



## 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, 2026, 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 \$687 per month less a \$97 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 \$724 per month less a \$113 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 \$97 per month energy credit is deducted from the calculated rent.



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## 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<br>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<br/>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 MONTHLY 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/disposition \_\_\_\_\_

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: \_\_\_\_\_

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**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 POLICY**I 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.



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## **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 Assistance Payments (RAP) |
| -Rent Supplements          | -Section 8 Housing Assistance   |
| -Section 236               | -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