

# THE HOME FOUNDATION

Old Boalsburg Road Townhomes **PRE-SCREENING Form**



**CALL (814) 954-7903**

**EMAIL: [OBR@HOUSINGTRANSITIONS.ORG](mailto:OBR@HOUSINGTRANSITIONS.ORG)**

Applicant(s) Name(s):

Current Address: [Click here to enter text.](#)

Phone: [Click here to enter text.](#)

Email: [Click here to enter text.](#)

Preferred method of contact (Check all that apply):  Mail  Phone  Email

Please answer the questions below to determine if you may be eligible to rent an Old Boalsburg Road Townhome. Occupancy is 2-6 people. The current unit open is for a household with income between 50% and 80% AMI. List roommates as applicants, and include their information as part of the household. Return by email to [obr@housingtransitions.org](mailto:obr@housingtransitions.org) or mail to PO Box 857, State College, PA 16804. FORM DUE MAY 20, 2024

## SECTION 1 - GENERAL ELIGIBILITY

	Yes	No	
1			Will this home be your principal residence?
2			How many people will be living in your household?
3			How many people in your household are under age 18?
4			What is the total annual income of everyone over 18 in your household?
5			Is your household income within the eligibility guidelines? (See chart below)

\*\*\* If you answered **No to question 1 or 5** you are **not eligible**, otherwise continue \*\*\*

6	50%	60%	80%	If yes to 5, look at the income chart below, and place an x next to the percentage your household income falls below?

Household Size	50% AMI Income Minimum	60% AMI	80% AMI Maximum
1 Person	\$37,900	\$45,480	\$60,600
2 Person	\$43,300	\$51,960	\$69,250
3 Person	\$48,700	\$58,440	\$77,900
4 Person	\$54,100	\$64,920	\$86,550
5 Person	\$58,450	\$70,140	\$93,500
6 Person	\$62,800	\$75,360	\$100,400

**SECTION 2 - UNDERGRADUATE STUDENTS ONLY - APPLICANT ELIGIBILITY**

	Yes	No	
1	.	.	Are you a student? <ul style="list-style-type: none"> <li>• If <b>Yes</b>, answer the following questions.</li> <li>• If <b>No</b>, proceed to the next section</li> </ul>
2	.	.	Will you be at least 24 years of age at the time of lease?
3	.	.	Are you married or have a domestic partner as defined in the Inclusionary Housing Ordinance Section 1.(2)? See general instructions on page 4
4	.	.	Are you a parent with at least 50% custody of a child?
5	.	.	Are you a U.S. Veteran?
6	.	.	Are you a member of a low-income eligible household?
7	.	.	Are you a U.S. Armed Forces Member?

If you are a student and answered **No to all questions 1-7** in Section 2, you are **not eligible**. If you are a student and answered yes to at least one of the questions 1-7 proceed to section 3

**SECTION 3 - APPLICANT'S HOUSEHOLD INFORMATION**

Gender       Male     Female     Non-Binary     Other       Prefer Not to Answer

Marital Status     Single     Married     Widowed     Separated     Divorced

Age               18-29     30-49     50-61       62+

Household Type     Single parent household     Married w/ dependents     Married w/o dependents  
 Two or more unrelated adults     Single     Other [Click here to enter text.](#)

**SECTION 4 - CURRENT HOUSING INFORMATION**

	Yes	No	
1			Date current lease ends: <a href="#">Click here to enter text.</a>
2	.	.	Are you late on your rent/mortgage payments? <ul style="list-style-type: none"> <li>• Amount of rent/mortgage that is past due? <a href="#">Click here to enter text.</a></li> </ul>
3	.	.	Have you ever received an eviction/foreclosure notice? <ul style="list-style-type: none"> <li>• What was the date of the eviction/foreclosure notice? Date: <a href="#">Click here to enter text.</a></li> </ul>
4	.	.	Are you late on your utility payments like water/sewer, electric, gas? <ul style="list-style-type: none"> <li>• Amount of utilities past due <a href="#">Click here to enter text.</a></li> </ul>
5	.	.	Have you received a utility shutoff notice pending? <ul style="list-style-type: none"> <li>• What is the date of the utility shutoff notice? <a href="#">Click here to enter text.</a></li> <li>• Which utility is the shutoff notice for? <a href="#">Click here to enter text.</a></li> </ul>

**SECTION 5 - EQUITY INFORMATION:** Check all that describe the applicant household.

	Yes	No	
1	.	.	Are you receiving public benefits, including Housing Choice Vouchers?
2	.	.	Is English your native language?
3	.	.	Are you receiving rental assistance from any agency or organization?
4	.	.	Do you live or currently work in Centre County?
5	.	.	Do you have dependents who live with you?
6	.	.	Do you have physical, mental, or intellectual disabilities, substance abuse challenges, poor credit, or limited support systems, or are you a survivor of, or fleeing domestic violence?
7	.	.	Are you overly burdened by the costs of living in your current home?
8	.	.	Are you experiencing homelessness?
9	.	.	Are you at risk of homelessness?

Use this space to share any information you think is pertinent to your pre-screening application:

[Click here to enter text.](#)

**DISCLOSURES AND SIGNATURES:**

I (we) certify the information provided here is, to the best of my knowledge, accurate and true.

Notice: Applicants executing this form are hereby notified that intentionally or knowingly making a materially false or misleading written statement is a violation of Title 18 United States Code Section 1001 and may be ruled a felony, which may be punishable by a fine, imprisonment, or both.

Printed Name of Applicant 1: [Click here to enter text.](#)

Signature of Applicant 1: \_\_\_\_\_

Printed Name of Applicant 2 (over 18): [Click here to enter text.](#)

Signature of Applicant 2 (over 18): \_\_\_\_\_

Printed Name of Applicant 3: [Click here to enter text.](#)

Signature of Applicant 3 (over 18): \_\_\_\_\_

## General Instructions for Completing the Affirmative Fair Housing Marketing Household Documentation Below:

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

Program/project administrators are required to offer the household member/tenant the option to complete the form. The form is to be completed as part of the application process. In-place tenants must also be offered the opportunity to complete the form as part of any recertification process. Once the form is completed, it need not be completed again unless the head of household or household composition changes. Parents or guardians are to complete the form for children under the age of 18. THERE IS NO PENALTY FOR PERSONS WHO DO NOT COMPLETE THE FORM.

### **Ethnic Categories:**

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

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

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.

### **Racial Categories:**

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.

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.

Black or African American. A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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

**There is no penalty for persons who do not complete the Ethnic and Racial Categories form**

Applicant Name (Household Member 1): Click here to enter text.	Applicant Age: .
Household Member 2 Name: Click here to enter text.	Household Member 2 Age: .
Household Member 3 Name: Click here to enter text.	Household Member 3 Age: .
Household Member 4 Name: Click here to enter text.	Household Member 4 Age: .
Household Member 5 Name: Click here to enter text.	Household Member 5 Age: .
Household Member 6 Name: Click here to enter text.	Household Member 6 Age: .

<b>Ethnic Categories* (Select one for each household member)</b>	<b>Member 1</b>	<b>Member 2</b>	<b>Member 3</b>	<b>Member 4</b>	<b>Member 5</b>	<b>Member 6</b>
Hispanic or Latino	.	.	.	.	.	.
Not Hispanic or Latino	.	.	.	.	.	.
<b>Racial Categories*</b>						
American Indian or Alaska Native	.	.	.	.	.	.
Asian	.	.	.	.	.	.
Black or African American	.	.	.	.	.	.
Native Hawaiian or Other Pacific Islander	.	.	.	.	.	.
White	.	.	.	.	.	.
Other	.	.	.	.	.	.