

Thank you for your interest in housing with Inglis Housing Corporation. The following is a preliminary application packet. Inglis Housing Corporation provides housing for low to moderate income people and has many apartments with accessible features.

In order to be placed on the waiting list, please complete the attached preliminary application and select the communities you are interested in. Applicants must be 18 years of age and older. A completed application must include date of birth and social security numbers for all household members and applicants 18 years of age and older must sign.

Incomplete applications will not be added to the waiting list.

The waiting list is updated annually. Update letters are only sent to the address on file. Please keep us up to date on your address and phone number.

Attached is a list of our communities. Each community is unique and has different requirements. Please review the description of each community to determine if it meets your needs. Below is an explanation of the housing programs for the communities we manage:

- Subsidized means the rent would be based on your income.
- LIHTC means Low Income Housing Tax Credit. Rent is a fixed amount and applicants must show an ability to pay the fixed rent.
- HCV means the housing choice voucher is accepted

Return the documents to 2566 Belmont Avenue Philadelphia PA 19131.

For questions or assistance completing the application please call 215-581-0712.



Please select which communities you are interested in applying for and return with the attached preliminary application to 2566 Belmont Avenue Philadelphia, PA 19131.

For questions or assistance completing the application please call 215-581-0712.

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- Morris Klein Apartments:** 2610 Belmont Ave. Philadelphia PA 19131  
Studio, 1 and 2 bedroom apartments - Subsidized & HCV
  
- Inglis Apartments at Elmwood:** 6200 Eastwick Ave. Philadelphia PA 19153  
1 and 3 bedroom apartments - Subsidized & LIHTC & HCV
  
- Mission Green:** 70 Shady Lane Jenkintown, PA 19046  
1 and 2 bedroom apartments - LIHTC & HCV  
*Must be 55+ years of age and older to apply*
  
- Inglis Gardens at Belmont I and II:** 2560 and 2564 Belmont Ave. Philadelphia, PA 19131  
1 bedroom – Subsidized & requires referral from nursing home  
2 & 3 bedroom apartments – LIHTC & HCV
  
- Inglis Methodist Gardens:** 4161 Edgley Ave. Philadelphia, PA 19131  
1 and 2 bedroom apartments – Subsidized  
*Must require need of accessible apartment or have a referral*

*The following communities are specifically for persons with a disability:*

- Inglis Gardens at Eastwick I and II:** 8000 Lyons Ave. Philadelphia PA 19131  
1 and 2 bedroom apartments – Subsidized
  
- Inglis Gardens at Evesham:** 304 N. Elmwood Rd. Evesham, NJ 08053  
1 bedroom apartments - Subsidized
  
- Inglis Gardens at Washington Lane:** 1200 East Washington Lane Philadelphia PA 19138  
1 and 2 bedroom apartments – Subsidized
  
- Inglis Gardens at Germantown:** 334 East Walnut Lane Philadelphia PA 19138  
1 and 2 bedroom apartments – Subsidized





Ability &  
Independence.  
Redefined.  
inglis.org

Date Received:
Time Received:

## Preliminary Application for Housing

Please complete this form in its entirety. The waiting list is updated annually, please keep us informed of your current address and phone number. All household members 18 years of age and older must sign the completed application. **INCOMPLETE APPLICATIONS WILL NOT BE ADDED TO THE WAITING LIST.**

HOUSEHOLD MEMBER NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY NUMBER
	HEAD		

ADDRESS		PHONE NUMBER	
Street		Main	
City, State		Alternative	

What is your total monthly income from all sources and including income for all household members?	
Sources of income can include: Employment, Social Security, SSI, Unemployment, TANF	
Do you have any assets?	No / Yes
If yes, please list types:	
Assets include checking or savings accounts, real estate, retirement accounts	



Number of Bedrooms Required?	Studio 1 2 3
Do you anticipate anyone else residing with you in the next 12 months?	No / Yes
Do you currently receive housing assistance from another program?	No / Yes If yes select one: Section 8, Housing Choice Voucher or Other:
Do you currently reside in a nursing home?	No / Yes
Are you a veteran of the armed forces?	No / Yes
Are you or any member of your household required to register as a sex offender?	No / Yes
Do you consider yourself homeless*?	No / Yes
*Homeless: lacks a fixed, regular, and adequate nighttime residence, and if they sleep/transitional housing in a shelter designated for temporary living accommodations or in places not designated for human habitation. A person in jeopardy of losing permanent residence.	
Are you or any member of your household a full-time student?	No / Yes If yes, list who? _____
Do you require the features of an accessible apartment?	No / Yes

I/We, the undersigned, state that I/We have read and answered fully and truthfully each of the preceding questions for all members of the Household who are to occupy the unit and all of whom are listed above. I/We understand that providing false information or making false statements may be grounds for denial of my/our application and may subject me/us to criminal penalties.

I/We further understand that as part of the application process my/our credit, criminal and sexual offender reports will be obtained and that I/we will be required to authorize verification of my/our income and assets. I/we understand that all the above information must be obtained in order to establish my eligibility for the Housing Program.

Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	

**PENALTIES FOR MISUSING THIS CONSENT:**

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. An owner may be subject to penalties for unauthorized disclosures or improper uses 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 willfully 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 head office or employee of the owner responsible for the unauthorized disclosure or improper use.



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

<b>Signature of Applicant</b>	<b>Date</b>

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.