

For use by Multifamily Management of Philadelphia, LLC



Date: _____

Time: _____

I.D. #: _____

Reviewed by: _____

Orinoka Civic House - Housing Program Application

Each application received will be recorded. Since many families/elderly/disabled need housing, this development will not be able to accommodate all who are eligible. As applicants are nearing the top of the waiting list, they will be called in for an interview to verify eligibility.

All applications may be sent by mail to the below address or emailed to mlcruz@multifamilymgt.com. (Do not send by registered or certified mail)

**Orinoka Civic House
2771-2777 Ruth St,
Philadelphia, PA 19134**

NO PAYMENT OR FEE SHOULD BE GIVEN TO ANYONE IN CONNECTION WITH THE PREPARATION, FILING OR PROCESSING OF THIS APPLICATION. COPIES OF THIS APPLICATION WILL NOT BE ACCEPTED.

This information to be filled out by the applicant who will be head of household:

Last Name: _____ **First name:** _____ **Middle initial:** ___

Address: _____ **apt. No.** _____

City: _____ **State:** _____ **Zip:** _____

Home Phone No.: _____ **Cell/work No.:** _____

Are there any special accommodations that the household will require? (unit for mobility impaired, grab bars, live- in aide, etc.) _____



FAMILY COMPOSITION

How many persons are in your household? _____

How many bedrooms are you applying for? _____

LIST ALL PERSONS, INCLUDING YOURSELF, WHO WILL LIVE WITH YOU IN THIS DEVELOPMENT:

FULL NAME	RELATIONSHIP	DATE OF BIRTH	SEX: M/F	AGE	SOCIAL SECURITY NO.
	HEAD OF HOUSEHOLD				

INCOME

LIST ALL FULL AND/OR PART-TIME EMPLOYMENT FOR ALL HOUSEHOLD MEMBERS. INCLUDE SELF EMPLOYED EARNINGS.

HOUSEHOLD MEMBER	NAME & ADDRESS OF EMPLOYMENT	GROSS EARNINGS	
		\$	PER
		\$	PER
		\$	PER

OTHER SOURCES OF INCOME: (EXAMPLES, WELFARE, SOCIAL SECURITY, SSI PENSIONS, DISABILITY COMPENSATION, UNEMPLOYMENT COMPENSATION, INTEREST, BABY SITTING, CARETAKING, ALIMONY, CHILD SUPPORT, ANNUITIES, DIVIDENDS, INCOME FROM RENTAL PROPERTY, ARMED FORCES RESERVES, SCHOLARSHIPS AND/OR GRANTS, ETC.)

HOUSEHOLD MEMBER	TYPE OF INCOME	GROSS EARNINGS	
		\$	PER
		\$	PER
		\$	PER

Are you a US Citizen? Yes _____ No _____.

If no, what is your Alien Registration _____.



Current Landlord

Landlords Name: _____.

Address: _____.

Telephone: _____.

How long have you lived at this address? _____.

Current Rent (per month): _____.

Are you responsible for utilities? Yes No If yes, which ones? Gas Electric Water

Current Assets:

Accounts	Bank's Name	Account No.	Current Amount
Checking			
Savings			
Other Accounts			

Stocks and bonds: \$ _____ (Value)

Do you now own Real Estate? Yes _____ No _____.

If "yes", what is the value? \$ _____.

Other current assets:

	Type	Value
1		
2		
3		

Assets recently disposed of:

Has any family member disposed of any assets for less than fair market value during the past two years?

Yes _____ No _____



If “yes”, provide the following information:

Asset	Market Value at Time of Disposition	Date of Disposition

Are you or any household member attending an institution of higher education?

Yes _____ No _____

Program Information

How did you hear about this Development:

Sign posted on building _____ Newspaper _____ Local organization or church
Friend or Family _____ Other _____.

I declare that the statements contained in this application are true and complete to the best of my knowledge. WARNING: Willful false statements or misrepresentation are a criminal offense under section 1001 of Title 18 of the U.S. Code.

Signature _____ Date _____.

Please do not return more than one application per family. If more than one application is received, it will be disqualified.



Orinoka Civic House does not discriminate on the basis of the disabled status in the admission or access to, or treatment or employment in its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development’s regulations implementing Section 504 (24CFR Part 8 dated June 2, 1988) Claire Kotchmar (845) 368-2400 ext 311