

**SUMMARY APPLICATION TO THE PHILADELPHIA HOUSING AUTHORITY FOR
LOCAL UNIT-BASED OPERATING SUBSIDY PROGRAM WITH OR WITHOUT
CAPITAL FUNDS**

[USE OF THIS FORMAT IS MANDATORY]

**[DO NOT STATE "SEE ATTACHED" EXCEPT FOR CONTINUATION SHEETS OR
AS OTHERWISE REQUESTED]**

DEVELOPER/OWNER:

(Name, Contact Person, Address, Telephone, Facsimile Number, Email address)

R. Max Kent, Director, Plans & Logistics, NewCourtland Elder Services

6970 Germantown Avenue, Philadelphia, PA 19119/ 215-951-4246 (phone)/ 215-548-8741 (fax)

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PROJECT NAME: NewCourtland Apartments at Allegheny Phase 2

TYPE OF APPLICATION (CHECK):

LOCAL UNIT-BASED OPERATING SUBSIDY PROGRAM (SELECT BELOW)

WITHOUT CAPITAL ASSISTANCE REQUEST

WITH CAPITAL ASSISTANCE REQUEST

TOTAL NUMBER OF UNITS TO BE ASSISTED UNDER THIS APPLICATION: 25

**PROJECT ADDRESS(ES), NUMBER OF SUBSIDIZED UNITS AND INDICATE IF
EXISTING UNITS OR NEW CONSTRUCTION:**

ADDRESS	REQUEST	EXISTING/NEW
1900 W. Allegheny Ave. Philadelphia, PA 19132	25 units operating subsidy	New

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FOR EACH BUILDING IN THE RPOPOSAL PROVIDE THE FOLLOWING:

BUILDING ADDRESS: 1900 West Allegheny Avenue, Phase 2, Philadelphia, PA 19132

ATTACH EVIDENCE OF SITE CONTROL (E.G. DEED) AND NECESSARY LICENSES AND/OR PERMITS:

INDICATE IF THE BUILDING WILL BE DESIGNATED FOR ELDERLY ONLY, DISABLED ONLY, AND/OR WILL HAVE SUPPORTIVE SERVICES:

INDICATE IF THE BUILDING IS LOCATED IN A CENSUS TRACT WITH:

POVERTY RATE OF LESS THAN TWENTY PERCENT (20%)

POVERTY RATE OF TWENTY PERCENT OR MORE (IF THIS ITEM IS CHECKED, JUSTIFY WHY THE PROJECT SHOULD STILL BE APPROVED)

NUMBER OF UNITS EXISTING OR TO BE CONSTRUCTED IN THE BUILDING:

NUMBER OF UNITS IN THE BUILDING FOR WHICH OPERATING SUBSIDY IS REQUESTED:

FOR EACH UNIT FOR WHICH SUBSIDY IS REQUESTED PROVIDE:

- **UNIT IDENTIFICATION**
- **WHETHER EXISTING OR PROPOSED FOR CONSTRUCTION**

IF PROPOSED FOR CONSTRUCTION, INDICATE PLANNED START AND

OCCUPANCY DATES Construction start September 2015; Full Occupancy by August 2016

IF EXISTING, INDICATE WHEN UNIT WILL MEET PHAS STANDARDS

- **SQUARE FOOTAGE**
- **TOTAL NUMBER OF ALL ROOMS**

NUMBER OF BEDROOMS

NUMBER OF BATHROOMS

- **PROPOSED TOTAL RENT**
- **UTILITIES, SERVICES, AND EQUIPMENT INCLUDED AND NOT INCLUDED IN THE RENTAL CHARGE, AND IF NOT INCLUDED IN THE RENT, THE ESTIMATED AVERAGE MONTHLY COST OF EACH EXPENSE DURING THE FIRST YEAR OF OCCUPANCY**
- **AMENITIES (INCLUDING, BUT NOT LIMITED TO UNITS DESIGNED FOR PERSONS WITH MOBILITY IMPAIRMENTS, VISION IMPAIRMENTS, HEARING IMPAIRMENTS, OR OTHER SPECIAL NEEDS) AND SERVICES PROVIDED (INCLUDING, BUT NOT LIMITED TO SERVICES FOR PERSONS WITH MENTAL IMPAIRMENTS, RECOVERING SUBSTANCE ABUSERS, VICTIMS OF DOMESTIC VIOLENCE, PERSONS WITH OTHER SPECIAL NEEDS)**
- **CATEGORIZATION BY INCOME OF PROSPECTIVE RESIDENTS IN RELATION TO AREA MEDIAN INCOME**

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(Attach one sheet in same format for each building; all units for which vouchers or subsidies are requested in the same building should be on one sheet providing the requested information)

ADDITIONAL INFORMATION

RELOCATION – If the units or sites are presently occupied, provide the number of families, individuals, businesses and other organizations presently occupying the site; the number of them to be displaced, temporarily relocated, or moved permanently; estimated costs and sources of relocation payments and services; plan for relocation, including organization providing services. (may be attached)

NEW CONSTRUCTION – If the units will be newly constructed, attach plans and sketches

ALL APPLICATIONS –

Attach all information required by Statement of Work, Section C – Qualification Criteria and Proposal Submission Instructions, and the solicitation package.

Indicate proposed term, in years, of the assistance or subsidy

Attach a sheet describing how the requested assistance or subsidy will further PHA housing objectives

Complete the following affidavit:

OWNER – DEVELOPER AFFIDAVIT

1. Does the owner/developer or any of its principals owe the City of Philadelphia any monies for incurred real estate taxes, rents, water, and sewer charges or other indebtedness?

Yes _____ No X

2. Are any of the principals of the owner/developer employed by the City of Philadelphia or the Philadelphia Housing Authority? Yes _____

No X

If so, in what capacity, and include the name of the principal, the agency or department, and the position held in that agency or department?

3. Has the owner/developer or any of its principals ever been the owner of any property upon which the City of Philadelphia foreclosed for its/his/her failure to pay real estate taxes or other indebtedness?

Yes _____ No X

4. Have any of the principals of the owner/developer ever been convicted of any arson-related crimes, or currently under indictment for any such crime?

Yes _____ No x

5. Has the owner/developer or any of its principals been convicted of violating any law, code, statute or ordinance regarding conditions of human habitation within the past three (3) years? Yes _____ No x

Signed under penalty of perjury this _____ 11th day of November, 20014.

SIGNATURE: _____

TITLE: ASST VICE PRESIDENT PLANS AND LOGISTICS

ORGANIZATION: NewCourtland Elder Services

ADDRESS: 6970 Germantown Avenue, Philadelphia, PA 19119