

Greater Hanover Housing Corporation Clearview Terrace Apartments 800 Randolph Street Hanover, PA 17331



The administrative staff is required to determine whether applicants are eligible to occupy the HUD-subsidized property and receive housing assistance. Eligibility is determined by federal statute and HUD regulation. Contact us if you have questions. Our number is (717) 632-8081 or you may email us at <u>clearviewterrace@clearviewterrace.com</u>.

How did you hear about Clearview Terrace? 🗆 Friend 🗆 Relative 🗆 Agency 🗆 Web Site 🗆 Other _____

1. Name of head of household (first, middle in	itial, last)	
2. Social Security Number	Birth date	Age
3. Mailing Address		
4. Email address		
5. Phone Number(s) (Home)	(Cell)	
6. Please list all states where you have resi	ded:	
7. If another person will be living with you	-	
Name of other household member (first,	middle initial, last)	
Social Security Number	Birth date	Age
Please list all states where this person l	has resided:	
Clearview II section (Must be 62 or if u HUD subsidized ren Clearview III section (Must be 62. Mon	that apply): r apartment Person restric nonelderly disabled person that requi D subsidized rent is based on 30% of in under 62, you must receive disability. t is based on 30% of income, utilities nthly rent is \$570.00, plus cable, elect	pension, annuity, etc.) of home/property, etc.)
13. I certify that the above information is	s true and correct to the best of i	my knowledge.
14. Signature of applicant(s)		
Equal Hou	ising Opportunity	familial status, actual or

We do not discriminate against any person because of race, color, religion, sex, disability, familial status, actual or perceived sexual orientation, gender identity, marital status or national origin.

For office use only: Date and time original application received in office: ______ Follow up: ______