



## BCRR Holding, LLC

11 Campus Drive • Bradford, PA 16701 • 814-887-5563 • 814-362-7411 (fax)

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TO ALL HOUSING APPLICANTS REQUESTING ASSISTANCE FROM BCRR Holding, LLC  
(FORMERLY KIWANIS COURT APARTMENTS)

### PLEASE BE ADVISED OF THE FOLLOWING INFORMATION

All of our units are **smoke free**.

When you return the attached application to the Housing Authority, you must include a copy of an original **birth certificate and social security card for every person listed** on the application.

Also, the attached **Supplement to Application for Federal Housing form** must be completed by ALL adults and returned with the application.

The documents are needed before any applicant can participate in this program.

Please note that all rent payments are required to be paid by check or money order. No cash will be accepted.

If you have any questions regarding this matter, please do not hesitate to contact our office.

Thank you.



**For Office Use Only. Applicants should not write in this box.**

**Eligibility Determination**

Date/Time: \_\_\_\_\_ AM PM Bedroom Size: \_\_\_\_\_ Initial Eligibility Y N  
Received by: \_\_\_\_\_ Interview Date: \_\_\_\_\_ Final Eligibility Y N  
List any special assistance required by this applicant: \_\_\_\_\_ Denied: Date \_\_\_\_\_

# BCRR Holding, LLC

11 CAMPUS DRIVE, BRADFORD, PA 16701

(814) 887-5563

(814) 362-7411 fax

## FULL APPLICATION FOR ADMISSION

THIS DOCUMENT MAY BE REPRODUCED WITHOUT PERMISSION

### Limited English Proficiency:

Do you require oral and/or written information in any language other than English?  Yes  No

If yes, which language: \_\_\_\_\_. Please contact our Office for assistance. If no, continue.

**Instructions:** Complete this form in ink in your own handwriting. Use the correct legal name for each person who will reside in the same unit exactly as it appears on his/her Social Security card. All persons age 18 and over must sign this application certifying the information pertaining to them is correct. Do not leave any section of the application blank. If a section does not apply to you, write N/A in it.

### Applicant Head of Household:

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

**Head of Household Social Security Number:** Is your current legal name different than the name on your Social Security card?  Yes  No

If yes, contact the Social Security office immediately to obtain a corrected card with your current legal name.

Have you or any other adult member ever used any name(s) or Social Security number(s) other than the one you are currently using?  Yes  No

If yes explain \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email address: \_\_\_\_\_

**I. HOUSEHOLD COMPOSITION** (List all persons who will stay in the dwelling.)

***\*Applicants are not required to disclose being disabled. However, benefits for which persons with disabilities are entitled cannot be provided unless the Applicant discloses being disabled.***

Adults (age 18 and older)	Social Security #	Relation to Head	Sex	Race and Ethnicity	Birth Date	Age	Disabled* Yes/No	Student Yes/No	List most recent date	
									Employed	Received TANF
Last		HEAD								
First MI										
Last										
First MI										
Last										
First MI										

Minors (Under Age 18)	Social Security #	Relation to Head	Sex	Race and Ethnicity	Birth Date	Age	Disabled* Y/N	Name/Address of Absent Parent (if applicable)
Last								
First MI								
Last								
First MI								
Last								
First MI								
Last								
First MI								

**Additional Family Members:**

Last	First	MI	Social Security #	Relation to Head	Sex	Race Ethnicity	Birth Date	Age	Disabled* Y/N	Name/Address of Absent Parent (if applicable)

**I. Household Composition** continued

1. Is any household member over age 18 a full time student (*other than head of household or spouse of head of household*)?  Yes  No  
 If yes, list name and the school they attend: \_\_\_\_\_
2. Is the *Spouse of the Head of Household* temporarily absent from the home?  Yes  No  
 If yes, where? \_\_\_\_\_  
 When will the person return? \_\_\_\_\_  
 Does absent spouse have income?  Yes  No  
 If yes, list below:  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_
3. Does anyone in your household require special accommodations due to a handicap or disability?  Yes  No  
 If yes, specify requirements: \_\_\_\_\_
4. Does any elderly or disabled household member require a Live-in Aid?  Yes  No
5. How many bedrooms does your family need? \_\_\_\_\_

**II. INCOME AVAILABLE TO HOUSEHOLD**

List **all** income earned or received by everyone living in the household regardless of age.  
 List **gross** amounts of income (before deductions).

Income Source	Yes	No	Family Member	Source	Amount
Wages or Earnings					\$
					\$
TANF					\$
Pension or Retirement					\$
					\$
SSI					\$
					\$
Social Security					\$
					\$
Child Support					\$
					\$
Unemployment Benefits					\$
					\$
Worker's Compensation					\$
					\$
Alimony					\$
Military Income					\$
Regular Contributions or Gifts					\$
					\$

Income Source	Yes	No	Family Member	Source	Amount
Self Employed (lawn care, hair stylist, etc.)					\$
Temp. / Sporadic Income					\$
Cyclical or Seasonal Work					\$
Student Financial Assistance (such as Scholarships)					\$
Grants					\$
Work study					\$
Lump Sum Payments					\$
Veterans Administration					\$

- Does anyone outside the household help with bills on a regular basis?  Yes  No
- If yes, list name of each person or agency that assists with bills:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- Is any household member age 18 or older employed in a job training program?  Yes  No  
If yes, list his/her name and the specific job training program: \_\_\_\_\_
- Has anyone in your household applied for any benefits which are in the process of being approved?  Yes  No  
If yes, explain: \_\_\_\_\_
- Are you entitled to:
 

	Child Support	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No
	Alimony	<input type="checkbox"/> Yes	\$ _____	<input type="checkbox"/> No

### III. ASSETS

1. Does any household member listed have assets or receive income from assets? Check all that apply to household.

Type Asset		Type Asset	
Real Estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Checking Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No	Savings Account	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No	Certificate(s) of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Company Retirement or Pension Fund	<input type="checkbox"/> Yes <input type="checkbox"/> No	Trusts	<input type="checkbox"/> Yes <input type="checkbox"/> No
Insurance Settlements	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Has any asset been given away or sold for less than its fair market value in the past 2 years?  Yes  No  
If yes, what? \_\_\_\_\_  
What was its market value? \$ \_\_\_\_\_. How much did you receive? \$ \_\_\_\_\_

**IV. MEDICAL AND DISABILITY ASSISTANCE**

1. List all medical expenses the family anticipates paying during the next 12 months that will NOT be reimbursed by insurance or other outside source. Do NOT include life or burial insurance premiums. (Complete only if the Head of household or Spouse is disabled or is 62 years of age or older.)

<b>TYPE OF EXPENSE</b>	<b>AMOUNT</b>	<b>TYPE OF EXPENSE</b>	<b>AMOUNT</b>
<i>medical insurance(s)</i> _____	\$ _____	<i>Doctor's Visits</i> _____	\$ _____
<i>prescription medicine(s)</i> _____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

2. Do you pay for attendant care or auxiliary apparatus for a disabled household member in order for them or any other family member to work?  Yes  No  
 If yes, Itemize:  
 a. \_\_\_\_\_  
 b. \_\_\_\_\_  
 c. \_\_\_\_\_

**V. CHILD CARE**

1. Do you pay for Child Care for children age 12 or younger while you work, attend school, or seek employment? \_\_\_\_\_ If yes, to whom are expenses paid? \_\_\_\_\_  
 How much per month? \_\_\_\_\_  
 2. Address of Child Care provider: \_\_\_\_\_  
 3. What amount is reimbursed? \_\_\_\_\_ Source: \_\_\_\_\_

**VI. PREVIOUS HOUSING ASSISTANCE**

Has any household member lived in public housing or participated in the Section 8 housing assistance program after reaching the age of 18?  Yes  No  
 If yes, under what name: \_\_\_\_\_  
 Housing Agency/City \_\_\_\_\_  
 From \_\_\_\_\_ To \_\_\_\_\_ Lease in Name of: \_\_\_\_\_  
 Were you evicted or asked to move?  Yes  No  
 Were any wages disregarded in calculating your rent?  Yes  No

**Optional Data Collection Items**

**VI. CRIMINAL HISTORY**

1. Has any household member (regardless of age) been involved in, arrested, charged, or convicted for any of the following:  Yes  No  
 Violent criminal activity?  Yes  No  
 If yes, give details \_\_\_\_\_  
 Domestic Violence, dating violence, or stalking?  Yes  No  
 If yes, name of victim: \_\_\_\_\_ Name of perpetrator: \_\_\_\_\_

Alcohol related activity?  Yes  No

If yes, give details \_\_\_\_\_

Manufacture of methamphetamines?  Yes  No

If yes, give details \_\_\_\_\_

Possession, sale, or distribution of illegal drugs? Yes No

If yes, list name/date/disposition of case \_\_\_\_\_

List name of any household member who is required to register as a sex offender: \_\_\_\_\_

2. Has any household member participated in drug rehabilitation during the past 12 months?  Yes  No If yes, explain \_\_\_\_\_

3. Has any household member been evicted from federally assisted housing in the past 3 years?  Yes  No If yes, who? \_\_\_\_\_ Where? \_\_\_\_\_

4. For every member of the household, list all states of residency:

Name of Household Member: \_\_\_\_\_ States resided in: \_\_\_\_\_  
Name of Household Member: \_\_\_\_\_ States resided in: \_\_\_\_\_  
Name of Household Member: \_\_\_\_\_ States resided in: \_\_\_\_\_  
Name of Household Member: \_\_\_\_\_ States resided in: \_\_\_\_\_  
Name of Household Member: \_\_\_\_\_ States resided in: \_\_\_\_\_  
Name of Household Member: \_\_\_\_\_ States resided in: \_\_\_\_\_  
Name of Household Member: \_\_\_\_\_ States resided in: \_\_\_\_\_

**VII. RENTAL HISTORY**

1. Current Landlord: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Dates of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_  
Address of Rental Property: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Were you ever late in paying rent?  Yes  No  
Were you evicted or asked to move?  Yes  No

2. Previous Landlord: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



Were you ever late in paying rent?  
Were you evicted or asked to move?

Yes  No  
 Yes  No

**VIII. PERSONAL REFERENCES**

1. List three references (who you are not related to by blood or marriage) who have knowledge of your ability and willingness to abide by a lease agreement.

Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you know him/her? \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you know him/her? \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ How long have you know him/her? \_\_\_\_\_

**IX. MISCELLANEOUS INFORMATION**

1. List all vehicles that household members will park on property:

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_  
Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License Plate # \_\_\_\_\_

2. Do you have a pet?  Yes  No

Describe: \_\_\_\_\_

**APPLICANT CERTIFICATION**

All information provided on this application and at the interview is subject to verification. All family members age 18 or over should review the information on this form for completeness and accuracy.

By my signature below, I do hereby swear and attest that all information on this application is true and correct. I understand that I must report any changes in income, assets, family composition, address, or phone number to the Housing Authority within 10 days of such change for my application to remain valid. By my signature, I grant permission for the Housing Authority to verify information necessary to determine my eligibility and suitability for housing. I further understand that false statements or information are grounds for denial of this application.

**X**  
\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

**X**  
\_\_\_\_\_  
Signature of Spouse of Head of Household or Other Adult

\_\_\_\_\_  
Date

**X**  
\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date

**WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.**

*If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity national toll-free hot line at 1-800-669-9777.*

# MCHRA Housing & Homeless Services (HHS) Questionnaire

**Please answer the following questions before submitting your application.**

1.) Are you currently living in a car, on the street, or another place not meant for human habitation?

YES  NO

2.) Are you currently living in an emergency shelter, transitional housing, or a hotel/motel paid for by a charitable organization?

YES  NO

3.) Are you exiting an institution, including a hospital, substance abuse or mental health treatment facility, or jail/prison, where you stayed for 90 days or less? If so, were you living in an emergency shelter or place not meant for human habitation immediately before entering that institution?

YES  NO

4.) Are you fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions for you or a family member, including a child, that has either taken place within your family's primary nighttime residence or has made the you afraid to return to your primary nighttime residence?

YES  NO

*Only answer the following if you checked yes to question 4. Do you currently have nowhere else to live and also lack the resources or support networks, including family, friends, faith - based, or other social networks, to obtain other permanent housing?*

YES  NO

5.) **If you have answered yes to one or more questions above, may we refer your name and contact information to our HHS Department for assistance?**

YES  NO

Please be aware that BCRR Holding, LLC does not offer any applicant preferences including one for homeless individuals. If you consented, and if you qualify for one or more of their programs, information gathered on this form will be submitted to the Housing and Homeless Services (HHS) Department for their review. They will contact you directly if they are able to assist you.

**THIS BOX RESERVED FOR OFFICIAL OFFICE USE ONLY - LEAVE BLANK**

HOH Name: \_\_\_\_\_ Date Referred: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Household Members: \_\_\_\_\_ Adults \_\_\_\_\_ Children

**\*\*Pull this form prior to scanning and filing application. Send referral to HHS Coordinator\*\***

# ATTENTION!

The following pages **MUST** be completed **for each adult** member in the household who is 18 years of age or older.

**Please Submit Copies as Necessary.**

BCRR Holding, LLC CRIMINAL BACKGROUND CHECK

REQUESTING CRIMINAL RECORD AND SEX OFFENDER CHECK FOR HOUSING APPROVAL

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

MIDDLE INITIAL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SS NUMBER: \_\_\_\_\_

SEX: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

MAIDEN NAME OR ALIASES: \_\_\_\_\_

FOR MANAGEMENT USE ONLY:

NO CRIMINAL RECORD: \_\_\_\_\_

CRIMINAL RECORD - DOES NOT DISQUALIFY: \_\_\_\_\_

CRIMINAL RECORD - DISQUALIFIES  
SEE CRIMINAL RECORD DRAWER \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AUTHORITY SIGNATURE

\_\_\_\_\_  
DATE



BCRR Holding, LLC CRIMINAL BACKGROUND CHECK

I have been informed that a criminal record and sex offender check will be submitted and I authorize BCRR Holding, LLC to continue with the application process.

Signature: **X** \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_



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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<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.

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**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.