



## **Moravian Houses**

BETHLEHEM, PA 18018  
BUILDING #1- 737 MAIN STREET  
PHONE: 610-691-8409 FAX: 610-936-9379  
BUILDING #2- 701 MAIN STREET  
PHONE: 610-861-0717 FAX: 610-866-6236  
BUILDING #3- 133 WEST UNION BLVD  
PHONE: 610-691-3808 FAX: 610-936-9275  
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](http://www.moravian-house.org)



Email: [mgarganta@moraviandevelopment.org](mailto:mgarganta@moraviandevelopment.org)  
[alilly@moraviandevelopment.org](mailto:alilly@moraviandevelopment.org)  
[jspaar@moraviandevelopment.org](mailto: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 4-01-2025:
    - Individual: \$56,150
    - 2 Persons: \$64,150
  - Income limit for MHIII effective 4-01-2025:
    - Individual: \$42,120
    - 2 Persons: \$48,120
- 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](http://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 |
|-------------|---------------------------------|---------------------|
|             |                                 |                     |
|             |                                 |                     |
|             |                                 |                     |
|             |                                 |                     |
|             |                                 |                     |
|             |                                 |                     |
|             |                                 |                     |
|             |                                 |                     |
|             |                                 |                     |

### 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:

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- 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:

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#### Elderly & Disabled 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:

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

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

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

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#### PREVIOUS RENTAL HISTORY OF AT LEAST 7 YEARS:

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

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Telephone Number \_\_\_\_\_

How long have you lived there? \_\_\_\_

Reason for leaving. \_\_\_\_\_

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

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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”)**

|                         |                              |                    |
|-------------------------|------------------------------|--------------------|
| _____<br>Applicant Name | _____<br>Applicant Signature | _____<br>Date/Time |
| _____<br>Applicant Name | _____<br>Applicant Signature | _____<br>Date/Time |
| _____<br>Applicant Name | _____<br>Applicant Signature | _____<br>Date/Time |
| _____<br>Applicant Name | _____<br>Applicant Signature | _____<br>Date/Time |



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.

|  |                       |
|--|-----------------------|
| <b>Applicant Name:</b>   |                       |
| <b>Mailing Address:</b>  |                       |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b> |
| <b>Name of Additional Contact Person or Organization:</b>  |                       |
| <b>Address:</b>  |                       |
| <b>Telephone No:</b>   | <b>Cell Phone No:</b> |
| <b>E-Mail Address (if applicable):</b>   |                       |
| <b>Relationship to Applicant:</b>  |                       |
| <b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency<br/> <input type="checkbox"/> Unable to contact you<br/> <input type="checkbox"/> Termination of rental assistance<br/> <input type="checkbox"/> Eviction from unit<br/> <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process<br/> <input type="checkbox"/> Change in lease terms<br/> <input type="checkbox"/> Change in house rules<br/> <input type="checkbox"/> Other: _____ </div> </div>  |                       |
| <b>Commitment of Housing Authority or Owner:</b> 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.   |                       |
| <b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.  |                       |
| <b>Legal Notification:</b> 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.