

# SAXONY RIDGE APARTMENTS

## One- and two-bedroom apartments for persons 62 years of age and older ONLY.

Enclosed is a preliminary rental application for Saxony Ridge Apartments only. Please complete all lines of the application & include \$30 processing fee (per adult) and return to:

Community Basics Inc.  
941 Wheatland Ave Suite 204, Lancaster, PA 17603

Please pay the processing fee by check or money order, no electronic payments or cash please. Make the check payable to Community Basics Inc.

**This fee is NON-REFUNDABLE. YOU ARE NOT GUARANTEED HOUSING by filing an application with us.**

Any application that is received incomplete, not signed, or missing the application processing fee will be returned.

Resident selection criteria include credit checks, criminal background checks, sex offender database search, landlord review and reference, and income & asset verifications. All applicants must pass the review/references as well as be able to afford the rent and not be over income limits set by LIHTC. Income and income from assets will be verified during processing. We accept housing choice (Section 8) or VASH vouchers.

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Rents start at \$677 for one-bedroom and \$933 for two-bedrooms and includes ALL UTILITIES. (Rents subject to change each year). **The rent is NOT BASED ON INCOME** AND MAY INCREASE EACH YEAR AT LEASE RENEWAL.

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 lower, we charge a non-refundable processing fee to all applicants. The fee covers the cost of completing a credit check, sex offender data base, landlord/tenant review and criminal background check for all household members.

If your application fails any of the criteria (for example: you are over-income, under-income, have adverse credit/criminal/landlord references, listed on a 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. Applications received that do not include the full fee, will be returned to you in the mail. Payment of this fee is not a contractual obligation and does not guarantee housing.

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

941 Wheatland Ave, Suite 204, Lancaster, PA 17603 • Phone: 717.735-9590 • Fax: 717.509.5714

[www.communitybasics.com](http://www.communitybasics.com)



## PRELIMINARY RENTAL APPLICATION - COMMUNITY BASICS INC

|                            |                                                                                     |                  |
|----------------------------|-------------------------------------------------------------------------------------|------------------|
| PLEASE MARK INTEREST:      | RETURN COMPLETED APPLICATION TO:                                                    | PLEASE MARK ONE: |
| SAXONY RIDGE APARTMENTS    | COMMUNITY BASICS INC                                                                | ___ 1 BEDROOM    |
| 615 W. SIXTH ST            | 941 WHEATLAND AVE, STE 204                                                          | ___ 2 BEDROOM    |
| LITITZ, PA 17543           | LANCASTER PA 17603 (By Mail or Hand Delivery)                                       |                  |
| <b>SMOKE FREE PROPERTY</b> | <i>the following is confidential and will not be disclosed without your consent</i> |                  |

### 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?<br>YES _____ NO _____                            | DO YOU HAVE A VASH VOUCHER?<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             |
| <b>Co-Applicant's Name:</b>                                                       | Email Address:                                    | 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             |



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### ANNUAL INCOME

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

TOTAL:

| ASSETS                     | CASH VALUE | INCOME FROM<br>ASSETS | NAME OF BANK |
|----------------------------|------------|-----------------------|--------------|
| CHECKING                   |            |                       |              |
| SAVINGS                    |            |                       |              |
| CERTIFICATES OF<br>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                  |            |              |                    |                     |
|                    |            |              |                    |                     |

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 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: _____ |
| <b>*ALL ADULT HOUSEHOLD MEMBERS MUST SIGN ABOVE</b> |             |

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

|                          |                                                                                  |                          |                                                        |
|--------------------------|----------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------|
|                          | <b>RACE</b><br><b>PLEASE SELECT ONE OR MORE</b>                                  |                          |                                                        |
| <input type="checkbox"/> | WHITE                                                                            |                          |                                                        |
| <input type="checkbox"/> | BLACK OR AFRICAN AMERICAN                                                        |                          |                                                        |
| <input type="checkbox"/> | ASIAN(SELECT A SUB-CATEGORY AS WELL)                                             |                          |                                                        |
| <input type="checkbox"/> | ASIAN INDIA                                                                      | <input type="checkbox"/> | CHINESE                                                |
| <input type="checkbox"/> | JAPANESE                                                                         | <input type="checkbox"/> | KOREAN                                                 |
| <input type="checkbox"/> | VIETNAMESE                                                                       | <input type="checkbox"/> | FILIPINO                                               |
| <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"/> | NATIVE HAWAIIAN                                                                  | <input type="checkbox"/> | GUAMANIAN OR CHAMORRO                                  |
| <input type="checkbox"/> | SAMOAN                                                                           | <input type="checkbox"/> | OTHER PACIFIC ISLANDER                                 |
| <input type="checkbox"/> | DECLINE TO REPORT                                                                | <input type="checkbox"/> | OTHER;                                                 |
| <b>ETHNICITY</b>         | <b>(SELECT ONE)</b>                                                              | <b>GENDER</b>            |                                                        |
|                          | <b>ETHNICITY</b>                                                                 |                          | <b>GENDER- I IDENTIFY AS:</b>                          |
| <input type="checkbox"/> | NOT OF HISPANIC, LATINO/A or SPANISH ORIGIN                                      | <input type="checkbox"/> | MALE                                                   |
| <input type="checkbox"/> | HISPANIC, LATINO/A OR SPANISH ORIGIN (PLEASE SELECT A SUB-CATEGORY)              | <input type="checkbox"/> | FEMALE                                                 |
| <input type="checkbox"/> | PUERTO RICAN                                                                     | <input type="checkbox"/> | DECLINE TO REPORT                                      |
| <input type="checkbox"/> | CUBAN                                                                            | <input type="checkbox"/> | MEXICAN, MEXICAN AMERICAN, CHICANO/A                   |
| <input type="checkbox"/> | DECLINE TO REPORT                                                                | <input type="checkbox"/> | ANOTHER HISPANIC, LATINO/A OR SPANISH ORIGIN           |

## **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 Paquin, and/or Ellen Souders 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                |
| Fordney House                       | Apartments Lincoln House       |
| Brunswick Farms Apartments          | Saxony Ridge Apartments        |

**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: \_\_\_\_\_

## 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 |
|--------------------------------------|------------------------------------------|

|                                                   |                                              |
|---------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> REFERRAL-CBI<br>EMPLOYEE | <input type="checkbox"/> PAHOUSINGSEARCH.COM |
|---------------------------------------------------|----------------------------------------------|

|                                                             |                                                         |
|-------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> NEWSPAPER. Name of<br>Paper? _____ | <input type="checkbox"/> REFERRED BY A<br>SOCIAL AGENCY |
|-------------------------------------------------------------|---------------------------------------------------------|

|                                        |                                                        |
|----------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> OTHER WEBSITE | <input type="checkbox"/> HOUSING<br>AUTHORITY REFERRAL |
|----------------------------------------|--------------------------------------------------------|

|                                   |                                                     |
|-----------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> DRIVE-BY | <input type="checkbox"/> REFERRAL - CBI<br>RESIDENT |
|-----------------------------------|-----------------------------------------------------|

☐ APARTMENTSMART.COM

|                                                         |
|---------------------------------------------------------|
| <input type="checkbox"/> OTHER - PLEASE DESCRIBE: _____ |
|---------------------------------------------------------|