



# Wynne Senior Residences

Return to Wynne Senior Residences, PO Box 21578, Philadelphia, PA 19131

## Head of Household

NAME: \_\_\_\_\_  
(First) (Middle Initial) (Last)

SSN: \_\_\_\_\_

Male  
 Female

Current Address: \_\_\_\_\_  
(House #) (Street Name) (Apt #)

Home Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Number of Adults in Household: \_\_\_\_\_

## Household Members

NAME	M/F	RELATIONSHIP	SSN	Birth Date

## Annual Household Income

Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Specify)	\$

## Preferences for Determining Waiting List Position

- Do you require a unit with accessible features?
- Is everyone in your household 62 years or older?
- Do you or does any member of your household have an existing voucher?
- Are you currently employed?
- Are you living in substandard housing?
- Are you homeless?

Yes	No
Yes	No
Yes	No
Yes	No
Yes	No
Yes	No

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the U.S. Code.

- I \_\_\_\_\_ hereby give my permission for a credit and criminal background check, which is part of the application process.
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Head of Household Signature: \_\_\_\_\_

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

Household Member Signature: \_\_\_\_\_

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

Household Member Signature: \_\_\_\_\_

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

Household Member Signature: \_\_\_\_\_

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

## Types of Program Assistance (For Office Use Only)

Tax Credit       HOME       50%

RAD       30%       60%

