

Abigail Pankey Apartments Application Process
Location: 38th , Brown and DeKalb Street
Women's Community Revitalization Project
2036 N. 4th Street Philadelphia PA 19122

Step 1: Submit application

Fill all the blanks, sign and bring/ mail the application with the following documents:

- 1- Proof of income: Photocopies of paystubs, SSI/SS letter, child support/alimony, etc.
- 2- Photocopies of Valid Picture ID for all adult household members (over 18 years old)
- 3- Photocopies of Social security card and birth certificates for all household members
- 4- Proof of assets: Photocopies of the checking/savings/retirement account statements, credit unit, universal and/or whole life insurance statement, etc.
- 5- Photocopies of Marriage/divorced certificate and custody or foster documentation
- 6- Original Medical letter specifying need for an accessible unit (if applicable)
- 7- Original Reference letter from current landlord
- 8- A **non- refundable** \$20 money order is required per household members **over 18 years old, NO CASH OR PERSONAL CHECKS.** WCRP is not responsible for money orders lost in the mail, therefore , please detach the money order receipt and keep for your records. Money orders should be payable to : **WCRP**

Step 2: Credit/Criminal Background

WCRP will request the credit and criminal background for each household member over 18 years of age.

Failure to submit the money order(s) will result in your application being disqualified.

Step 3: Personal Interview

Applicants will be contacted via phone, email, or USPS mail to schedule the family interview. All members included in the application must be present for the interview. During the interview the staff will collect any missing documents that were not submitted with your application **Failure to submit missing documentation to the interview will result in your application being disqualified.**

Step 4: Home Visit

During the interview the applicant will receive the home visit schedule letter. WCRP will only conduct to do the inspection once. **Failure to cooperate with home visit will result in your application being disqualified.**

WCRP will only work with those applicants who comply with all the requirements, otherwise your application will be rejected.

Abigail Pankey Apartments is currently under construction. The new apartment complex will be located at 38th , Brown and DeKalb Street Philadelphia PA 19104. The new apartment complex will include , central air conditioning, range, refrigerator, laundry space with washer and dryer, garbage disposal , window treatments, luxury vinyl tile floors, free wi-fi , small parking area, elevators, 24 hours on call maintenance technician, and common space for tenants. We expect units to be ready for occupancy around December 2025 to March 2026. The application process takes time and we ask for your patience. If you have any questions about the process, please call 267-784-5856



| | |
|-----------------------------------|--|
| Date Application Received: | |
| Time Application Received: | |
| Requested Accessible Unit: | |
| Number of Bedrooms: | |

Office use only:

**Abigail Pankey Apartments
Women's Community Revitalization Project
RENTAL APPLICATION**

HOUSEHOLD COMPOSITION: List the head of your household and all members who will live in your home. Give the relationship of each family member to the head.

| Member No. | Full Name | Relationship | Birth Date | Age | Sex | Social Security No. | Full Time Student (Y/N) |
|------------|-----------|-------------------|------------|-----|-----|---------------------|-------------------------|
| 1 | | Head of Household | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |

STUDENT STATUS:

- Are all of the resident's full time students? Yes No
- If yes: Is every member of the household a single parent and his or her children, neither of whom is a dependent of a third part? Yes No
- If yes: Is every member of the household married and filing a joint tax return? Yes No
- If yes: Is any member of the household enrolled in a job training program comparable to the Job Training Partnership Act? Yes No
- If yes: Is any member of the household receiving assistance under Title IV of the Social Security Act: AFDC or TANF? Yes No

Current Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Work Number: _____ Cell Phone: _____

Email: _____ Preferred method of communication: _____

Landlord's Name: _____ Landlord's Phone: _____

Rent: _____ Length of Residency: _____ If less than three years, provide previous address and landlord name.

Previous Address: _____

City: _____ State: _____ Zip Code: _____

Length of Residency: _____ Rent: \$ _____



EMPLOYMENT:**HEAD OF HOUSEHOLD:**

Current Employer: _____ Position: _____ Supervisor: _____

Address: _____ Phone: _____ Fax: _____

Current Wages: \$ _____ per: (circle one) Hour Week Month Year

Hours Worked Per Week: _____ Tips or Commissions per Week: \$ _____ Annual Bonus: \$ _____

Do you have more than one job? Yes No Do you have a retirement account? _____**CO-APPLICANT OR ADULT MEMBER:**

Current Employer: _____ Position: _____ Supervisor: _____

Address: _____ Phone: _____ Fax: _____

Current Wages: \$ _____ per: (circle one) Hour Week Month Year

Hours Worked Per Week: _____ Tips or Commissions per Week: \$ _____ Annual Bonus: \$ _____

Do you have more than one job? Yes No Do you have a retirement account? _____

ANNUAL INCOME: For each type of income that your household received, give the source of the income and the amount of income that can be anticipated from that source during the next 12 months:

| SOURCE | APPLICANT | CO-APPLICANT | OTHER ADULT | TOTAL |
|-------------------------------------|-----------|--------------|---------------|-------|
| Gross Salary | | | | |
| Overtime Pay | | | | |
| Commissions/Tips/ Bonuses/Fees | | | | |
| Unemployment Benefits | | | | |
| Worker's Compensation/Disability | | | | |
| Social Security | | | | |
| Pensions/Retirement Funds, etc. | | | | |
| Alimony/Child Support | | | | |
| TANF Payments | | | | |
| Income from Business | | | | |
| Recurring Income or Gifts | | | | |
| | | | TOTAL: | |

Does any member of your household who is not now working, expect to work for any period during the next twelve months? Yes No

ASSETS: Assets include cash (wherever held), equity in real estate or capital investments, notes receivable, stocks, bonds, money market account, certificates of deposits, IRA's, retirement and pension funds, 401K's, 403B's, luxury personal property (gems, jewelry, art, coin collections, etc...), etc. You must also include cash value of whole or universal life insurance policies as well as the value of any assets disposed of in the past 24 months for less than fair market value.

| ASSETS | CASH VALUE | INCOME FROM ASSETS | NAME OF FINANCIAL INSTITUTE | ACCOUNT NUMBER |
|-----------------------------------|------------|--------------------|-----------------------------|----------------|
| Checking Account | | | | |
| Savings | | | | |
| Certificate of Deposit | | | | |
| Mutual Funds/ Stocks/Bonds | | | | |
| 401K/IRA/Other Retirement Account | | | | |
| Real Estate | | | | |
| Life Insurance | | | | |
| Savings Bonds | | | | |
| Other | | | | |
| TOTAL: | | | | |

Have you disposed of any assets at less than fair market value within the last 24 months? Yes No

OTHER:

Have eviction charges ever been filed against you at a District Magistrate's office for nonpayment and/or late payment of rent to your landlord or for any other reason? Yes No

Have you or any other household member or person you wish to reside with you ever been convicted of a crime? (Omit only minor Traffic Violations; DUI is considered a crime.) Yes No

Have you or any other household member or person you wish to reside with you been released from jail in the past five (5) years? Yes No

Have you or any other household member or person you wish to reside with been victims of domestic violence? Yes No

Are there any special housing needs or reasonable accommodations that the household will require? For example, a unit for mobility impaired, unit for visually impaired, unit for hearing impaired, a live-in aide, etc. Please list.

If applicable, please circle the one that best describe your current housing situation: sleeping in places not meant for human habitation or emergency shelter, graduating from a transitional housing program for homeless, being discharge from an institution or foster care? Explain,



EMERGENCY CONTACTS:

Name: _____ Relationship: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____

I/We certify that if selected, the unit I/we occupy will be my/our only residence. I/We understand the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which, may be released to appropriate federal, state, or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Head of Household Signature: _____ Date: _____

Co-Head Signature: _____ Date: _____

Adult Member: _____ Date: _____

Owner/Manager: _____ Date: _____

In accordance with the data collection information required by the Department of Housing and Urban Development (HUD), please provide the following information for the head of household.

| RACE | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaska Native & White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian/Alaska Native & Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other Multi-racial |
| ETHNICITY | GENDER |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Male |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Female |

I decline to provide this information.

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements to any Department or Agency of the United States as to any matter within its jurisdiction.





Applicant Screening Authorization Form

Access Code: _____

Applicant Information

| | | |
|-------------------------------|-------------------------------|-----------------|
| Last Name | First Name | M.I. |
| Date of Birth | Social Security Number | |
| Current Street Address | | |
| City | State | Zip code |

Co-Applicant Information

| | | |
|-------------------------------|-------------------------------|-----------------|
| Last Name | First Name | M.I. |
| Date of Birth | Social Security Number | |
| Current Street Address | | |
| City | State | Zip code |

Applicant Signature(s)

By Signing below, , I/We authorize that the above information is correct and complete and hereby authorize Landlord to obtain information it deems desirable in the processing of my application, including; credit reports, civil or criminal actions, rental history , employment/salary details, police and vehicle records, and any relevant information. If I rent the unit, I understand the information on this form maybe maintained in a tenant database for up to 7 (seven) years after I vacate the premises.

Applicant: X _____

Date: _____

Co-Applicant: X _____

Date: _____

National Tenant Network

Phone: (800) 422-8299 Fax: (888)885-7528

www.ntenet.com E-mail: philly@ntenet.com



NAME: _____

DATE: _____

ADDRESS: _____

PLEASE DESCRIBE YOUR CURRENT HOUSING SITUATION AND THE REASON YOU ARE APPLYING FOR HOUSING AT WCRP:

