



Greater Hanover Housing Corporation for the Aged & Handicapped
 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 clearviewterrace@clearviewterrace.com.

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

1. Name of head of household (first, middle initial, 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 resided: _____

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 has resided: _____

8. Is anyone listed on this application subject to a state lifetime sex offender registration in any state? ___ No ___ Yes If yes, please submit details of the registration.

9. Total amount of gross annual income and assets. Please fill out attachment to this form.

10. Apartment Options: I would like (Check all that apply):

___ First floor apartment ___ Second floor apartment ___ Person restricted to wheelchair

<input type="checkbox"/> Clearview Terrace I (HUD subsidized rent is based on 30% of income, utilities included in rent) Must be 62 OR If under 62, you are a disabled person that requires a wheelchair accessible apartment.	<input type="checkbox"/> Clearview Terrace II (HUD subsidized rent is based on 30% of income, utilities included in rent) Must be 62 OR If under 62, you must be disabled.	<input type="checkbox"/> Clearview Terrace III Must be 62. Monthly rent is \$580.00, plus you pay cable, electric and gas.
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11. I certify that the above information is true and correct to the best of my knowledge.

12. Signature of applicant(s) _____

Equal Housing Opportunity 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: _____

Please see additional pages for attachments and more information.