



St. Michael Terrace



111 West Long Avenue • DuBois, PA 15801
Office: (814) 371-1200 • Fax: (814) 375-9639 • TT Relay 1-800-654-5984

Thank you for your interest in St. Michael Terrace. The US Department of Agriculture Rural Development governs us. Our facility is available to qualified elderly, handicapped, and disabled residents. Effective April 1, 2023, for eligible households, our apartments rent for the following:

- 30% of household's adjusted (after medical expenses) monthly income
- Or when rental assistance is not available – a 1-bedroom basic rental rate of \$597 per month less a \$70 utility allowance (or 30% of household's adjusted monthly income if higher than basic rent)
- Or when rental assistance is not available – the 2-bedroom basic rental rate of \$634 per month less a \$99 utility allowance (or 30% of household's adjusted income if higher than basic rent)

St. Michael Terrace maintains a waiting list for housing. The waiting list is based on annual adjusted income, and selection is chronological with the priority given to very low-income applicants. **The first step toward housing begins with completion of the *Application for Residency accompanied by a copy of your photo ID.*** If qualified, the applicant is then assigned to the appropriate income level on our waiting list.

Our leases run for a yearly period and are required to be updated annually with Rural Development.

Attached is an ***Application for Residency***. It is important that you complete the form accurately in order for us to have the necessary information to determine your qualification and placement on the waiting list.

In accordance with Federal law and the US Dept. of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, or disability. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director Office of Civil Rights, 1400 Independence Ave., S.W., Washington D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

Sincerely,

Property Manager
GLOWACKI MANAGEMENT, INC.

Please note: Residents of St. Michael Terrace are required to pay their own electric bill for their apartment. However, a \$70 per month energy credit is deducted from the calculated rent.



St. Michael Terrace



111 West Long Avenue • DuBois, PA 15801
Office: (814) 371-1200 • Fax: (814) 375-9639 • TT Relay 1-800-654-5984

APPLICATION FOR RESIDENCY

Office Use Only

Date: _____

Time: _____

Income: \$ _____

Please return completed application to the address on the top of this page.
Please enclose a copy of your photo ID.

An applicant may be interviewed only after a completed application is received.
Completed applications are processed in order of date and time received. You may contact the rental office for assistance in completing the application.

GENERAL INFORMATION – *Please print legibly*

Applicant Name(s) (First, Middle, Last) _____

Current Address _____

Telephone _____

List all persons who will live in the apartment. List head of household first.

Name	Relationship Head	DOB	SS#	Sex
1. _____				
2. _____				

Is anyone in this household a full-time student? _____ Yes _____ No

If you are **not** 62 years old or older, are you applying for residency based on your status as an individual with a handicap or disability? _____ Yes _____ No

If “yes”, indicate which family member is disabled: _____

Does your disability require a handicapped or mobility impaired unit: _____ Yes _____ No

REFERENCE INFORMATION

Current Landlord: Name: _____
Address: _____
Telephone: _____

Previous Landlord Name: _____
Address: _____
Telephone: _____

Non-related Personal References

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Name: _____

Address: _____

Telephone: _____

Credit References:

Name: _____

Address: _____

Account #: _____

Name: _____

Address: _____

Account #: _____

Name: _____

Address: _____

Account #: _____

HOUSEHOLD INCOME

List all sources of income for all household members.

		<i>Name</i>	<i>Monthly Gross</i>
Wages	Employer _____	_____	\$ _____
Wages	Employer _____	_____	\$ _____
County Assistance (welfare payments), cash only		_____	\$ _____
Social Security (before Medicare deduction)		_____	\$ _____
Social Security (before Medicare deduction)		_____	\$ _____
SSI Benefits		_____	\$ _____

	<i>Name</i>	<i>Monthly Gross</i>
SSI Benefits	_____	\$ _____
Veterans Benefits	_____	\$ _____
Pension(s) Source of Pension(s) _____	_____	\$ _____
Unemployment Comp.	_____	\$ _____
AFDC	_____	\$ _____
Alimony Source _____	_____	\$ _____
Child Support Source _____	_____	\$ _____
Full Time Student Income (Only Full-time students 18 & over)	_____	\$ _____
TOTAL GROSS <u>MONTHLY</u> INCOME		\$ _____

TOTAL GROSS ANNUAL INCOME (based on monthly amount listed above and multiply by 12) \$ _____

Do you anticipate any changes in this income in the next 12 months? ___ Yes ___ No
 If yes, explain: _____

ASSETS

Checking Account(s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Savings Account(s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Money Market Account(s)	# _____	Bank _____	Balance \$ _____
Trust Account(s)	# _____	Bank _____	Balance \$ _____
Certificates of Deposit	# _____	Bank _____	Balance \$ _____
IRA	# _____	Company _____	Balance \$ _____
Savings Bond(s)	# _____	Cash Value \$ _____	
Whole Life Ins. Policy	# _____	Cash Value \$ _____	

Real Property: Do you own any property? ____ Yes ____ No
If yes, state type of property _____
Location: _____
Current Market Value: _____
Outstanding Mortgage Balance: _____

Have you sold/dispensed of any business, property or other assets in the last 2 years? ____ Yes ____ No
If yes, state type of business, property or assets _____
Date of sale/dispensation _____
Market value when sold/dispensed of: _____
Amount sold/dispensed for: _____

Do you have any other assets not listed above (ie.recreational vehicle or mobile home; do not include personal property)? ____ Yes ____ No If yes, please list: _____

MEDICAL/HANDICAP ASSISTANCE EXPENSES

Medical Expenses: Complete this part ONLY if head of household or spouse is 62 or older, handicapped or disables.

Medicare Premiums \$ _____
Medical Insurance Coverage \$ _____
Name of company _____
Address _____

Anticipated Medical Expenses NOT covered by insurance NOR reimbursed
\$ _____
Medical bills or outstanding costs on which you are making monthly payments \$ _____
Medical related travel costs \$ _____
Any other medical expenses: list type _____ \$ _____
_____ \$ _____

CHILD CARE EXPENSES

Complete this part for household minors under 13 ONLY.

Name(s) of children cared for _____ Age _____
_____ Age _____

Name of person/agency caring for children: _____
Address: _____

Telephone: _____

Weekly cost of child care due to employment \$ _____
Weekly cost of child due to education \$ _____

PROGRAM INFORMATION

What size unit are you requesting? 1 Bedroom_____ 2 Bedroom_____ **(2 BR units are not leased to one individual)**

Do you wish to claim a \$400 deduction from your household income based on an “elderly Household” status, where the tenant or co-tenant is 62 or older, handicapped or disabled? ___Yes ___No

Do you wish to have priority for handicapped accessible unit with special design feature? ___Yes ___No

Do you have a letter of priority issued by USDA-Rural Development due to displacement from another property? ___Yes ___No

Have you ever been evicted from any type of housing? ___Yes ___No

Have you ever been convicted of a felony? ___Yes ___No

Are you currently a user of an illegal controlled substance? ___Yes ___No

Have you ever been convicted of a drug violation (use, attempted use, possession, manufacture, sale or distribution)? ___Yes ___No

Have you successfully completed a controlled substance abuse recovery program or presently enrolled in such a program? ___Yes ___No

Are you now or will you become a part time or full-time student prior to move-in? ___Yes ___No

How did you hear about this housing? _____

OTHER INFORMATION

List all cars, trucks or other vehicle owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle).

Type of vehicle:_____

Year/Make:_____

Color:_____

License Plate #:_____

Registered to:_____

Type of vehicle:_____

Year/Make:_____

Color:_____

License Plate #:_____

Registered to:_____

Do you own any pets? ___Yes ___No If yes, please describe:_____

Note: Pets are not allowed except in designated elderly projects.

Pets are permitted at St. Michael Terrace if they meet the established criteria and the resident pays a pet deposit of \$300 in addition to the general security deposit.

CERTIFICATION

I/We hereby certify that the unit applied for will be the household's permanent residence.

I/We further certify that I/we do/will not maintain a separate subsidized rental unit in another location.

I/We understand that I/we must pay a security deposit for this unit.

I/We understand that my/our eligibility for housing will be based on USDA-Rural Development income limits and tenant selection criteria.

I/We certify that all information in this application is true to the best of my/our knowledge and understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Tenant

Date

Co-Tenant

Date

"The information regarding race, ethnicity and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname."

Ethnicity:

Hispanic or Latino _____

Not Hispanic or Latino _____

Race: (mark one or more)

1. American Indian/Alaska Native _____
2. Asian _____
3. Black or African American _____
4. Native Hawaiian or other Pacific Islander _____
5. White _____

SMOKING/NON-SMOKING POLICYI understand that as of August 3, 2018, St. Michael Terrace has implemented a policy that bars the use of prohibited tobacco products in all public housing units, interior common areas, and outdoor areas within 25 feet of public housing and administrative office buildings. Prohibited tobacco products are defined as items that involve the ignition and burning of tobacco leaves, such as cigarettes, cigars, pipes and water pipes (also known as hookahs).

All residents, guests, employees and vendors will no longer be permitted to smoke in or within 25 feet of St. Michael Terrace.

Furthermore, I understand that there are no separate/covered outside areas designated for smoking.



St. Michael Terrace



111 West Long Avenue • DuBois, PA 15801
Office: (814) 371-1200 • Fax: (814) 375-9639 • TT Relay 1-800-654-5984

Authorization for Release of Information

I/We, hereby authorize Glowacki Management, Inc; c/o St. Michael Terrace, 111 West Long Avenue, DuBois, PA 15801 and its staff or authorized representatives, to contact any agencies, offices, financial institutions, groups, organizations, or individuals to obtain and verify any information or materials which are deemed necessary to process and complete my application or annual income recertification and rent determination, as required by Federal regulations and program requirements, for the following programs:

- USDA rent subsidy program
- Rent Supplements
- Section 236
- Rent Assistance Payments (RAP)
- Section 8 Housing Assistance
- Section 515 Housing Assistance

I also give my consent for the releases for any minor children in my care who are living with me.

Consent Signatures

Resident/Applicant

Date

Co-Resident/Applicant

Date