



## Community Basics, Inc - Application Processing Fee Policy

Dear Cloister Heights Applicant:

Please be advised that due 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 18 and older. Please pay with check or money order. The application fee must be included.

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

Resident Selection Criteria requires that you pass a credit check, criminal check, sex offender data base check, landlord reference, and have income & assets verified and be homeless or at risk of homelessness for our community.

If your application fails any of the criteria (for example: you are over-income, have adverse criminal/landlord references) you will be rejected for housing. If extenuating circumstances exist we may consider an appeal.

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. Thank you.

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

**THIS PROCESSING FEE IS NOT REFUNDABLE, NO EXCEPTIONS**

941 Wheatland Avenue, Suite 204, Lancaster, PA 17603 phone: (717) 735-9590 fax: (717) 509-5714



**PRELIMINARY RENTAL APPLICATION - COMMUNITY BASICS INC**

PLEASE MARK INTEREST:	RETURN COMPLETED APPLICATION TO:	PLEASE MARK ONE:
CLOISTER HEIGHTS APTS	COMMUNITY BASICS INC	___ 1 BEDROOM
SMOKE FREE APARTMENTS	941 WHEATLAND AVE, STE 204	___ 2 BEDROOM
	LANCASTER PA 17603 (or site where picked up)	

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

**COMPLETE ALL THE INFORMATION BELOW**

Applicant's Name: (first, middle initial, last)	EMAIL:	The Phone Number to reach you:
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? YES _____ NO _____	DO YOU HAVE A SECTION 8 CERTIFICATE? YES _____ NO _____	ARE YOU AN 811 APPLICANT? 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:	EMAIL:	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: <input type="checkbox"/> NO: <input type="checkbox"/>	DESCRIBE YOUR SITUATION PLEASE?	

**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 - (MARK ONE BOX PLEASE) 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:		SELF		
2				
3				
4				

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(s) 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

Have you or anyone in your household ever been in foster care? \_\_\_\_\_ Yes \_\_\_\_\_ No

**The information provided in all the pages of the application and above is true & complete to the best of my/our knowledge and belief. I/We consent 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 information. I authorize the release of information to CBI.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Other Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*ALL ADULT HOUSEHOLD MEMBERS MUST SIGN ABOVE**

In accordance with data collection information required by the U.S. Department of Housing & Urban

RACE			
PLEASE SELECT ONE OR MORE			
<input type="checkbox"/>	WHITE		
<input type="checkbox"/>	BLACK OR AFRICAN AMERICAN		
<input type="checkbox"/>	ASIAN(SELECT A SUB-CATEGOY AS WELL)		
<input type="checkbox"/>	ASIAN INDIA	<input type="checkbox"/>	CHINESE
<input type="checkbox"/>	JAPANESE	<input type="checkbox"/>	KOREAN
<input type="checkbox"/>	OTHER ASIAN	<input type="checkbox"/>	FILIPINO
<input type="checkbox"/>	VIETNAMESE	<input type="checkbox"/>	OTHER ASIAN
<input type="checkbox"/>	AMERICAN INDIAN OR ALASKA NATIVE	<input type="checkbox"/>	American Indian/Alaska Native & Black/African American
<input type="checkbox"/>	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER (PLEASE SELECT A SUB-CATEGORY AS WELL)	<input type="checkbox"/>	OTHER;
<input type="checkbox"/>	NATIVE HAWAIIAN	<input type="checkbox"/>	GUAMANIAN OR CHAMORRO
<input type="checkbox"/>	SAMOAN	<input type="checkbox"/>	OTHER PACIFIC ISLANDER
<input type="checkbox"/>	DECLINE TO REPORT		
ETHNICITY (SELECT ONE)		GENDER	
ETHNICITY		GENDER	
<input type="checkbox"/>	Not of Hispanic, Latino/a or Spanish origin	<input type="checkbox"/>	MALE
<input type="checkbox"/>	HISPANIC, LATINO/A OR SPANISH ORIGIN	<input type="checkbox"/>	FEMALE
<input type="checkbox"/>	PUERTO RICAN	<input type="checkbox"/>	MEXICAN, MEXICAN AMERICAN, CHICANO/A
<input type="checkbox"/>	CUBAN	<input type="checkbox"/>	ANOTHER HISPANIC, LATINO/A OR SPANISH ORIGIN
<input type="checkbox"/>	DECLINE TO REPORT		

# MARKETING

How did you hear about Community Basics, Inc, or the community you are interested in?

MARK AS MANY AS APPLY:

<input type="checkbox"/> CBI WEBSITE	<input type="checkbox"/> SOCIALSERVE.COM
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<input type="checkbox"/> REFERRAL-CBI EMPLOYEE	<input type="checkbox"/> APARTMENTS.COM
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<input type="checkbox"/> NEWSPAPER. Name of Paper? _____	<input type="checkbox"/> REFERRED BY A SOCIAL AGENCY
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<input type="checkbox"/> OTHER WEBSITE	<input type="checkbox"/> HOUSING AUTHORITY REFFERAL
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<input type="checkbox"/> DRIVE--BY	<input type="checkbox"/> REFERRAL - CBI RESIDENT
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<input type="checkbox"/> APARTMENTSMART.COM	<input type="checkbox"/> PAHOUSINGSEARCH.COM
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<input type="checkbox"/> OTHER - PLEASE DESCRIBE: _____
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**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: \_\_\_\_\_

**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, Monica McMinn, Ronit Henriquez, and/or Ellen Souders hereby states that with respect to the Community Basics, Inc. managed communities of:

Country Club Apartments  
Golden Triangle Apartments  
New Holland Apartments  
Nissly Chocolate Factory Apartments  
Cloister Heights  
Fordney House  
Brunswick Farms Apartments

Park Avenue Apartments  
Walnut Street Apartments  
Three Center Square Apartments  
Old Market Apartments  
Marietta Senior Apartments  
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 \_\_\_\_\_