



*A partnership to address the problem of homelessness and lack of affordable housing in Bucks County*

INTERFAITH HOUSING DEVELOPMENT CORPORATION  
OF BUCKS COUNTY

Dear Applicant:

In order to review and process your application, you must supply us with the following information listed below:

\_\_\_\_\_ Current pay stub reflecting two months earnings

\_\_\_\_\_ Welfare benefits from DPA, if applicable

\_\_\_\_\_ Child Support Order, if applicable

\_\_\_\_\_ Self employed applicants – two years of personal/business tax returns.

\_\_\_\_\_ Verification of money from other sources willing to help with down payment or closing costs (bank statement and notarized letter)

\_\_\_\_\_ Rental Reference (Need one of the following):

\_\_\_ 12 months payment history from the landlord

\_\_\_ 12 months current and consecutive canceled checks

\_\_\_\_\_ \$25.00 Application Fee

(G:\Users\Shared\Word\rental application)

REVISED 12-06

Building  
805 North  
Unit 102  
Bristol, PA  
Phone: 2  
Fax: 215



United Way

**INTERFAITH HOUSING DEVELOPMENT CORPORATION  
OF BUCKS COUNTY**

805 N. Wilson Avenue, Bldg. 100, Unit 102  
Bristol, Pa. 19007

PHONE: (215)-945-8630

fax: (215)-945-8699

**HOUSING PROGRAM GUIDELINES**

Interfaith Housing Development Corporation is a non-profit, low income housing provider with homes located throughout Lower Bucks County. Interfaith has developed the following programs to assist low to moderated income families with their housing needs.

**SECTION 8 RENTAL PROGRAM**

INTERFAITH Housing has approximately fifteen-3,4 and 5 bedroom homes which are currently placed in the Section 8 rental program. In order to qualify for Interfaith's Section 8 rental program, an applicant must meet the following qualifications:

- Have fair-good credit
- Have good rental references
- Must be involved in a self-sufficiency program (with recommendation letter from counselor)
- Must be willing to participate in further budget and/or credit counseling if necessary

Interfaith Housing currently has a waiting list of families who anticipate the rental of an IHDC house. These homes are available on a first come-first served basis and preference is given to applicants on the waiting list who meet the above qualifications.

**HOME OWNERSHIP PROGRAM**

Interfaith Housing's home ownership program consists of homes acquired by HUD that are in dire need of rehabilitation and require extensive rehab. Interfaith buys houses, works with the prospective owners and their families, not only with rehabing but also in finding the most affordable mortgage. Through the efforts of skilled and professional volunteers, Interfaith is able to minimize expenses, therefore reducing the final sale price of the home thus providing an affordable unit to a moderate income family. To qualify for homeownership, a family must meet the following criteria:

- Have fair-good credit (or repairable credit)
- Have low monthly debt payments
- Must be willing to participate in budget and/or credit counseling if necessary
- Have good personal and rental references
- Must be employed consecutively for at least two years
- Show a savings pattern
- Must be able to attend 4 workshops/seminars, which must be completed prior to occupancy

An application must be filled out and returned with proper income and asset verification in order to be placed on Interfaith's waiting list for any of the above named programs. If an applicant does not meet Interfaith Housing's program requirements, they may contact Interfaith for appropriate referrals for agencies that may be of assistance with their housing needs.

**RENTAL APPLICATION**

DATE OF APPLICATION: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

APPLICANT NAME (LAST, FIRST, MI) \_\_\_\_\_ S.S. \_\_\_\_\_ D.O.B. \_\_\_\_\_

Co-APPLICANT \_\_\_\_\_ S.S.# \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS (STREET, ROAD, AVENUE) \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

LANDLORD'S NAME/ADDRESS/PHONE # \_\_\_\_\_

FAMILY COMPOSITION NAME(LAST, FIRST, MI)	RELATIONSHIP TO APPLICANT	BIRTHDATE MO./DAY/YEAR	SEX	SS#
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**PLEASE LIST ALL INCOME BELOW, INCLUDING CHILD SUPPORT, ALIMON  
DISABILITY, FOOD STAMPS, ETC.**

EMPLOYER/SOURCE OF INCOME	ADDRESS	HOW LONG EMPLOYED	MONTHLY GROSS INCOME	NAME OF SUPERVISOR ADDRESS & PHONE
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Applicant \_\_\_\_\_

Co-Applicant \_\_\_\_\_

TOTAL FAMILY GROSS INCOME: \$ \_\_\_\_\_ FAMILY SIZE \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS:**

	APPLICANT	CO-APPLICANT
Are you handicapped?	_____	_____
Have you ever been evicted?	_____	_____
Why?	_____	_____

Do you own real estate? \_\_\_\_\_

Do you have a Section 8 Voucher/  
Certificate? \_\_\_\_\_ DATE EXPIRES \_\_\_\_\_

**PERSONAL REFERENCES      RELATIONSHIP TO APPL.      ADDRESS      PHONE#**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**ASSETS**

<b>BANK</b>	<b>ACCOUNT #</b>	<b>CHECKING/SAVINGS</b>	<b>BRANCH</b>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**What areas of Bucks County would you like to live in?**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Disclosure/Affirmation of Information**

I/We declare the foregoing information is true and correct and I/We hereby authorize you to conduct an employment and credit check to verify our references.

\_\_\_\_\_  
Applicant's Signature      Date

\_\_\_\_\_  
Co-Applicant's Signature      Date

**\*PLEASE BE SURE TO SUPPLY INTERFAITH WITH INCOME AND ASSETS VERIFICATION ALONG WITH APPLICATION.**

# RENTAL INTAKE QUESTIONNAIRE

NAME \_\_\_\_\_ Phones -- H \_\_\_\_\_ W \_\_\_\_\_

1. How soon do you need to move? \_\_\_\_\_

2. Who will occupy the unit? \_\_\_\_\_

3. Do you have a pet? \_\_\_\_\_ Yes  No  What Kind? \_\_\_\_\_ Size \_\_\_\_\_

Is your pet neutered? Yes  No  Declawed? Yes  No  Can you prove it? Yes  No

4. Are you in a lease now? Yes  No  If no, where are you living? \_\_\_\_\_

How long at present address? \_\_\_\_\_ Why moving? \_\_\_\_\_

How much notice must you give? \_\_\_\_\_ Was it given? \_\_\_\_\_

5. What is your current rent? \_\_\_\_\_

6. What utilities do you pay? \_\_\_\_\_ How much per month? \_\_\_\_\_

7. How long been working at present job? \_\_\_\_\_

If less than two years, who was previous employer? \_\_\_\_\_ How long there? \_\_\_\_\_

8. Have you ever paid rent late? Yes  No  Been evicted? Yes  No  Are you current with rent now? Yes  No  If no, why? \_\_\_\_\_ Have you ever filed bankruptcy Yes  No  if yes, how long ago \_\_\_\_\_

9. How did you hear about IHDC? \_\_\_\_\_



Interfaith Housing Development Corporation of Bucks County (IHDC)  
IHDC Client Photograph and Testimonial  
Waiver/Release Form

Interfaith Housing Development Corporation of Bucks County (IHDC) has been a provider of housing for low and moderate-income buyers and tenants for the past 20 years. IHDC has served thousands of low-income and previously homeless residents through its housing, counseling and furniture center operations programs. These programs assist IHDC in acquiring the funding to keep these programs actively running.

IHDC counts on participation and support from the families that we serve. Since you and your family are currently being helped by IHDC, we'd like you to sign this waiver/release form that will allow IHDC to use any photographs and/or testimonials from you that could be using in promotional materials (print, media or internet). The photographs and/or testimonials that you would be a part of would help us to get our message out to other families that we assist as well as further explain our nonprofit organization to donators, supporters, township and/or government agencies and corporations.

I, \_\_\_\_\_ give permission to IHDC to use any  
(Print name)

photographs that I and/or my family might appear in and I grant permission to use any personal testimonials or comments that I or my family provide to IHDC either verbally or in written format in order to help support them in assisting other families in need in Bucks County. By signing this form, I am forfeiting any personal claims to these photographs and testimonials and/or comments that are provided to IHDC. I am granting a waiver of any present or future rights to the photographs and testimonials and/or comments and will not pursue any action if these photographs and testimonials and/or comments are used according to the agreed upon purposes mentioned above in this waiver/release form.

\_\_\_\_\_  
(Signature of IHDC homeowner or tenant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of IHDC staff)

\_\_\_\_\_  
(Date)

IHDC thanks you for your support so that we may continue our mission to serve homeless or low-income families in Bucks County with affordable housing and rebuilding hope.

*Interfaith Housing Development Corporation of Bucks County*  
215-945-8630 [www.ihdcbc.org](http://www.ihdcbc.org)