

B'nai B'rith Apartments

1616-1622 W. Liberty St.
Allentown, PA 18102-2049

www.abbhc.com



(610) 821-0207

Fax (610) 821-1106

TTY/DD 1-800-654-5984 or 711

(via PA Telecommunications Relay Center)



ELIGIBILITY GUIDELINES INCLUDE THE FOLLOWING:

- * Apartments will be available to all eligible applicants without regard to race, religion, color, sex, familial status, national origin, age or handicap, or any other protected class in accordance with Federal, State and local laws including sexual orientation, gender identity or marital status.
- * Individual applicants must be 62 years of age or older. If a couple applies, one of them must be 62 or older. Persons with a disability will only be eligible if they have a mobility impairment which requires the special design of an accessible apartment and are at least 18 years of age or older.
- * Tenants must be capable of living in an independent manner in accordance with the terms of the lease. There is no nursing, medical or attendant care provided by the B'nai B'rith Apartments.
- * Eligible tenants must meet the current HUD income limits, all applicable HUD guidelines and the Tenant Selection criteria as established by the B'nai B'rith Apartments.

Current HUD Income Limits as of April 1, 2024. Tenants income from all sources must be less than the published limits.

Extremely Low Income	1 person – \$20,650	Extremely Low Income	2 persons – \$23,600
Very Low Income	1 person – \$34,450	Very Low Income	2 persons – \$39,350
Low Income	1 person – \$55,100	Low Income	2 persons – \$62,950

- * **Rents are based on 30% of the household's adjusted gross income from all sources.**

All one bedroom apartments with living room, kitchen and bath. Living room and bedroom are carpeted. There is ample closet space.

Self defrosting refrigerators.

Grab bars in bathtubs for safety.
All apartments have walk-in bathtubs with doors.

Individually controlled heat and air conditioning in every apartment.

Each apartment is protected by a centrally located smoke detector and sprinklers in every room.

Special apartments designed to accommodate persons with a mobility impairment.

Telephone entry system for convenience.

Clean, conveniently located 24-hour laundry rooms.

Bright, spacious year-round enclosed porch.
Various outdoor picnic and seating areas.
Comfortable, nicely furnished lobbies.

Library areas with fiction and non-fiction books.

Computer Learning Center offering computer classes and Internet access.

Free Wi-Fi throughout the buildings for use in every apartment.

Various exercise classes and Fitness Center with personal instructor available.

Religious services, social events, informative programming and various entertainment.

Close to farmers market, restaurants, specialty shops, pharmacies, doctors and hospital.

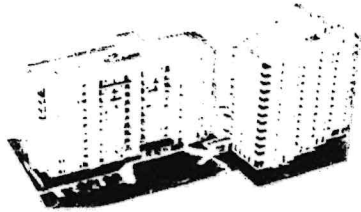
Bus service available nearby.

Hot lunch program sponsored by the Lehigh County Aging & Adult Services several days a week.

Active Tenants' Organization offering many opportunities for entertainment and socialization.

100 % Smoke free buildings

Allentown B'nai B'rith Housing Corporation



1616 Liberty Street, Allentown, PA 18102-2049

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E-mail: abbhc@abbhc.com

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TTY/TB "via PA Telecommunications Relay Service"



Application for Housing – B'nai B'rith Apartments of Allentown, PA

Thank you for your interest in the B'nai B'rith Apartments! Enclosed please find an application and additional information that **must all be completed in full.**

PLEASE NOTE: You must be eligible to apply. The rules of the U.S. Department of Housing and Urban Development (HUD) Section 202/8 subsidy program are that you are only eligible if you qualify in one of the following categories:

1. 62 years of age or older. (at least one applicant)
2. 18 years of age or older AND have a mobility impairment that **requires** the special features of a wheelchair accessible apartment.

Unfortunately, applications from people who do not qualify under either of the two categories listed above cannot be placed on the waiting list.

The Allentown B'nai B'rith Housing Corporation will not discriminate in its selection of tenants because of race, religion, color, sex, familial status, national origin, age, or handicap, or any other protected class in accordance with Federal, State and local laws including sexual orientation, gender identity or marital status.

Answering questions concerning handicap or disability status is optional, however **without this information we may not be able to determine if you are eligible within the program requirements.**

The B'nai B'rith Apartments **does not** provide any type of assisted living, nursing services, personal care or personal supervision. Tenants must be capable of fulfilling the lease requirements by themselves or make their own arrangements for assistance to do so. This includes following all of the rules and guidelines, responding to notices that are sent on an as needed basis, maintaining their apartment by reporting repairs that are needed and keeping it in a clean and orderly manner and participating in the annual recertification process where they present their income, assets and expenses.

This is a preliminary application and it is not a guarantee that you will be offered an apartment. After we receive a **completed** application from you, we will make an initial determination of eligibility and your application will be placed on the waiting list. You will be notified of your position on the waiting list and the appropriate income bracket in writing.

We are required by HUD to group our waiting list into three different income brackets which are Extremely Low, Very Low and Low. Per HUD rules, 40% of the applicants who we accept each year must come from the Extremely Low Income category. **The current income limits for each of these groups can be found in the accompanying brochure or on our website at www.abbhc.com**

Placement on the waiting list does not guarantee acceptance. Final approval of an application will not be made until the application has moved to the top of the waiting list and the applicant(s) have gone through the entire screening process including credit, criminal and sexual offender checks, landlord history and has participated in a personal interview with proof of income and assets.

All applicants must qualify both under HUD rules and the requirements in our Tenant Selection Plan. If further processing determines that the applicant(s) are not eligible or do not meet the screening criteria in our Tenant Selection Plan, your application for housing will be rejected.

The Tenant Selection Plan which we use to screen ALL applicants is available for review by applicants in our Management Office upon request. Some of the main areas of the Tenant Selection Plan that may cause applicants to be rejected **include but are not limited to the following:**

- Income exceeds HUD allowable income limits
- Not eligible under age guidelines
- Unacceptable credit history
- Unacceptable landlord reference
- Poor housekeeping
- Violent criminal activity
- Drug related criminal activity
- Other criminal activity that would threaten or interfere with the other tenants health, safety or right to quiet enjoyment or would interfere in any way with management.

All applicants will be sent an update at least annually which they must return if they wish to remain on the waiting list. Failure to return this update will result in their application being removed from the list. **Applicants are responsible for notifying the Management office, in writing, if they have a change of address.** If we are unable to contact you because you have moved and have not notified us, it will result in your application being removed from the waiting list.

- ❖ **APPLICANTS ARE RESPONSIBLE FOR NOTIFYING THE RENTAL OFFICE IMMEDIATELY IF THEY HAVE A SIGNIFICANT CHANGE IN THEIR INCOME. FAILURE TO DO SO COULD AFFECT THEIR FINAL ELIGIBILITY AT THEIR INTERVIEW BECAUSE IT MAY PLACE THEM IN A DIFFERENT INCOME GROUP.**
- ❖ **Prior to being offered an apartment, all applicants must complete a certification regarding any presence of bedbugs at their current residence and must agree to allow their current residence to be inspected for bedbugs prior to moving into our buildings.**

❖ **PLEASE NOTE: THE B'NAI B'RITH APARTMENTS ARE 100% SMOKE FREE. THERE IS NO SMOKING ALLOWED IN THE APARTMENTS, ANYWHERE IN THE BUILDINGS OR WITHIN 50 FEET OF ANY DOOR OR WINDOW. VIOLATORS ARE SUBJECT TO IMMEDIATE EVICTION.**

Enclosed with this letter, you should have the following items that must be completed and returned to us.

1. **Application - Pages 1 – 12**
2. **Applicant Consent for Credit and Criminal Reports and Applicant Acknowledgement of Smoke Free Policy.** *(All applicants must sign – If two applicants both must sign)*
3. **Criminal & Sex Offender Background Information Form.** *(Each applicant must complete and sign a form)*
4. **Supplement to Application for Federally Assisted Housing.** *(One form for each applicant. Completion of this form is voluntary however every applicant **MUST** fill in their information under Applicant Name and sign and date the form. You can provide the requested contact information OR check off the box above the applicants that says “you choose not to provide the contact information”)*
5. **Race and Ethnic Data Reporting Form** *(If there are two applicants, each applicant must complete a separate form. Check off at least one each in the Ethnic and Racial Categories. Completion of this form is voluntary however **all applicants must sign and date the form.**)*

The following documents are for your reference and do not need to be returned to us.

6. "Applying for HUD Housing Assistance" flyer from HUD.
7. A brochure that provides the eligibility guidelines and some information about the B'nai B'rith Apartments.
8. A letter explaining the various income brackets with the latest published HUD income limits.
10. A notice to all applicants on the waiting list regarding the No-Smoking policy.
11. Parking Advisory Notice.

If your packet does not have all of the above, please contact our office for the missing item.

This application must be filled out **completely, accurately and honestly**. Be sure to answer each section of the application properly. **Do not leave any areas blank**. Where there are Yes or No answers related to income and assets, be sure to address each line item. Check Yes or No for each one. Failure to answer each question will result in your application being returned. Applications are not placed on the waiting list until we have an application that is 100% complete.

When the application is completed, return it to the following address:

**B'nai B'rith Apartments
1616 Liberty Street
Allentown, PA 18102-2049**

**Applications must be returned to the above address either in person or by mail.
Applications returned by fax or email will not be accepted.
We must have original signatures.**

If you are returning the application by mail in the envelope provided, **the postage cost is approximately \$1.50**. Proper postage will ensure the prompt return of your application to us.

All applications will be processed in a chronological order based on the date and time the **completed** application and all attachments are received in our office. Due to HUD regulations requiring us to admit at least 40% of the applicants who fall into the Extremely Low income bracket each year, applicants are selected from each applicable list in an alternating order to fill vacancies. Applicants who fall into the Extremely Low Income bracket and the Very Low Income bracket are eligible for both B'nai B'rith House and B'nai B'rith West. Applicants who fall into the Low Income bracket are only eligible for B'nai B'rith House and as a result have a much longer time on the list.

Although we are unable to fill out your application for you, please feel free to call us or stop into the office with any questions you might have. **The office telephone is (610) 821-0207.**

Our office is open Monday through Friday between the hours of 8:00 am - 12:00 noon and 1:00 pm to 4:00 pm. If you are unable to find assistance completing the application from a family member, friend, or neighbor, please feel free to call our office and we may be able to assist you in contacting one of the local social service agencies to help you.

Unfortunately, we do not have any sample units to show to applicants. There are about 8 different floor plans between the two buildings and we would have no way of knowing which apartment you might be offered. The only time we are able to show a prospective applicant an apartment is when they are being considered for a future vacancy, and at that time they will be shown an apartment identical to the one they would be offered.

Please feel free to visit our website, www.abbhc.com for additional information and to view typical floor plans and apartment photos.

Each applicant will receive a letter within 30 days after receipt of their forms advising them that we have received their application and their position on the applicable waiting list.
If you have not received a letter from us by that time, please contact the office.

Once again, thank you for your interest in the B'nai B'rith Apartments!

OFFICE USE ONLY

Date / Time Application Received _____ Extremely Low Income _____
 File # _____ Very Low Income _____
 Low Income _____



**APPLICATION FOR HOUSING
 B'NAI B'RITH APARTMENTS OF ALLENTOWN, PA**

******* PLEASE COMPLETE THIS APPLICATION AS ACCURATELY AS POSSIBLE.
ANSWER YES OR NO TO EVERY QUESTION!
 ALL INFORMATION IS SUBJECT TO VERIFICATION.**

**Be sure to complete and sign and date the application and attachments.
 DO NOT LEAVE ANY SECTIONS BLANK!**

APPLICATIONS THAT ARE NOT 100% COMPLETE WILL BE RETURNED.

****** NOTE: THIS IS A 100% SMOKE FREE BUILDING. SMOKING IS ONLY ALLOWED IN
 DESIGNATED EXTERIOR AREAS ON THE PROPERTY. VIOLATORS ARE SUBJECT TO EVICTION!**

NOTE: YOU MUST ANSWER YES OR NO TO EACH OF THE QUESTIONS BELOW!

To comply with Federal Executive Order #13166, management will make reasonable attempts to improve the access of persons with Limited English Proficiency (LEP). While we cannot guarantee the following request, management will take affirmative steps to communicate the provided information and services. Do you require the services of an interpreter or materials translated into another language other than English, as available for persons with Limited English Proficiency (LEP)?

Yes No

If you answered Yes to the above question, please list the language and services requested: _____

Due to a disability, do you need assistance to **fill out this application?** (We can provide a reasonable accommodation that will assist you with this application upon request to meet the requirements of the application process and/or potential tenancy.)

Yes No

If yes, please list the request: _____

LIST THE NAME OF EACH PERSON(S) WHO WOULD BE LIVING IN THE APARTMENT

Family Member #	Last Name	First Name	Middle Initial	Birth Date	Sex **	Social Security Number (Required)
1						
2						

** Completion of this column is voluntary

CURRENT ADDRESS

 Street Apt. #

 City State Zip Code

Home Phone Number (____) _____ Cell Phone (____) _____

Email address: _____

How long have you lived at your current address? _____ Are you an: OWNER? ____ RENTER? ____

RENTERS

Are you currently living in an apartment where the amount of rent that you pay is subsidized (based on a percentage of your income and reviewed annually)?

Yes No

What is your current rent? _____

Why do you wish to move from your present location?

LIVE IN ATTENDANT

Do you require the assistance of a live-in care attendant? Yes No
(This information will need to be verified by your doctor prior to being offered an apartment)

IMPORTANT: If you answered Yes to needing a Live In attendant, please provide their name, address and Social Security number so that we can do a screening through the EIV system and background check _____

PLEASE NOTE: Local city ordinances limit occupancy of a 1 bedroom apartment to 2 persons

******* The following information is optional however without it, we may not be able to determine if you are eligible for this program and your application may be rejected. *******

Do either of the applicants have a mobility impairment that requires the special design features of a wheelchair accessible apartment? (Special features of a wheelchair accessible apartment include a wheel in shower, wheel under stove, wheel under sink, etc.) Yes No

If you answered YES to the above, please describe the accessibility features required:

PLEASE NOTE: This information will have to be verified by a medical professional prior to occupancy!

PLEASE LIST BELOW ANY ADDRESSES WHERE YOU LIVED, INCLUDING YOUR CURRENT ADDRESS **IN THE LAST 10 YEARS.** **YOU MUST HAVE 10 COMPLETE YEARS OF HOUSING HISTORY AND THIS INFORMATION WILL NEED TO BE VERIFIED!**

If you need more space, use the back of this sheet.

Street	City	State	Number of years	LANDLORDS NAME & ADDRESS REQUIRED

Repayment Agreement with other HUD buildings

❖ Is anyone in the household currently in a repayment agreement with HUD or a HUD funded property? Yes No

(If you answered Yes to the above, please provide the name of the property, the total amount owed, the monthly payment amount, the date the repayment agreement started and the current balance still owed. (Use the back of this sheet if more space is needed.)

FOR DATA COLLECTION

❖ Is either household member a U.S. Veteran? Yes No

(If you answered Yes, please list the household member(s) that are Veterans) _____

❖ Is either member of the household fleeing a Federal or Presidential Disaster and therefore seeking temporary housing? Yes No

(If you answered Yes, please describe the situation AND provide a copy of your FEMA letter.)

❖ Were you 62 years of age or older before January 31, 2010 Yes No

❖ Are you currently receiving rent subsidy or did you previously receive a rent subsidy? Yes No

(If you answered Yes to receiving subsidy, please list the name of the building(s), the address and the dates during which you received subsidy.)

BACKGROUND INFORMATION

THE FOLLOWING QUESTIONS PERTAIN TO EVERY MEMBER OF THE HOUSEHOLD WHO WILL OCCUPY THE UNIT, AND **MUST BE ANSWERED YES OR NO.**

If you answer YES to any of the following questions, please use the back of this sheet to provide a further explanation to your answer.

Has your housing assistance ever been terminated for fraud, non-payment of rent or utilities, failure to cooperate with recertification procedures, for drug-related criminal activity or for any other reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have either of the applicants ever been evicted from any rental property for criminal activity, acts of violence, threats of violence, harassment, illegal drug activity or other violations of the lease including non-payment of rent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been convicted or adjudicated of a felony or other criminal activity, including violation of the Controlled Substance Act, within past 10 years? This would also include harassment, sexual assault, drug abuse, and other crimes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any member of your household subject to a lifetime registration under a sex offender registration program in any State or territory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any member of your household have a pattern of alcohol abuse that would interfere with the health, safety or right to peaceful enjoyment of the premises by others?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any member of your household currently involved in illegal drug use? (This includes medical marijuana)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you or any member of your household currently involved in sale of illegal drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever been arrested or convicted of the illegal distribution or manufacture of an illegal drug or other controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household been evicted in the last three years from federally assisted housing for drug related criminal activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household been evicted from any rental property in the last three years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever used different names from the names given in this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household ever used social security numbers different from those listed in this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your household lived in any other state at any time? If yes, list the states.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Would this apartment be your only place of residence? <i>*If you answered NO, please explain on the other side of this page.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would anyone other than the person(s) listed on the application be residing with you in the apartment? <i>* If you answered YES, please explain on the other side of this page.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone live with you now who are not listed on this application? <i>*If you answered YES, please explain on the other side of this page.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you or any member of the household currently living in or have you previously lived in a building or a residence that has had a bed bug infestation?

Yes No

*If you answered YES, please explain where and when this occurred and how it was corrected:

Please note: The B'nai B'rith Apartments of Allentown, PA, as part of our efforts to prevent bedbug problems in our buildings have a policy of screening all applicants for the presence of bed bugs in their current residence. An inspection by our professional exterminating company will be scheduled with you shortly before being offered an apartment. This inspection will be paid for by the B'nai B'rith Apartments.

If the presence of bedbugs is found, this will not prevent you from getting an apartment; however, we will not offer you an apartment until you can provide us with written proof from a professional exterminating company that your current residence and all of your belongings including clothes, furniture, bedding etc. have been properly treated to eliminate any presence of bedbugs. You are responsible for paying for these treatments. After we receive notice from you that the bedbug problem has been corrected, we will require our exterminating company to perform another inspection and to issue another report to us before we proceed with offering you an apartment.

On December 30, 2005, HUD published a final rule (FR-5036-F-01), entitled, "**Eligibility of Students for Assisted Housing Under Section 8 of the U.S. Housing Act of 1937,**" implementing section 327 of the Appropriations Act of Fiscal Year (FY) 2006. The final rule became effective January 30, 2006.

In brief, the law and final rule require that if a student is enrolled at an institution of higher education, is under the age of 24, is not a veteran, is unmarried and does not have a dependent child, is individually ineligible for section 8 assistance, or the student's parents are, individually or jointly, ineligible for assistance, no Section 8 assistance can be provided to the student.

Student Status: Are you and any member of your household currently enrolled in a College or University?

Yes No

(If you answered Yes, please list the family members and the College or University they are attending below:

SOURCES OF INCOME:

YOU MUST REPORT INCOME FROM ALL SOURCES!

List below all income which each applicant receives on a regular monthly basis from any of the following:

All amounts should be GROSS AMOUNTS BEFORE ANY DEDUCTIONS. For example, Social Security figures should include the TOTAL amount BEFORE any deductions for Medicare, Medicare D etc. Pension figures should be the full amount BEFORE any deductions for taxes, health insurance, etc.

***** USE CURRENT INCOME – NOT PREVIOUS YEAR! *****

Does either applicant receive any of the following types of income?

IMPORTANT! BE SURE TO ANSWER YES OR NO TO EACH LINE ITEM!

Answer	Source	<u>GROSS</u> Monthly Amount Head of Household	<u>GROSS</u> Monthly Amount Spouse / Co-Head
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employment Wages or Salary		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Railroad Retirement		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension		
<input type="checkbox"/> Yes <input type="checkbox"/> No	SSI (Supplemental Security Income)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	SSP (State Supplemental Payment)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Annuity Income		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment Income		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Self Employment		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Family Contributions		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Spousal Support		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alimony		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disability Income		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Student Financial Assistance		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Income from Trust/Mortgage		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pension from Foreign country		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Income		

Do either of the applicants have any other regular source of income that was not listed above?

Yes No

If you answered Yes, please explain: _____

ASSETS:

Assets include, but are not limited to the following: cash in checking and savings accounts, cash in safety deposit boxes, in the home etc. Assets also include stocks, bonds, treasury bills, certificates of deposits, money market funds, retirement and pension funds, trust funds, lump sum inheritances, lottery winnings, insurance settlements, and equity in rental property or other capital investments.

Personal property held only for investment purposes such as gold, gems, jewelry, coins, antique cars, etc. are also considered assets.

VERY IMPORTANT!! YOU MUST INCLUDE ALL ASSETS EVEN IF THEY ARE NOT TAXABLE OR YOU DO NOT RECEIVE THE INCOME FROM THE INVESTMENT.

DO EITHER OF THE APPLICANTS HAVE ANY OF THE FOLLOWING ASSETS?

CASH: (In excess of \$1000)

Answer	Current Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No	

CHECKING ACCOUNTS:

Answer	Bank/Credit Union Name	Current Balance	Current Interest Rate
<input type="checkbox"/> Yes <input type="checkbox"/> No			

SAVINGS ACCOUNTS:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Bank/Credit Union Name	Current Balance	Current Interest Rate

CERTIFICATES OF DEPOSIT / TIME DEPOSIT ACCOUNTS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Bank/Credit Union Name	Current Balance	Current Interest Rate

STOCKS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name	Number of Shares	Current Value per share	Yearly Dividend

IRA

<input type="checkbox"/> Yes <input type="checkbox"/> No	Bank or Investment Company Name	Current Balance	Current Interest Rate OR Monthly payment

ANNUITY

<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of the Bank or Investment Company	Current Balance	Can you withdraw the current balance?	Current Interest Rate OR Monthly payout

LIFE INSURANCE - CASH VALUE

Whole life or universal life insurance policies provide a cash value. This is the actual **cash surrender** value (different from the face value) of any life insurance policies you have if you were to cancel them and receive the cash.

NOTE: Term Policies do not have a cash value and do not need to be included.

Does either applicant have life insurance policies that have a cash value?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Company	Face Value of Policy	Current Cash Value of Policy

HOMEOWNERS

What is your estimate of the current sale price of your property? \$ _____

Balance of Mortgage/Home Equity Loan: \$ _____

Does either of the applicants own any other homes, real estate, commercial property or other real estate in the United States or any other country not previously listed on this application?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Property	Address	City	State	Current Value

OTHER ASSETS

This includes E Bonds, H Bonds, gems, jewelry, coin collections, or antique cars, etc. which are held as investments. Use the other side of this page if you need more room.
(Items for personal use are not considered assets.)

Do either of the applicants have any other assets that were not listed previously on this application?

<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Asset	Current Market Value of Asset

Has either applicant given away assets or sold assets for less than their fair market value within the last two years?

Yes No

If you answered yes to the above question, please list the assets given away, their value and the date given away. _____

How did you hear about the B'nai B'rith Apartments? _____

Do you have a vehicle that you will be bringing with you? Yes No
(Only one car, SUV or regular passenger truck per apartment is allowed on our parking lots)

If you answered Yes, please complete the following:

Do you have a current, valid driver's license? Yes No

Is the car owned by a member of the household? Yes No

Is the car in good operating condition and currently registered and insured? Yes No

Make: _____

Model: _____ Year: _____

PLEASE NOTE: Parking spaces are limited. Parking permits are issued based on occupancy dates. Tenants are placed on a waiting list for parking at lease signing.

PET POLICY:

The Federal Government requires that HUD subsidized buildings for the elderly must allow pets in the apartment. These pets must be domesticated animals of the type normally found in the home and allowable under the Animal Control Ordinance of the City of Allentown. There is a separate pet policy that must be followed. (A copy of this policy is available to applicants upon request.)

Our pet policy allows a tenant to have one four legged animal (dog or cat) per apartment. This animal cannot exceed a weight limit of 20 pounds or a height of 18 inches. There is an additional security deposit of \$300.00 required for pet ownership; however, the deposit can be paid in installments. Birds, fish, hamsters, turtles, etc. are also allowed without a deposit. (Aquariums for fish over 10 gallons will require the full security deposit)

➤ **Do you have an animal that you wish to bring to the apartment with you?** Yes No
If you answered YES, please tell us what kind of animal you have.

PLEASE NOTE: The above pet rules do not apply to service animals such as Seeing Eye Dogs for visually impaired persons, Hearing Dogs for persons with hearing impairments, etc. These types of animals are considered auxiliary aids not pets, and as such are exempt from size constraints, the pet security deposit and common area restrictions, but must adhere to the other rules for animals.

❖ **Do you plan on using a service or assistance animal in these buildings?** Yes No

NOTE: Tenants who have a service animal must request a Reasonable Accommodation to verify their disability and need for the animal. This is needed to allow you to bring in animals that do not meet the criteria in the Policies for Animal Owners.

PLEASE NOTE: THE ACCEPTANCE OF THIS PRELIMINARY APPLICATION DOES NOT GUARANTEE ADMISSION!

A FINAL DETERMINATION WILL NOT BE MADE UNTIL THE APPLICATION IS AT THE TOP OF THE WAITING LIST AND ALL PROCESSING, INCLUDING THE PERSONAL INTERVIEW HAVE BEEN COMPLETED.

Applicants are advised that all information will be verified prior to their final approval. This verification will include third party verification of all income and assets, references from previous landlords, credit report and criminal & sex offender background information.

YOUR SIGNATURE AT THE END OF THIS APPLICATION INDICATES AGREEMENT WITH THESE CONDITIONS AND YOUR PERMISSION ALLOWING US TO REQUEST THE REQUIRED REPORTS.

**THE FOLLOWING CERTIFICATION MUST BE SIGNED BY BOTH APPLICANTS.
APPLICATIONS WHICH ARE NOT 100% COMPLETE OR ARE NOT SIGNED AND DATED WILL BE RETURNED. APPLICATIONS ARE NOT PLACED ON THE WAITING LIST UNTIL THEY ARE 100% COMPLETE!**

**APPLICANTS MUST PASS ALL APPLICABLE SCREENING CRITERIA BEFORE BEING OFFERED AN APARTMENT WHICH INCLUDES RENTAL HISTORY, CREDIT HISTORY, BACKGROUND INFORMATION INCLUDING CRIMINAL, CREDIT AND DRUG USE.
ALL SCREENING CRITERIA USED IS CONTAINED IN THE ALLENTOWN B'NAI B'RITH HOUSING TENANT SELECTION PLAN WHICH IS AVAILABLE FOR REVIEW IN THE MANAGEMENT OFFICE UPON REQUEST.**

SIGNATURE PAGE

- ❖ I (We) understand that the acceptance of this preliminary application is not a guarantee of eligibility.
- ❖ I (We) certify that this is an accurate statement and that all information provided herein is true and correct to the best of my (our) knowledge.
- ❖ I (We) further understand that if there is any difference between the figures on my (our) application and the amounts that are verified by the Allentown B'nai B'rith Housing Corporation, it could affect my (our) final position and/or acceptance.
- ❖ It is also understood that the applicant(s) will furnish, upon request, verification of any information herein listed and will be available for a personal interview.
- ❖ I (We) understand that if I (We) are approved for an apartment that it will be My (Our) principal residence and I (We) understand that if I (We) are away from my apartment for a total of more than 60 days in any year (except in the event of a proven illness) I (We) will lose My (Our) rental subsidy and will be responsible for paying the full fair market rent of the apartment.
- ❖ I (We) further understand that if I (We) do obtain housing using false information, any lease we might have is subject to termination, and that I (We) could be fined up to \$10,000.00 or imprisoned up to 5 years.
- ❖ I (We) understand, have had explained, or have had interpreted all of the contents of this application.

Date: _____

Signature - Head of Household

Signature – Spouse / Co-head

**THIS APPLICATION CAN BE MAILED TO: *B'nai B'rith Apartments*
 1616 Liberty Street
 *Allentown, PA 18102-2049***

**Completed applications can also be brought to the
Main Office of the B'nai B'rith Apartments
Monday – Friday between the hours of
8:00 AM – 12:00 NOON and 1:00 PM – 4:00 PM**

Applications must be returned to the above address either in person or by mail.

**Applications returned by fax or email will not be accepted
because we must have original signatures.**

Applicant Consent for Credit and Criminal Reports

The undersigned applicant(s) hereby consent to allow the Allentown B'nai B'rith Housing Corporation, itself or through its designated agents or employees, to obtain a credit report and criminal record/sex offender information on each applicant for the purpose of determining whether or not to lease an apartment to me/us. I (we) also agree and understand that owner and its agents or employees may obtain additional consumer reports and criminal record reports on me/us in the future to update or review my/our records. Upon my/our request, owner will tell me/us whether the credit reports or criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports. I agree to provide a photo ID upon request.

Signature – Head of Household

Date

Signature - Spouse/Co-Applicant

Date

APPLICANT ACKNOWLEDGEMENT OF SMOKE FREE POLICY

I (we) acknowledge that I (we) have been advised that anyone who is accepted as a tenant to B'nai B'rith House and B'nai B'rith West after February 13th, 2004 **will not be allowed to smoke anywhere** in the Buildings, including the apartments, common areas or nearby outside areas within 50 feet of door or windows of the building as explained in the notice that I received with this application packet.

Signature – Head of Household

Date

Signature – Spouse/Co-Applicant

Date

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

Allentown B'nai B'rith Housing Corporation will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past three years? yes no

2. Do you currently use illegal drugs or abuse alcohol? yes no

3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? yes no

4. Have you been convicted of any drug-related crime? yes no

5. Have you ever been convicted of any felony? yes no

6. Have you ever been convicted of any crime involving fraud or dishonesty within the past five years? yes no

7. Have you ever been convicted of any crime involving violence? yes no

8. Are you currently charged with any of the above criminal activities? yes no

9. Please list all states in which you have lived or have held a license to drive.

States: _____
Please include Driver's License numbers for states listed above:

10. Have you ever used or been known by any other name(s)? yes no

If yes, please list names used _____

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize Allentown B'nai B'rith Housing Corporation to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to Allentown B'nai B'rith Housing Corporation, to a public housing authority, or to an agency contracted by Allentown B'nai B'rith Housing Corporation to conduct criminal background checks.

Applicant's Signature _____ Date _____

Applicant's Full Name (Please Print)

First Applicant

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

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Applicant's Signature _____ Date _____

Applicant's Full Name (Please Print)

Second Applicant

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<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	
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

--	--

Signature of Applicant

Date

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.

First Applicant

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.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
Commitment of Housing Authority or Owner: 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.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: 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.

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Signature of Applicant

Date

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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.

Second Applicant

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 03/31/2014)

B'nai B'rith House 034-11150

1616 W. Liberty St. Allentown, PA 18102

Name of Property

Project No.

Address of Property

Robert J. Sipos - Project Administrator Section 8/202

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 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. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the form as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

First Applicant

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
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1616 W. Liberty St. Allentown, PA 18102

Name of Property	Project No.	Address of Property
Robert J. Sipos - Project Administrator		Section 8/202
Name of Owner/Managing Agent		Type of Assistance or Program Title:

Name of Head of Household	Name of Household Member
---------------------------	--------------------------

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
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Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
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Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

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5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

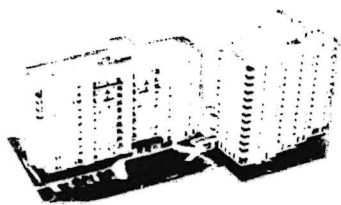
If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:



HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

December 2005

Allentown B'nai B'rith Housing Corporation



1616 Liberty Street, Allentown, PA 18102-2049

Phone (610) 821-0207 Fax (610) 821-1106

E-mail: abbhc@abbhc.com

TTY/TB 711 or 1-800-654-5984

TTY/TB "via PA Telecommunications Relay Service"



Notice: To All Applicants on the Waiting List

Date: January 13th, 2004

Re: No-Smoking Policy

Please be advised that due to the increased risk of fire caused by smokers' negligence, and the known adverse health effects of secondhand smoke on those who are in close proximity to it, the Allentown B'nai B'rith Housing Corporation has decided that all areas of both buildings will in the future be non-smoking. This means that smoking is prohibited in any area of the property, both private areas including the apartments, and all common areas. Smoking will only be allowed in limited and designated areas outside of the buildings.

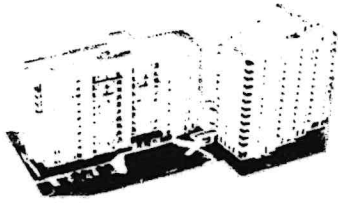
This policy applies to all owners, tenants, relatives, guests, homemakers, cleaning people, employees, and servicepersons.

This policy becomes effective for applicants on the waiting list 30 days from the date of this notice. As a result, no applicants admitted to the B'nai B'rith Apartments in Allentown, PA after February 13th, 2004 will be allowed to smoke in their apartments or anywhere else in the buildings, nor within 50 feet of any doors, windows etc. of the buildings.

The term "Smoking" means inhaling, exhaling, burning or carrying any lighted cigar, cigarette, pipes or other tobacco product in any manner or in any form. This also includes e-cigarettes or "vaping" that have also been shown to produce second hand smoke that contains chemicals that can cause cancer or be dangerous to people with lung conditions.

If you have any questions regarding this notice, please feel free to contact us.

Allentown B'nai B'rith Housing Corporation



1616 Liberty Street, Allentown, PA 18102-2049

Phone (610) 821-0207 Fax (610) 821-1106

E-mail: abbhc@abbhc.com

TTY/TB 711 or 1-800-654-5984

TTY/TB "via PA Telecommunications Relay Service"



PARKING ADVISORY NOTICE

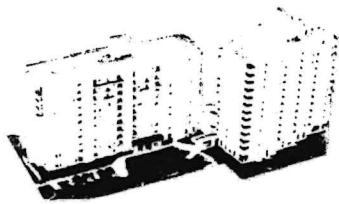
B'nai B'rith Apartments unfortunately, does not have sufficient parking for all tenant owned vehicles. Currently there are no available spaces on the parking lots owned by the B'nai B'rith Apartments.

The only vehicles that may utilize the spaces on our lots are those who have been issued a parking permit from the Main Office.

Our procedure is that we will place your name on a waiting list for a parking space **based on the date that you sign your lease**. When your name reaches the top of the list and a space becomes available, you will be issued a parking permit which will then allow you to park on the lot. We estimate that it will take approximately 6 months from the date you move into the building until you would be offered a parking space on our lots. Prior to the time you are issued a parking permit, you may be offered an off-street parking space close to the B'nai B'rith Apartments – which would be available to you approximately 11 months out of the year. These spaces are also limited, and there may be a period of time where the only parking available would be on-street parking. In an effort to accommodate tenants and visitors to the buildings, there are 15 minute parking spaces near the front & rear entrances for the loading and unloading of groceries, etc.

Allentown B'nai B'rith Housing Corporation and the B'nai B'rith Apartments assume no responsibility for any problems caused by your inability to park on the parking lots.

Allentown B'nai B'rith Housing Corporation



1616 Liberty Street, Allentown, PA 18102-2049

Phone (610) 821-0207 Fax (610) 821-1106

E-mail: abbhc@abbhc.com

TTY/TB 711 or 1-800-654-5984

TTY/TB "via PA Telecommunications Relay Service"



April 1, 2024

TO: ALL APPLICANTS ON THE WAITING LIST

The Allentown B'nai B'rith Housing Corporation operates two buildings B'nai B'rith House and B'nai B'rith West, both of which are subsidized by the federal government through HUD (U.S. Department of Housing and Urban Development). B'nai B'rith West, when it opened in 1983 has always been restricted to admitting only persons who fall into the Extremely Low or Very Low Income category. B'nai B'rith House opened earlier, in 1979, and as a result operates under slightly different income limits that allow us to also admit persons whose income places them in the Low Income category.

The Federal Government, in what they saw as an effort to help the most in need, established a program called Income Targeting. These rules instruct us that we must admit a certain number of people each year whose incomes are in the Extremely Low income category based on an established ratio. This means that people with higher incomes will at times be skipped over in favor of persons on the list with lower incomes. Applicants will be selected from the Low income list only when the above ratio is met.

The income limits established by HUD are based on the median incomes for each particular part of the country.

As of this date, the income limits established by HUD for our area are as follows.

	1 Person	2 Persons
Extremely Low Income	\$20,650	\$23,600
Very Low Income	\$34,450	\$39,350
Low Income (B'nai B'rith House Only)	\$55,100	\$62,950

You may also notice that in an effort to ensure that we have enough people who fall into the various income brackets and in accordance with other federal government requirements, at times we may do additional advertising for people to apply and to be placed on the waiting list.

As always, if you have any questions, please feel free to contact our office.

Thank you!