

# CORAL STREET ARTS HOUSE

215.739.0310 \* 2446-68 CORAL STREET \* PHILADELPHIA, PA 19125

## Coral Street Arts House is now accepting applications for our waiting list.

Coral Street Arts House is the product of New Kensington Community Development Corporation's commitment to the arts in our community. It is a residential project for low income artists and all others who qualify under the income guidelines. It is located at 2446-68 Coral Street at the corner of coral and Hagert Street in the east Kensington section of Philadelphia. There are 27 one and two bedroom apartments that offer modern kitchens and baths, hardwood floors, carpeting, and air conditioning. Six units are designed to accommodate the needs of persons with mobility or sensory impairments. Each apartment offers a flexible floor plan that affords studio space. Each floors hallway provides lighting and hardware for the display of art. There is also a community room available for use by the residents. Rents are \$365.00 to \$697.00 depending on income and apartment type. **Utilities are not included.** The income restriction requires that applicants meet the income limit criteria and their gross income not exceed. The rents are set at 40%, 50%, & 60%:

40% 1 person \$21,960	40% 2 person \$25,080	40% 3 person \$28,200
50% 1 person \$27,450	50% 2 person \$31,350	50% 3 person \$35,250
60% 1 person \$32,940	60% 2 person \$37,620	60% 3 person \$42,300
40% 4 person \$31,320		
50% 4 person \$35,250		
60% 4 person \$42,300		

Coral Street Arts House is looking for artists at any point in their career, but dedicated to their craft. Coral Street is a close community committed to the advancement of the arts for each individual and in the community at large. Coral Street was founded on the belief that art can be a force for positive change in the lives of all community members. Non-artists are welcome to be a part of this special community.

Please return completed application to:

Coral Street Arts House  
Attn: Management Office  
2446 Coral Street  
Philadelphia, PA. 19125

**There is a non-refundable \$25.00 application fee for all household members 18 years of age and older.** Coral Street operates in accordance with Federal Fair Housing Laws. We do not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin.

\* \* \* \* \*



# Multifamily Management of Philadelphia

## RENTAL APPLICATION

Please write in BLUE ink and complete each line on this application, if it does not apply put N/A.

### APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Telephone # \_\_\_\_\_

Current Landlord – Name, Address & Phone # \_\_\_\_\_

Present Rent \_\_\_\_\_ Years at Present Address \_\_\_\_\_ Expiration Date of Lease \_\_\_\_\_

Are you responsible to pay utility bills?  Yes  No If, yes which ones  Gas  Electric  Water

Previous Address \_\_\_\_\_

Previous Landlord – Name, Address & Phone # \_\_\_\_\_

Number of Years at previous address? \_\_\_\_\_

Have You Ever Been Evicted?  Yes  No If yes Where? \_\_\_\_\_

Have You Ever Been Convicted of a Crime?  Yes  No If yes, Explain \_\_\_\_\_

### CO-APPLICANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Telephone # \_\_\_\_\_

Current Landlord - Name, Address & Phone # \_\_\_\_\_

Present Rent \_\_\_\_\_ Years at Present Address \_\_\_\_\_ Expiration Date of Lease \_\_\_\_\_

Are you responsible to pay utility bills?  Yes  No If, yes which ones  Gas  Electric  Water

Previous Address \_\_\_\_\_

Previous Landlord – Name, Address & Phone # \_\_\_\_\_

Number of Years at Previous Address? \_\_\_\_\_

Have You Ever Been Evicted?  Yes  No If yes Where? \_\_\_\_\_

Have You Ever Been Convicted of a Crime?  Yes  No If yes, Explain \_\_\_\_\_

Property Cord Street Arts House Apartments  
Address & Unit # \_\_\_\_\_

Unit Designation \_\_\_\_\_ Rent \_\_\_\_\_  
Income \_\_\_\_\_ R/I \_\_\_\_\_  
Utilities \_\_\_\_\_ BR Size \_\_\_\_\_

For Management use only.

# ANNUAL INCOME

PLEASE INSERT YEARLY INCOME FROM ALL SOURCES THAT APPLY

**EMPLOYMENT INFORMATION-----APPLICANT** – Please list all Employers for past 5 years.

**Current**

\_\_\_\_\_  
Name & Address of Employer

\_\_\_\_\_  
Telephone #                      Supervisor's Name                      Length of Employment                      Hrly Rate/Hrs Per Wk

**Previous**

\_\_\_\_\_  
Name & Address of Employer

\_\_\_\_\_  
Telephone #                      Supervisor's Name                      Length of Employment                      Hrly Rate/Hrs Per Wk

**If you have not been continuously employed for the Past TWO Years please explain.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CO-APPLICANT**

\_\_\_\_\_  
Name & Address of Employer

\_\_\_\_\_  
Telephone #                      Supervisor's Name                      Length of Employment                      Hrly Rate/Hrs Per Wk

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 OR OLDER	TOTAL
1. Gross Salary				
2. Overtime Pay				
3. Commissions/Fees/Tips/Bonuses				
4. Unemployment Benefits				
5. Workers Compensation				
6. Social Security, Pensions, Retirement Funds, etc., Received Periodically				
7. TANF Payments (public assistance)				
8. Alimony, Child Support				
9. Interest and or Dividends				
10. Net Income from Business				
11. Net Rental Income				
12. Other				
			<b>TOTAL:</b>	

**ASSET INFORMATION**

Please list checking and savings accounts including CDs, Money Market Funds, 401K, IRA, Keogh, Mutual Funds, Whole Life Insurance and other assets held by a financial institution (PLEASE LIST ACCOUNT TYPES OR ANSWER 'NONE' IF YOU DO NOT HAVE AN ACCOUNT)

Name of Financial Institution	Type of Account	Current Value	Is this an Interest Bearing Account?
<b>TOTAL ASSET INCOME</b>			

Please list Stocks, Bonds, and other directly held assets (OR ANSWER "NONE" IF YOU HAVE NO STOCKS, BONDS OR OTHER DIRECTLY HELD ASSETS)

Name of Assets	Number of Shares	Current Value	Actual Income
Other			
<b>TOTAL STOCK/BONDS INCOME</b>			

Do you own any Real estate?  Yes  No If yes Value of real-estate \_\_\_\_\_

Do you own a Business or Income Producing Real estate?  Yes  No

Do you receive income (rent/receipts) from this asset?  Yes  No

If yes annual net amount of income \_\_\_\_\_

**DISPOSAL OF ASSETS:** I \_\_\_\_\_ have \_\_\_\_\_ have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the "other" column in the above listing of assets.

**FOR STATISTICAL PURPOSES ONLY**

**Race of Head of Household:**  I prefer not to answer  White  Black or African American  
 American Indian/Alaska Native  Asian/Pacific Islander

**Ethnicity of Head Household:**  Hispanic or Latino  Non-Hispanic or Latino

**What is your martial status?** Married, Single, Divorced, Separated  
 (Circle One)

**HOUSEHOLD COMPOSITION** Please list all household members that will be residing in the unit and relationship to head of household:

Name	Relationship to Head of Household	Social Security Number	Date of Birth
	head		

What size apartment are you applying for? Studio, 1-2-3-4-5  
Circle One

How many people will live in the apartment you are applying for? \_\_\_\_\_ Do you expect any additions to the household in the next 12 months? \_\_\_\_\_ Are there any household members temporarily absent?  Yes  No

Are there any household members living with you now that will not be residing in the unit?  Yes  No

Do You Currently Receive Section 8 Assistance (Voucher, Certificate or Project Based)  Yes  No

In what County/Countries \_\_\_\_\_

Representative's Name and Telephone Number \_\_\_\_\_

Has your Assistance ever been terminated?  Yes  No If yes, please list reasons why assistance was terminated \_\_\_\_\_

Are there any special housing needs or accommodations that the household will require?  Yes  No  
 Examples are a unit for mobility impaired, a unit for visually impaired, a unit for hearing impaired, or grab bars, wheel in showers. \_\_\_\_\_

**STUDENT STATUS:**

Are **all** adults full-time students?  Yes  No

Will all adults become full-time students within the next 12 months?  Yes  No

Please check all that applies: To be eligible, the STUDENT must be able to answer YES to one & provide documentation

- | <u>YES</u> | <u>No</u> |  |
|------------|-----------|--|
| _____      | _____     | 1. I am a full-time student that is married <b>AND</b> currently filing a joint tax return<br><b>Please provide: A signed copy of most recent tax return and copy of marriage license required.</b>                  |
| _____      | _____     | 2. Our household is currently AFDC (Aid to Families with Dependent Children)<br><b>Please provide: A third party verification of AFDC award required</b>   |
| _____      | _____     | 3. I am a full-time student that is enrolled in the Job Training Partnership Act (JTPA) or a similar program <b>Please provide: A verification of enrollment &amp; mission statement of the program if not JTPA.</b> |
| _____      | _____     | 4. I am a full-time student that is a single parent with children and none of us are dependent on anyone else's tax return <b>Please provide: A signed copy of most recent tax return.</b>                           |
| _____      | _____     | 5. At least one household member will be residing in the unit who is <b>NOT</b> a full-time student. List all household members (Part-time students must include verification from school documenting this status).  |

**CREDIT & CRIMINAL CHECK  
PART II OF APPLICATION**

(APT. COMPLEX)

APPLICANT'S NAME _____	DATE OF BIRTH _____	
SOCIAL SECURITY NUMBER _____		
STREET ADDRESS _____	CITY, STATE & ZIP _____	
PREVIOUS STREET ADDRESS _____	CITY, STATE & ZIP _____	
EMPLOYER'S NAME _____	ADDRESS _____	PHONE# _____

**CO-APPLICANT'S INFORMATION**

APPLICANT'S NAME _____	DATE OF BIRTH _____	
SOCIAL SECURITY NUMBER _____		
STREET ADDRESS _____	CITY, STATE & ZIP _____	
PREVIOUS STREET ADDRESS _____	CITY, STATE & ZIP _____	
EMPLOYER'S NAME _____	ADDRESS _____	PHONE# _____

I/We hereby certify that I/We are at least eighteen (18) years of age and that the information voluntarily given on this form/application is true and correct. If any information is found to be incorrect, incomplete or missing, then this application may be automatically denied.

I/We hereby give approval authorizing you to release to the Landlord or their affiliate or First Advantage Safe Rent complete information concerning my credit standing, criminal background check, base pay and average earnings, or any other pertinent information. It is understood by filling in this form that I am authorizing The Landlord and/or First Advantage Safe Rent to verify all the information given

By signing this application I/We acknowledge that there will be a payment of a non-refundable application fee

I/We acknowledge that if credit is approved the completion of our application process will also require a satisfactory housekeeping visit.

Applicant's Signature _____	Date _____
Co-Applicant's Signature _____	Date _____

Approved     Disapproved (explain) \_\_\_\_\_

rev. 9-May-08



TO  
DATE  
FROM: