes [ ] No**
5. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)? **[ ] Yes [ ] No**

RENTAL HISTORY

List landlord rental history for the past 2 years. History must include all places where you and/or any adult household member 18 years and older lives, lived, and places where you, and /or where other adult household members lived but did not appear on the lease. Also include places where you or other adult household members used a different name.
NOTE: Use the family member numbers from the HOUSEHOLD COMPOSITION TABLE. If you need more space, please use a blank sheet of paper.

- **If any household member has used a different name during residency of a current or prior landlord list names used:**

_____ _____

_____ _____

FAMILY MEMBER number	CURRENT/ PREVIOUS LANDLORD	ADDRESS	PHONE NUMBER	RENT	REASON FOR LEAVING	Dates Of Residency From	To

Out-of-state rental history:
List all out-of-state landlords and addresses where you, and/or any other adult (18 years of age or older) have resided or currently reside and places where you and/or other adult members did not appear on the lease. Also include places where your or other adult household members used a different name. NOTE: Indicate family member number from your household composition. If you need more space please use a blank sheet of paper.

FAMILY MEMBER NUMBER	CURRENT/PREVIOUS LANDLORD & ADDRESS	FAMILIES PREVIOUS ADDRESS	PHONE #	MONTHLY RENT	REASON FOR LEAVING	DATES OF RESIDENCY FROM	TO

INCOME:

EMPLOYMENT ONLY: List all full-time, part-time and/or seasonal employment for ALL household members including self-employed earnings. If you have income from "other sources" see next section.

Family Member #	Place Of Employment	Employment Address	Employer's Phone Number	Supervisor	Annual income (Yearly total)

INCOME FROM OTHER SOURCES:

List ALL income from sources other than employment for ALL household members. This includes but is not limited to public assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, alimony, child support, educational grants or scholarships etc.

Family member #	Source of income	Address of source of income /Contact Person and phone #	Estimate Of annual income

ASSETS:

CHECKING/SAVINGS ACCOUNTS AND DEBIT CARDS

Family Member #	Indicate Type Of account Checking/ Savings, Debit Card etc.	Account number	Bank Name	Bank Address	Current Balance	Current Rate Of interest

CASH ON HAND:

	Current Amount Cash on hand
Please indicate the amount of cash your household currently has on hand	$_____

ASSETS CONTINUED; STOCKS, BONDS, CREDIT UNION SHARES, CD'S, LIFE INSURANCE POLICIES SURRENDER VALUES ETC.

FAMILY MEMBER #	DESCRIPTION OF ASSET/ACCOUNT # (i.e. C.D. #0045609)	Current Value of Asset	Annual Income from asset

***If more space is needed, please list on separate sheet of paper and attach to this application**

ASSETS CONTINUED:
Do you have any life insurance policies that have a surrender value: [ ] Yes [ ] No
If so, what is the total surrender value of the policies? $_____

REAL ESTATE:

Do you now own real estate? [ ] Yes [ ] No

If yes, are you receiving any income from this property? [ ] Yes [ ] No
If yes, complete the following:

LOCATION OF PROPERTY (IES) **ANNUAL INCOME FROM PROPERTY (IES)**

_____ $_____

_____ $_____

Have you or any member of your household sold or given away any real estate property or any other assets in the past 2 years?
If yes, explain
_____

AUTOMOBILES AND OTHER VEHICLES:
List all motor vehicles, including motorcycles owned or registered to household members

Family Member #	Make & Model #	Year	License tag number	State	Color of vehicle

MEDICAL EXPENSES:

MEDICAL EXPENSES APPLY ONLY FOR HOUSEHOLD WHERE THE HEAD OF HOUSEHOLD, SPOUSE, OR CO-HEAD IS 62 YEARS OR OLDER, OR DISABLED.

List all applicable medical expenses including outstanding insurance premiums, prescriptions, co-payments, dental cost (not covered by insurance), payments to a provider for adult disability care, etc. (If more space is needed please list on a separate sheet and attach to this application.

Family Member Number	Description of expense	Paid to	Address	Cost per month
				$

MEDICAL EXPENSES CONTINUED:

ONLY ELDERLY AND/OR HOUSEHOLDS WITH PERSONS WITH DISABILITIES ONLY (HEAD, SPOUSE, OR CO-HEAD)

Please answer the following questions about yourself and all members of your household who will occupy unit.

1. Do you have Medicare? **[ ] Yes [ ] No**

   If yes, what is your monthly payment? $_____ If yes, what Medicare do you have? _____

   If yes, what is your annual deductible? $_____

2. Do you have any other kind of medical insurance? If yes, provide the following information:

   Policy #_____ Company name_____ Agents name_____

   Premium amount: $_____ per [ ] week [ ] month [ ] Other_____

3. Do you receive medical assistance through the Public Assistance Program? **[ ] Yes [ ] No**

   Do you have any outstanding medical bills on which you are currently paying? **[ ] Yes [ ] No**

4. Do you expect to have any medical expenses during the next 12 months? **[ ] Yes [ ] No**

   If yes, state the type and amounts of these medical expenses anticipated:

   _____ $_____ _____ $_____

   _____ $_____ _____ $_____

CHILD CARE/ ATTENDENT CARE EXPENSES
List all household members that require child or attendant care. Indicate out of pocket cost per month.

			[HOURS PER DAY]							
FAMILY MEMBER NUMBER	**AGE**	**PROVIDER'S ADDRESS & PHONE NUMBER**	**SUN**	**MON**	**TUES**	**WED**	**THU**	**FRI**	**SAT**	**COST PER MONTH**
										$
										$
										$
										$

Is the child or attendant care paid by an agency or individual other than an adult household member? [ ] Yes [ ] No

Is the child/attendant care paid out of pocket on a weekly basis or monthly basis? Circle one: Weekly Monthly

CRIMINAL SCREENING:

A CRIMINAL BACKGROUND CHECK WILL BE COMPLETED ON ALL ADULT MEMBERS OF THE APPLICANT'S FAMILY (18 YEARS AND OLDER). THE RESULTS OF THIS CHECK WILL BE THE BASIS FOR REJECTION IF ANY OF THE FOLLOWING IS FOUND:

Any household containing a member(s) who was evicted in the last 3 years from Federally Assisted Housing for drug-related criminal activity. There are 2 exceptions for this provision: (1) The evicted household member has successfully completed an approved, supervised drug rehabilitation program or (2) The circumstances leading to the eviction no longer exist (e.g. the household member no longer resides with the applicant's household). **These questions apply to all household members:**

CRIMINAL SCREENING QUESTIONS	YES	NO
(1) Are you or any members of your household currently using an illegal controlled substance?		
(2) Have you or any member of your household ever been convicted of a violent crime? If yes, please explain		
(3) Have you or any member of your household ever been convicted of possession usage, or distribution of a controlled illegal substance? If yes, please explain:		
(4) Have you or any member of your household ever been convicted of possession of an unregistered firearm or possession of an illegal weapon that can cause physical harm or emotional suffering by intimidation? If yes, please explain:		
(5) Have you or any other adult members ever used a name(s) or Social Security number(s) other than the one you are currently using? If yes, please explain:		
(6) Have you or any member of your household ever committed any fraud in a Federally-assisted housing program or been evicted from any Federally assisted housing development for drug related criminal activity? If yes, explain:		
(7) Have you or any member of your household ever been convicted of or pleaded guilty to a felony?		
(8) Have you or any member of your household ever been convicted of or pleaded guilty to a sexual offense AND/OR are you or any member subject to a lifetime registration requirement under a state sex offender registration program?		
(9) Do you or any member of your household abuse alcohol, or have a pattern of abuse of alcohol that would interfere with the health, safety, and/or right to peaceful enjoyment of the premises by the other residents?		

(10) If the answer to question 9 above is yes, is the household member currently enrolled in or has completed an approved supervised alcohol rehabilitation program?		
(11) Are you or any member of your household currently engaged in any form of criminal activity (including drug related criminal activity) that would threaten the health, safety or right to peaceful enjoyment of the premises by other residents and their guests?		
(12) Have you or any member of your household ever engaged in criminal activity that would threaten the health or safety of other residents, the owner or any employee, contractor, subcontractor or agent of the owner who is involved in the housing operations?		
(13) Have you or any member of your household ever lived in any other state? If yes, which members and which states did you or other members reside in?		
(14) **Have you or any member of your household ever been convicted or plead guilty to "no contest" to any felony? If yes to any of the above questions, please explain providing location, date and nature of the offense:** **Location Date Nature of offense** _____ ____ _____ _____ ____ _____		

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 42 U.S.C. 208(f) (g) and (h). Violation of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

(1) We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete management may decline our application or, if move-in has occurred; terminate our rental agreement.

(2) We authorize **Property Name** to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental, credit screening services or criminal screening services and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State or local agencies.

(3) If our application is approved and move-in occurs we certify that only those persons listed in this application will occupy the apartment , that they will maintain no other place of residence and that there are no other persons for whom we have or expect to have responsibility to provide housing.

(4) We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income and household composition.

(5) We have read and understand the information in this application, in particular, the information contained in the Instructions for Head of Household; and we agree to comply with such information.

(6) We have been notified that the Resident Selection Criteria which summarizes the procedures for processing applications are posted in the management office.

(7) We understand that if this application is placed on a waiting list, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein including specifically all conditions regarding pets, damages, and security deposits.

(8) We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15 U.S. C. Section 1681a (d); seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

FAIR CREDIT REPORTING ACT
THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES— SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIREY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, INCOME AND CREDIT BACKGROUND AS WELL AS POLICE RECORDS. ALL INFORMATION YOU OR OTHERS GIVES US WILL BE HELD IN STRICT CONFIDENCE.

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, CREED, AGE, SEX, HANDICAP, OR FAMLIAL STATUS.

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE OWNER/MANAGER TO VERIFY THIS INFORMATION THROUGH ANY SOURCE DEEMED APPROPRIATE. ANY FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR REJECTIONS OF YOUR APPLICATION.

I/WE HAVE READ AND UNDERSTAND THE ABOVE:

DATE	APPLICANT'S NAME (PRINT)	APPLICANT'S SIGNATURE
DATE	APPLICANT'S NAME (PRINT)	APPLICANT'S SIGNATURE
DATE	APPLICANT'S NAME (PRINT)	APPLICANT'S SIGNATURE
DATE	APPLICANT'S NAME (PRINT)	APPLICANT'S SIGNATURE

HOUSEHOLD COMPOSITION:

The Department of Housing and Urban Development requires that, for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants & residents. You are not required to answer the questions below, nor does your answer affect your position on our waiting list or your eligibility for housing. As this time we are requesting this information for the head of household only. However, at the time of the eligibility interview (if applicable) this information will be requested for each household member.

Ethnic Categories (Head of Household only)	**Select One**
Hispanic or Latino	
Non-Hispanic or Latino	
Racial Categories	**Select all that apply**
American Indian or Alaska Native	
Asian	
Black or African American	
White	
Other	

IMMIGRATION STATUS
CHECK THE STATUS THAT APPLIES FOR EACH FAMILY MEMBER

FAMILY MEMBER NUMBER	FAMILY MEMBER NAME	Check here If a citizen or national of the U.S.	Check here if a non-citizen with eligible immigration status	Check here if the family member has other form of status and explain:
HOH		___	___	___
		___	___	___
		___	___	___
		___	___	___
		___	___	___
		___	___	___
		___	___	___
		___	___	___
		___	___	___