



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 403, 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 & 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 18.

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 & 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 ST MOUNT JOY, PA 17552  
717-517-9257

EFFICIENCIES \$803      1 BEDROOM \$ 856-986 resident pays electric  
\* RENTS SUBJECT TO CHANGE

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

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

**PARK AVENUE APARTMENTS** 255 PARK AVENUE LANCASTER, PA 17602  
717-391-7091

1 BEDROOM \$716-1,025      2 BEDROOMS \$1,075-1,286  
\*RENTS SUBJECT TO CHANGE

On-site parking, laundry & community room, air conditioning, elevator, wall to wall carpet in bedrooms, dishwasher, handicap accessible. **SMOKE FREE APARTMENTS**

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

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

**MARIETTA SENIOR APARTMENTS** 601 E. MARKET ST MARIETTA, PA 17547  
717-391-8950

1 BEDROOM \$716-1,025      2 BEDROOMS \$1,075-1,286  
\* RENTS SUBJECT TO CHANGE

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

**INCLUDES ALL UTILITIES! AGE RESTRICTIONS APPLY - 62 YEARS AND OLDER. EQUAL HOUSING**

**SAXONY RIDGE APARTMENTS** 615 W. SIXTH ST LITITZ, PA 17543  
717-340-6055

1 BEDROOM \$716-1,025      2 BEDROOMS \$1,075-1,286  
\*RENTS SUBJECT TO CHANGE

On-site parking, laundry and community room, fitness center, game room, elevators, wall to wall carpet in bedrooms, dishwasher, handicap accessible. **SMOKE FREE SITE!**

**INCLUDES ALL UTILITIES! AGE RESTRICTIONS APPLY - 62 YEARS AND OLDER. EQUAL HOUSING**

**ALL RENTS CHANGE EACH YEAR. THIS LIST MAY HAVE OUTDATED RENTS  
CALL THE PROPERTY TO GET CURRNET RATES.**

# PRELIMINARY RENTAL APPLICATION - COMMUNITY BASICS INC

|                                                         |                                              |                                            |
|---------------------------------------------------------|----------------------------------------------|--------------------------------------------|
| PLEASE MARK INTEREST:                                   | RETURN COMPLETED APPLICATION TO:             | PLEASE MARK ONE:                           |
| <input type="checkbox"/> PARK AVENUE APARTMENTS         | COMMUNITY BASICS INC                         | <input type="checkbox"/> EFF (Nissly ONLY) |
| <input type="checkbox"/> NISSLY CHOCOLATE FACTORY APTS. | 941 WHEATLAND AVE, STE 403                   | <input type="checkbox"/> 1 BEDROOM         |
| <input type="checkbox"/> SAXONY RIDGE APARTMENTS        | LANCASTER PA 17603 (or site where picked up) | <input type="checkbox"/> 2 BEDROOM         |
| <input type="checkbox"/> MARIETTA SENIOR APARTMENTS     |                                              |                                            |

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



## COMPLETE ALL THE INFORMATION BELOW

|                                                                    |                        |                               |
|--------------------------------------------------------------------|------------------------|-------------------------------|
| <b>Applicant's Name: (first, middle intitial, last)</b>            | 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? 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                              |

|                                                                                   |                                            |                             |
|-----------------------------------------------------------------------------------|--------------------------------------------|-----------------------------|
| <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             |

|                                      |                                 |
|--------------------------------------|---------------------------------|
| ARE YOU HOMELESS? YES _____ NO _____ | DESCRIBE YOUR SITUATION PLEASE? |
|--------------------------------------|---------------------------------|



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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<br>SECURITY<br>PENSION |           |              |                                             |                    |
| RETIREMENT<br>FUNDS           |           |              |                                             |                    |
| TANF/WELFARE                  |           |              |                                             |                    |
| ALIMONY                       |           |              |                                             |                    |
| CHILD SUPPORT                 |           |              |                                             |                    |
| INTEREST OR<br>DIVIDENDS      |           |              |                                             |                    |
| NET INCOME<br>FROM 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                  |            |              |                    |                     |
| 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 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

|                          |                                                                                  |                          |                                                        |
|--------------------------|----------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------|
|                          | <b>RACE</b>                                                                      |                          |                                                        |
|                          | <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-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                                                                |                          |                                                        |
| <b>ETHNICITY</b>         | <b>(SELECT ONE)</b>                                                              |                          |                                                        |
|                          | <b>ETHNICITY</b>                                                                 |                          |                                                        |
| <input type="checkbox"/> | Not of Hispanic, Latino/a or Spanish origin                                      | <input type="checkbox"/> | MEXICAN, MEXICAN AMERICAN, CHICANO/A                   |
| <input type="checkbox"/> | HISPANIC, LATINO/A OR SPANISH ORIGIN                                             | <input type="checkbox"/> | ANOTHER HISPANIC, LATINO/A OR SPANISH ORIGIN           |
|                          |                                                                                  | <b>GENDER</b>            |                                                        |
| <input type="checkbox"/> | PUERTO RICAN                                                                     | <input type="checkbox"/> | MALE                                                   |
| <input type="checkbox"/> | CUBAN                                                                            | <input type="checkbox"/> | FEMALE                                                 |
| <input type="checkbox"/> | DECLINE TO REPORT                                                                | <input type="checkbox"/> | OTHER/DECLINE TO REPORT                                |

## **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 Apartments     |
| Fordney House                       | 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 EMPLOYEE | <input type="checkbox"/> APARTMENTS.COM |
|------------------------------------------------|-----------------------------------------|

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

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

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

☐ APARTMENTSMART.COM ☐ PAHOUSINGSEARCH.COM

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

## Section 42 Tax Credit Program

### What is Section 42?

The Tax Credit Reform Act of 1986 created the Low Income Housing Tax Credit Program (LIHTC). The program regulations are under Section 42 of the Internal Revenue Code. The tax credit encourages developers to build affordable housing to meet the needs of the community. As a condition for receiving Housing Tax Credits, owners must keep the units affordable for a specified number of years. Affordable rents are defined and calculated based on Median Household income figures published annually by the US Department of Housing and Urban Development (HUD).

### What does it cost?

The residents who live in Section 42 units must be income and program eligible. The rent that a Section 42 resident will pay is based on a **fixed rental fee for the unit size** that is lower than the average market rate rent in the area.

### What does it offer?

Affordable rents that are lower than similar market rate units in the community. **RENTS ARE NOT BASED ON INCOME. RENT INCREASES EACH YEAR BETWEEN 2-5%.**

### What should I be prepared for?

It is difficult to identify which rental properties participate in the Section 42 program.

You will be asked to complete an application that requests information regarding your household composition, income and student status. These factors will determine your eligibility for this program.

Qualified income levels are determined by the local office of the Department of Housing & Urban Development (HUD), based on two factors: 1) a percentage of the median household income for the county or metropolitan statistical area in which the development is located; and 2) the number of people in your household.

Your income level is based on the combined projected gross income, including income from assets, for the next 12 months of all household members 18 years of age and older.

You must re-certify your income and family size before you are offered a new lease. This process starts about 90 days before your lease renewal date.

The unit is being rented to you and those identified on the rental application. Any changes in household size or income must be reported in writing and may require that you reapply for eligibility.