



Dear Applicant:

Thank you for your inquiry into our housing. Enclosed is a preliminary rental application for your completion and return. Please complete all lines of the application and return it to:

**Community Basics Inc.  
941 WHEATLAND AVE, SUITE 204, LANCASTER PA 17603**

Be sure to indicate on your application which apartment community you are interested in. Also, include the \$30 per adult household member (persons age 18 and older) with the application. If you are applying for more than one community, we need only one application with fees. You need to pay with check or money order, no cash please. Make the check payable to Community Basics Inc.

Any application that is received incomplete or missing the application processing fee will be returned.

Resident selection criteria include credit checks, criminal background checks, sex offender database search, landlord references, and income & asset verifications. You are not guaranteed housing by filing an application with us.

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Community Basics, Inc - Application Processing Fee Policy - Please be advised that due to the cost of processing applications and in an effort to keep our costs lowered, we charge a non-refundable processing fee to all applicants. The fee covers the cost of completing a credit check and criminal check for all household members over the age of 17.

Resident Selection Criteria requires that you pass a credit check, criminal check, sex offender database search, landlord reference and be income qualified for our community.

If your application fails any of the criteria (for example: you are over-income, under-income, have adverse credit/criminal/landlord references, listed on national sex offender registry) you will be rejected for housing. Knowingly providing false information on an application is grounds for rejection.

Whether your application passes or fails, the processing fee is still non-refundable, even if you change your mind and decide to withdraw your application.

The fee is \$30 for each of your household members who are age 18 and older. The non-refundable fee must accompany your application for housing. Applications received that do not include the full fee, will be returned. Payment of this fee is not a contractual obligation and does not guarantee housing. We accept check or money order made out to Community Basics Inc, no cash please.

The non-refundable fee may be paid by check or money order – no cash please.

**AGAIN YOU ARE NOT GUARANTEED HOUSING - THIS FEE IS NON-REFUNDABLE!**

If you have any questions please feel free to contact us. Again, thank you for applying with Community Basics, Inc.

**COMMUNITY BASICS INC APARTMENT COMMUNITIES**  
**NISSLY CHOCOLATE FACTORY APARTMENTS**

951 WOOD STREET MOUNT JOY PA 717-391-8950  
EFFICIENCY & 1 BEDROOM APARTMENTS

SOME APARTMENTS ARE RENT BASED ON INCOME (WAITING LIST O

EFFICIENCIES \$600 1 BEDROOMS \$630

On-site parking, laundry & community room, air conditioning, elevator, wall to wall carpet, handicap accessible

**INCLUDES HEAT, WATER, SEWER & TRASH! AGE RESTRICTIONS APPLY- 55 YEARS AND OLDER. EQUAL HOUSING OPPORTUNITY**

**PARK AVENUE APARTMENTS**

255 PARK AVENUE LANCASTER PA 717-391-8950  
1 & 2 BEDROOM APARTMENTS

1 BEDROOMS \$661 2 BEDROOMS \$782

On-site parking, laundry & community room, air conditioning, elevator, wall to wall carpet, dishwasher, handicap accessible

**\*\*ACCESSIBLE APARTMENTS ONLY ARE RENT BASED ON INCOME \*\***

**INCLUDES ALL UTILITIES! AGE RESTRICTIONS APPLY - 55 YEARS AND OLDER. EQUAL HOUSING OPPORTUNITY**

**MARIETTA SENIOR APARTMENTS**

601 E MARKET ST MARIETTA PA  
1 & 2 BEDROOM APARTMENTS

**SMOKE FREE SITE**

717-735-9590

1 BEDROOM \$661 2 BEDROOMS \$787

On-site parking, laundry & community room, air conditioning, elevator, wall to wall carpet, dishwasher, handicap accessible, **SMOKE FREE SITE!**

**INCLUDES HEAT, WATER, SEWER & TRASH! AGE RESTRICTIONS APPLY- 62 YEARS AND OLDER. EQUAL HOUSING OPPORTUNITY**



**PRELIMINARY RENTAL APPLICATION - COMMUNITY BASICS INC**

|                                                                                                                                                                                    |                                                                                                                                        |                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| PLEASE MARK INTEREST:<br><input type="checkbox"/> PARK AVENUE APTS<br><input type="checkbox"/> NISSLY CHOCLATE FACTORY APTS<br><input type="checkbox"/> MARIETTA SENIOR APARTMENTS | RETURN COMPLETED APPLICATION TO:<br>COMMUNITY BASICS INC<br>941 WHEATLAND AVE, STE 204<br>LANCASTER PA 17603 (or site where picked up) | PLEASE MARK ONE:<br><input type="checkbox"/> EFF (Nissly Only)<br><input type="checkbox"/> 1 BEDROOM<br><input type="checkbox"/> 2 BEDROOM |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|

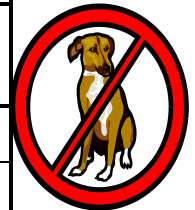
the following is confidential and will not be disclosed without your consent

**COMPLETE ALL THE INFORMATION BELOW**

|                                                                    |                                              |                             |
|--------------------------------------------------------------------|----------------------------------------------|-----------------------------|
| Applicant's Name:                                                  | Social Security No.                          | Home Phone:                 |
| Present Street Address:                                            | City:            State:            Zip Code: | No. Yrs at Present Address: |
| Former Street Address (if at present Address for less than 3 yrs.) | City:            State:            Zip Code: | No. Yrs at Former Address:  |

**Current Housing Status: Please provide the name, address, & phone number of all your landlords for past 3 yrs.**

|                                                                                   |                                                            |                             |
|-----------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------|
| Current Landlord Name:                                                            | Current Landlord's Address:                                | Landlord's Phone #:         |
| Previous Landlord Name:                                                           | Previous Landlord's Address:                               | Landlord's Phone #:         |
| Previous Landlord Name:                                                           | Previous Landlord's Address:                               | Landlord's Phone #:         |
| DO YOU HAVE A SECTION 8 VOUCHER?<br>YES _____ NO _____                            | DO YOU HAVE A SECTION 8 CERTIFICATE?<br>YES _____ NO _____ |                             |
| Name of Employer                                                                  | Address of Employer                                        | Employer's Phone #:         |
| Type of Business                                                                  | Are you self Employed? Yes _____ No _____                  | No. Yrs. On Job             |
| Name of Previous Employer (if at present job less than 2 yrs)                     | Address of Previous Employer                               | Employer's Phone #:         |
| Type of Business                                                                  | Were you self Employed? Yes _____ No _____                 | No. Yrs. On Job             |
| Co-Applicant's Name:                                                              | Social Security No.                                        | Home Phone:                 |
| Co-Applicant's Present Street Address:                                            | City:            State:            Zip Code:               | No. Yrs at Present Address: |
| Co-Applicant's Former Street Address (if at present Address for less than 3 yrs.) | City:            State:            Zip Code:               | No. Yrs at Former Address:  |
| Co-Applicant's Name of Employer                                                   | Address of Employer                                        | Employer's Phone #:         |
| Co-Applicant's Type of Business                                                   | Are you self Employed? Yes _____ No _____                  | No. Yrs. On Job             |
| Co-Applicant's Name of Previous Employer (if at present job less than 2 yrs)      | Address of Previous Employer                               | Employer's Phone #:         |
| Type of Business                                                                  | Were you self Employed? Yes _____ No _____                 | No. Yrs. On Job             |
| ARE YOU HOMELESS? YES _____ NO _____                                              | DESCRIBE YOUR SITUATION PLEASE? _____                      |                             |



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### ANNUAL INCOME

| SOURCE                   | APPLICANT | CO-APPLICANT | OTHER HOUSEHOLD MEMBERS 18 & OLDER | TOTAL PER YEAR: |
|--------------------------|-----------|--------------|------------------------------------|-----------------|
| GROSS SALARY             |           |              |                                    |                 |
| OVERTIME PAY             |           |              |                                    |                 |
| COMMISSIONS              |           |              |                                    |                 |
| TIPS/BONUSES             |           |              |                                    |                 |
| UNEMPLOYMENT BENEFITS    |           |              |                                    |                 |
| WORKER'S COMP.           |           |              |                                    |                 |
| SOCIAL SECURITY          |           |              |                                    |                 |
| PENSION                  |           |              |                                    |                 |
| RETIREMENT FUNDS         |           |              |                                    |                 |
| TANF/WELFARE             |           |              |                                    |                 |
| ALIMONY                  |           |              |                                    |                 |
| CHILD SUPPORT            |           |              |                                    |                 |
| INTEREST OR DIVIDENDS    |           |              |                                    |                 |
| NET INCOME FROM BUSINESS |           |              |                                    |                 |
| NET RENTAL INCOME        |           |              |                                    |                 |
| OTHER:                   |           |              |                                    |                 |

TOTAL:

| ASSETS                  | CASH VALUE | INCOME FROM ASSETS | NAME OF BANK |
|-------------------------|------------|--------------------|--------------|
| CHECKING                |            |                    |              |
| SAVINGS                 |            |                    |              |
| CERTIFICATES OF DEPOSIT |            |                    |              |
| MUTUAL FUNDS            |            |                    |              |
| STOCKS                  |            |                    |              |
| SAVINGS BONDS           |            |                    |              |
| REAL ESTATE             |            |                    |              |
| LIFE INSURANCE          |            |                    |              |
| OTHER:                  |            |                    |              |
| <b>TOTAL:</b>           | \$         | \$                 |              |

I \_\_\_\_\_ have \_\_\_\_\_ have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than fair market value of the item. If yes, please list asset value under the "other" column in the listing of assets above.

Are all household members students? Yes \_\_\_\_\_ No \_\_\_\_\_

HOUSEHOLD COMPOSITION. List the head of your household and all members who would live in your home. Give the relationship of each family member to the head.

| MEMBER NO.              | FULL NAME: | RELATIONSHIP | BIRTH DATE (M/D/Y) | SOCIAL SECURITY NO. |
|-------------------------|------------|--------------|--------------------|---------------------|
| Head of Household:<br>2 |            | SELF         |                    |                     |

Are there any special housing needs or reasonable accommodations that the household will require?  
\_\_\_\_\_

Are You Disabled? Yes: \_\_\_\_\_ No: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

APPLICANT'S MAIDEN NAME: \_\_\_\_\_

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you a registered sex offender? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which state are you registered in: \_\_\_\_\_

List all states where you have resided: \_\_\_\_\_

Do you own a firearm? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been evicted from a dwelling for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you or anyone in your household a victim of domestic violence, stalking, dating violence? \_\_\_\_\_ Yes \_\_\_\_\_ No

**to the disclosure of income & financial information from my/our employer and financial references for the purpose of income & asset verification related to my/our application for tenancy. I/We consent to a criminal, credit background check and review for the purpose of references related to my/our application for tenancy. I/We understand that any misrepresentation may result in the denial of my/our application for tenancy. I/We have read this application and understand its contents. I/We understand this application is not a rental agreement, contract, lease or offer to rent. All Applications are subject to approval by the Owner and/or Management Agent. I release from all liability all persons, companies & corporations supplying such**

|                                    |             |
|------------------------------------|-------------|
| Applicant's signature: _____       | Date: _____ |
| Co-Applicant's signature: _____    | Date: _____ |
| Other Applicant's signature: _____ | Date: _____ |

In accordance with data collection information required by the U.S. Department of Housing & Urban Development (HUD), please provide the following information for the HEAD OF HOUSEHOLD ONLY.

| RACE                                                      |                                                                                 |
|-----------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> White                            | <input type="checkbox"/> American Indian/Alaska Native & White                  |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Asian & White                                          |
| <input type="checkbox"/> Asian                            | <input type="checkbox"/> Black/African American & White                         |
| <input type="checkbox"/> American Indian or Alaska Nativ  | <input type="checkbox"/> American Indian/Alaska Native & Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific | <input type="checkbox"/> Other                                                  |

| ETHNICITY                                       | GENDER                          |
|-------------------------------------------------|---------------------------------|
| <input type="checkbox"/> Hispanic or Latino     | <input type="checkbox"/> Male   |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Female |

**ACT 11 AMENDED – CONSUMER NOTICE**

Section 806(b) of the Real Estate Licensing and Regulation Act, 63 P.S. § 455.608(b) requires that brokers, associate brokers, salespersons or rental listing referral agents provide the following written statement at the time of initial interview or when the rental application is taken:

**CONSUMER NOTICE  
THIS IS NOT A CONTRACT**

Jo A. Raff, Lisa Kashner and Barbara Greenawalt hereby states that with respect to the Community Basics, Inc. managed communities of:

- |                                     |                                |
|-------------------------------------|--------------------------------|
| Country Club Apartments             | Park Avenue Apartments         |
| Golden Triangle Apartments          | Walnut Street Apartments       |
| New Holland Apartments              | Three Center Square Apartments |
| Nissly Chocolate Factory Apartments | Old Market Apartments          |
| Cloister Heights                    | Marietta Senior Apartments     |
| Fordney House                       | Lincoln House                  |

**THEY ARE DIRECT EMPLOYEES OF THE OWNER/LANDLORD, COMMUNITY BASICS, INC.**

I acknowledge that I have received this notice:

|                    |       |
|--------------------|-------|
| _____              | _____ |
| Applicant/Consumer | Date  |

I certify that I have provided this notice:

|          |       |
|----------|-------|
| _____    | _____ |
| Licensee | Date  |

VIOLENCE AGAINST WOMEN AND JUSTICE DEPARTMENT  
AUTHORIZATION ACT OF 2005

Please note, the provisions of the Violence against Women and Justice Department Act of 2005 offers protections to you:

\* A landlord may not consider incidents of domestic violence, dating violence, or stalking as serious or repeated violations of the Lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.

\* The landlord may not consider criminal activity directly related to abuse, engage by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or immediate member of the tenant's family is the victim or threatened victim of that abuse.

\* The landlord may request in writing that the victim ,or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD 91066, or other documentation as noted on the certification form, be completed and submitted within fourteen (14) business days, or an agreed upon extension date to receive protection under VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

I/we have been informed of the rights and protections, listed above.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_