



Moravian Houses

BETHLEHEM, PA 18018

BUILDING #1- 737 MAIN STREET

PHONE: 610-691-8409 FAX: 610-691-1756

BUILDING #2- 701 MAIN STREET

PHONE: 610-861-0717 FAX: 610-866-6236

BUILDING #3- 133 WEST UNION BOULEVARD

PHONE: 610-691-3808 FAX: 610-691-3998

BUILDING #4- 70 WEST NORTH STREET

PHONE: 610-625-3131 FAX: 610-625-3132

TTY: 800-654-5984 Voice: 800-654-5988

www.moravian-house.org



Email: mgarganta@moraviandevelopment.org

alilly@moraviandevelopment.org

jspaar@moraviandevelopment.org

Dear Applicant for Housing at Moravian House

Thank you for your interest in the Moravian House apartments. Attached is the application for tenancy.

Following are the categories established to determine qualifications for Housing Assistance among the applicants applying to our office for an apartment:

- 62 years of age and/or permanently disabled by Social Security for Buildings I & II
- 55 years of age or over for Building III
- Qualified income limits established yearly by HUD
 - Income limit for MHI & MHII effective 4-18-22:
 - Individual: \$50,750
 - 2 Persons: \$58,000
 - Income limit for MHIII effective 4-18-22:
 - Individual: \$38,100
 - 2 Persons: \$43,560
- U.S. Citizenship or HUD established qualifications
- No recent or present Criminal history. Moravian House may deny admission to applicants who are or have been engaged in criminal activity that could reasonably indicate a present threat to the health, safety, or welfare of others. All applicants and residents will be screened using the Housing Authority's Criminal History Policy.

Managers,

Moravian Houses I, II & III

APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE

Moravian House I – 737 Main Street, Bethlehem, PA 18018 610-691-8409
Moravian House II – 701 Main Street, Bethlehem, PA 18018 610-861-0717
Moravian House III - 133 W. Union Boulevard, Bethlehem, PA 18018 610-691-3808
TTY: 800-654-5984 Voice: 800-654-5988

www.moravian-house.org

If mailing your application please make sure to address it to: Moravian House III – 133 W. Union Boulevard, Bethlehem, PA 18018

Applicant Name _____ Application Number _____

Current Address _____

City, State, Zip Code _____

Home Phone Number _____ Cell Phone Number _____ e-mail _____

HOUSEHOLD COMPOSITION

- **List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member of the Head of Household.**

Head of Household _____

Date of Birth _____ Social Security Number _____

Age _____ Sex: Male Female Do not wish to respond Relationship _____

Member of Household _____

Date of Birth _____ Social Security Number _____

Age _____ Sex: Male Female Do not wish to respond Relationship _____

- Do you own a car? Yes No Would you need "On-Site" Parking? Yes No

- License Plate # _____

- License or Photo ID # _____

- Do you have a pet? Yes No What kind? _____

- Race of Head of Household: (check one – for statistical purposes only.)

White Black American Indian/Alaskan Native Asian/Pacific Islander

- Ethnicity of Head of Household: (for statistical purposes only.)

Hispanic Non-Hispanic

- Does anyone live with you now who is not listed above? Yes No

- Do you expect a change in your household composition? Yes No

Explain if you answered yes to either questions _____

- Is Head of Household or spouse disabled? Yes No
(for program and unit eligibility purposes only.)

- Please identify any special accessible needs for your household:

- Can you follow the terms of the lease with or without assistance? Yes No

- Are you a U.S. Military Veteran? Yes No
- Are you in need of temporary housing for a Presidentially Declared Disaster?
 Yes No
- Are you now living in a subsidized housing unit? Yes No
- Name of Complex: _____
- Address of Complex _____
- Name of Manager _____
- Manager's Telephone Number _____
- Why do you want to move? _____
- Do you have or have you ever had bed bugs? Yes No
 - If yes, how was the situation remediated? _____

PERSONAL CHARACTERISTICS

- Have you ever paid fees for late payment of rent? Yes No
- Have you ever been asked to move due to a lease violation with a landlord?
 Yes No
- Do you or a family member owe money to a landlord for damages or non-payment of rent?
 Yes No
- Do you or a family member owe money to a Public Housing Authority or Management Company?
 Yes No
- Have you or a family member ever been asked to leave a residence? Yes No
- Have you ever been evicted? Yes No
If yes, why?

- Have you ever been convicted of a crime? Yes No
If yes:
What was the charge(s)?

What was the date(s)?

What was the outcome?

- Have you ever been involved in any fire setting activity or caused an accidental fire?
 Yes No

If yes, please describe the incident(s):

- Are you currently or have you ever been in treatment for a drug and/or alcohol addiction?
 Yes No

If yes, please list the date(s) and place(s):

- Have you or a family member used a name other than the one you are using now?
 Yes No

If yes, what was it? _____

- Are you or any member of your household subject to a lifetime state sex offender registration program in any state? Failure to respond to this question may jeopardize the approval of this application.
 Yes No

- Do you have a mental health case manager? If yes:

Name: _____

Agency: _____

Phone #: _____

Where do you go for mental health treatment? _____

INCOME AND ASSET INFORMATION

Please answer each of the following questions. For each "yes", provide details in the charts below. Does any member of your household:

- Yes No 1. Work full-time, part-time or seasonally?
- Yes No 2. Expect to work for any period during the next year?
- Yes No 3. Work for someone who pays them cash?
- Yes No 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave?
- Yes No 5. Now receive or expect to receive unemployment benefits?
- Yes No 6. Now receive or expect to receive child support?
- Yes No 7. Entitled to child support that he/she is not now receiving?
- Yes No 8. Now receive or expect to receive alimony?
- Yes No 9. Have an entitlement to receive alimony that is not currently being received?
- Yes No 10. Now receive or expect to receive public assistance (TANF)?
- Yes No 11. Now receive or expect to receive Social Security or disability benefits?

- Yes No 12. Now receive or expect to receive income from a pension or annuity?
- Yes No 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
- Yes No 14. Receive income from assets including interest on checking or savings accounts, interest and dividends from certificates of deposit, stocks or bonds or income from rental property?
- Yes No 15. Own real estate or any assets for which you receive no income (checking account, cash)?
- Yes No 16. Have you sold or given away real estate property or other assets (including cash) in the past two years?
- Yes No 17. Do you have a Representative Payee? If yes:
 Name: _____
 Address: _____
 Phone Number: _____
- Yes No 18. Are you a full time or part time student?

GROSS INCOME:

| MEMBER NAME | SOURCE OF INCOME/TYPE OF INCOME | GROSS ANNUAL INCOME |
|-------------|---------------------------------|---------------------|
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ASSETS:

- List all checking and savings accounts (including stocks, bonds, trusts, pensions, IRA's, Keogh accounts and Certificates of Deposit) of all household members.

| MEMBER NAME | BANK NAME | TYPE OF ACCOUNT | ACCOUNT NUMBER | BALANCE |
|-------------|-----------|-----------------|----------------|---------|
| | | | | |
| | | | | |
| | | | | |

- List any assets disposed of for less than their fair market value during the past two years:

- List any inheritances, lottery winnings or lump sum payments:

- List any life insurance policies:

- Do you or a family member receive income from any type of asset such as: rental property income or dividends from an investment? Yes No
- Do you or a family member have any assets in a foreign country? Yes No

EXPENSES:

Yes No Do you have expenses for childcare, or a child aged 12 or younger? If yes, provide the name, address, and telephone number of the care provider:

What is the weekly cost to you of the childcare? _____

Yes No Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work?

If you pay a care attendant, provide their name, address, and telephone number:

Elderly Families only:

Yes No Do you have Medicare? If yes, what is your monthly premium? _____

Yes No Do you have any other kind of medical insurance? If yes, answer the following questions:

Provide the name and address of carrier, policy number, and premium amount:

Yes No Do you have outstanding medical bills? If yes, list them below:

What medical expenses do you expect to incur in the next twelve months?

If you use the same pharmacy regularly, please provide the name and address:

PREVIOUS RENTAL HISTORY OF AT LEAST 7 YEARS:

Name and Address of your **PRESENT** Landlord:

Telephone Number _____

How long have you lived there? ____

Reason for leaving. _____

Name and Address of your **FORMER** Landlord:

Telephone Number _____

How long have you lived there? ____

Reason for leaving? _____

Name and Address of your **FORMER** Landlord:

Telephone Number _____

How long have you lived there? ____

Reason for leaving? _____

Name and Address of your **FORMER** Landlord:

Telephone Number _____

How long have you lived there? ____

Reason for leaving? _____

Applicants for admission into the applicable HUD-assisted housing programs must provide a complete list of all states in which applicant and members of the applicant's household have resided:

EMPLOYMENT HISTORY:

Name and Address of your Present Employment:

Telephone Number _____

Supervisor's Name _____

How long have you worked there? _____

Name &Address of Spouse's or Co-Head's Employer:

Telephone Number _____

Supervisor's Name _____

How long have they worked there? _____

APPLICANT CERTIFICATION

I/we certify that if selected to receive assistance, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility. I/we authorize the owner/manager/PHA to verify all information provided on this application and to contact previous or current landlords or other sources or credit and verification information which may be released to appropriate Federal, State, or local agencies. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law.

Signature of Head of Household _____ Date _____

Signature of Spouse/Co-Head _____ Date _____

Owner/Manager/PHA Representative _____ Date _____

Application Declarations and Authorization
(To accompany the rental application)

Accurate Information. You declare that all of your statements on the accompanying application and any supplemental information are true and correct. If you fail to fully and completely answer any question or give false information, we may reject the application, retain all application fees and liquidated damages for our time and expense. Giving false information is a serious criminal offense.

Authorization. You authorize us to verify all information relating to this application through any means, including but not limited to Straight Arrow Screening and any other consumer reporting agencies, public record resources, and other rental housing owners. You further authorize us to furnish information to consumer reporting agencies and other rental housing owners regarding your performance of your lease obligations, including both favorable and unfavorable information about your compliance with any lease, rules, or financial obligations.

Moravian House will screen applicants, residents, and household members for criminal history, and to reject applicants (or terminate the leases of residents) if Moravian House determines that the current or past criminal activity of an applicant, resident or household member may indicate a present threat to the health, safety, or right to peaceful enjoyment by other residents, property management staff or persons residing in the immediate vicinity of the facility.

In the event that anything contained herein is in conflict with any additional application document, this document will be controlling.

(Each applicant must be named, sign, and date/time this “Declaration and Authorization”)

| | | |
|----------------|---------------------|-----------|
| Applicant Name | Applicant Signature | Date/Time |
| Applicant Name | Applicant Signature | Date/Time |
| Applicant Name | Applicant Signature | Date/Time |
| Applicant Name | Applicant Signature | Date/Time |

Prospective Tenant:

- Why do you want to live at Moravian House? _____

- How did you hear about us?

- How would you describe yourself as a tenant?

- What do you like to do with your time?

- What are your interests?

- Are you from this area? How long have you lived here?

- If you're not from the area, where are you from and why do you want to live in Bethlehem?

- How do you see moving to our community benefitting you?

- What is your biggest concern about moving to Moravian House?

- What do you see that you like in our community today?

- What are some of the services and amenities that appeal to you?

- Would you attend the Chaplain's services? _____
- Would you participate in HealthCheck programs and/or services? _____
- Would you participate in the Senior Center's activities, programs and/or meals? _____

- When do you expect to move?
-

Moravian House Campus

Moravian House I

Michael Garganta, Vice President

610-691-8409 x122

The first Moravian House building at 737 Main Street, Bethlehem, PA was a result of a study that was prepared by the Board of Trustees of the Moravian Congregation of Bethlehem. The formal approval was obtained from the General Church Council on March 11, 1971. An application was submitted to the United States Department of Housing and Urban Development (HUD) and HUD approved this building in April 1973.

The land for this building was acquired from the Bethlehem Redevelopment Authority who also organized a broader program in the central city of Bethlehem, where the Moravian Houses are located. Moravian House I was to consist of 162 apartments for the elderly and was to be occupied in 1974.

Moravian House I is a fourteen story, elevator-served high rise apartment building, with 160 one-bedroom units, 18 of the units are for disabled and mobility impaired persons. Moravian House I is the first of a trilogy of buildings constructed in the latter part of 1974.

The apartments are of average size consisting of 4 rooms, with a living room, bedroom, bathroom, and kitchen. Kitchen appliances include a frost-free refrigerator, electric range, hot water heater and many cabinets with large counter-top space. All units are equipped with assist "grab bars" in the bathroom tub and shower areas.

Moravian House I has a social/community room and a completely equipped kitchen with refrigerator, electric ranges, dishwasher, etc. located on the first floor and this can be used for entertaining tenant's guests.

Moravian House I rent for 100 units are partially subsidized through the guidelines of the U.S. Department of Housing and Urban Development (HUD) under Section 8 programming and there are 60 Fair Market Rent units.

The monthly rent includes total electricity, water, sewer, trash & recycling. Cable TV is offered to residents at an additional monthly fee. 24-hour laundry facilities are available at a modest cost and parking is available on site, with a limited number of spaces.

Moravian House II

Ashley Lilly, Manager

610-691-8409 x123

Moravian House II applied for an application for construction in 1976 and the formal approval was obtained from the United States Department of Housing and Urban Development (HUD) in December 1977. Moravian House II is located south of Moravian House I.

Moravian House II is an elevator served high-rise apartment building of 9 stories, consisting of 106 one-bedroom subsidized units, 10 of the units are for disabled and mobility impaired persons, located at 701 Main Street in the City of Bethlehem, Northampton County, Pennsylvania. This property was constructed in the latter 1970 decade and this building is totally subsidized by the U.S. Department of Housing and Urban Development (HUD), under Section 8 and Section 202 of the Federal Housing Act.

The second of the trilogy of the Moravian House's complex was constructed to provide independent living rental for low to moderate income elderly and disabled residents. Moravian Houses I & II qualify for the elderly that are 62 years of age and above.

The apartments are of average size consisting of 4 rooms, with a living room, bedroom, bathroom, and kitchen. Kitchen appliances include a frost-free refrigerator, electric range, hot water heater and many cabinets and large countertop space. All units are equipped with assist "grab bars" in the bathroom and tub showers.

Moravian House III

Ashley Lilly, Manager

610-691-8409 x123

Moravian House III is a modern, elevator served, 5 story high-rise apartment building with 50 units built as a moderate-income facility in late 1999 for elderly and disabled people aged 55 and over. There are 5 units reserved for the disabled and mobility impaired persons. Moravian House III is run by Pennsylvania Housing and Finance Agency. This complex is not under any type of subsidized contract, and, consequently, each rent is evenly established for all occupants.

Moravian House III's apartments are of average size consisting of 4 rooms, with a living room, bedroom, bathroom, and kitchen. Kitchen appliances include a frost-free refrigerator, electric range, hot water heater, many cabinets and large counter space. All units are equipped with assist "grab bars" in the bathroom tub and shower areas. These units are enhanced with a separate thermostatically controlled heating and air conditioning unit.

The hallways are fully carpeted, and each floor contains a community social sitting room used for the enjoyment and activities of the tenants and their invited guests.

Moravian House IV

Michael Garganta, Vice President

610-691-8409 x122

Moravian House IV was constructed in cooperation with Northampton County, City of Bethlehem, and HUD Section 811 for the mentally disabled. The building is located at 70 W. North Street, Bethlehem, PA. Final construction was completed in September 2007. The building contains 8 apartments on the second and third floors. The apartments are of average size consisting of 4 rooms, with a living room, bedroom, bathroom, and kitchen. Kitchen appliances include a frost-free refrigerator, electric range, garbage disposal, many cabinets, large counter space and central heat pump which provide heat and air conditioning.

The first floor is occupied by Lehigh Valley Recovery Partnership, offices which are part of the county's mental health operation. The ground floor is mainly occupied by a Drop-In Center for mental health and offers programs for learning to sew, use computers, cook and other programs to assist the participants to live independently and to possibly obtain employment.

Moravian Houses Bethlehem, Pennsylvania

The Moravian House complex's neighborhood is an integral part of the downtown area with surrounding retail activity with the greatest concentration along Main Street, extending from its intersection with Broad Street and south to the Hill-to-Hill Bridge. The neighborhood environment is broadly portrayed by Union Boulevard on the north, Main Street on the east, W. Garrison Street on the south and the municipal boundary between the counties of Lehigh and Northampton.

During the past ten years, downtown Bethlehem has, like many urban areas, made a strong effort to revitalize. All buildings have on-site managers and are operated with maintenance and office staff who pleasantly provide on-site daily services, information in an appropriate environment for older adults and disabled that aim to enhance their well-being, independence and involvement within the Moravian House Complex and community.

Eligibility for housing at Moravian Houses I, II, III & IV are governed by age and income requirements. The age provision is waived with HUD limitations for disabled and mobility impaired persons. All applicants should, however, be in good health, capable of caring for themselves and their apartments. Agency services can be arranged through the *Healthcheck/Wellness Center*, to assist in certain emergency living situations.

Security

Each building has entrance cameras and are electric fob secured and contain modern Fire Alarm Security Systems coupled with a Fire Sprinkler System in each unit and common areas. These safety apparatuses are monitored 24 hours a day, 7 days a week. There is an answering service for emergency maintenance service contact after business hours, weekends, and holidays.

Healthcheck Wellness Center

Moravian Development Corporation strives to provide quality care to the tenants of the Moravian Houses. Tenants can be seen by medical doctors, podiatrists and have lab work drawn on site in the Healthcheck office. The Wellness Center has a full-time service coordinator that provides health and wellness groups, such as cooking and exercise programs. The service coordinator partners with local colleges to allow their students the opportunity to work with the Moravian House tenants.

Chaplain

Moravian Houses employ a chaplain who provides weekly inner faith religious services. The Chaplain also provides weekly bible study and discussion groups, private support, and spiritual direction for our tenants.

Old York Road Senior Center – 610-867-4233

The Senior Center is operated by Moravian Development Corporation who is partnered with Northampton County Area Agency on Aging, located on the ground level between Moravian House I and Moravian House II. The Center is open from 9:00AM to 3:00PM weekdays. Congregate meals are provided by Northampton County Monday through Friday throughout the year. Donations for meals are encouraged.

The Center's activities range from cards to baseball, knitting, bingo, shuffleboard, exercise, and creative classes such as pottery and ceramics to show off or develop one's talents. In addition, the Senior Center sells Lanta's Metro Plus tickets. Our special events include holiday celebrations, entertainment, and lectures on a variety of subjects.

Please stop in for a menu and program schedule. We welcome all smiling faces.

Good Shepherd Rehabilitation

Good Shepherd offers physician services, physical, speech and occupational therapies, and home health nursing services. The therapy clinic is conveniently located next to the Senior Center.

Activities

- Northampton County Senior Center
 - Cooking Classes
 - Gardening
 - Exercise Class
 - Metro Plus Tickets
 - Yellow Dot Program
- Tenant Association
 - Holiday Events, such as Pig Roasts, Clam Bakes, Entertainment
 - Tenant Advisory Program

