PRELIMINARY INFORMATION

Date: _____ **Time:** _____ **Interested In:** ☐ Ashland Manor ☐ Olde Towne Manor ☐ New Hope Manor

Name: _____ **D.O.B.:** _____

Address: _____ **Phone:** _____

Gender: ☐ (M) - ☐ (F) **Any Special Needs:** ☐ Yes ☐ No **F/T Student:** ☐ Yes ☐ No

Tentative Move-In Date: _____ **Sect. 8:** ☐ Yes ☐ No

No Pet Policy
(Except A Service Dog As Defined By The ADA March 2011)

Race/Ethnicity:
- ☐ Hispanic/Latino
- ☐ American Indian/ Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/ Other Pacific Islander
- ☐ White
- ☐ I Decline To Provide

✓ **Income Verification**

- ☐ **Employment (Gross Wages/Yr.):** $_____
- ☐ **Unemployment/Welfare:** $_____
- ☐ **Social Security (Gross Amt./Yr.):** $_____
- ☐ **Pension (Gross Amt./Yr.):** $_____
- ☐ **I.R.A. (R.M.D/Yr.):** $_____

Income Sub-Total: $_____

Asset(s) Verification*

Qty.		Balance/Value		Int. Rate		Int./Dividends Income
☐	Checking Acct(s):	$_____	x	_____ %	=	$_____
☐	Savings Acct(s):	$_____	x	_____ %	=	$_____
☐	Money Mkt. Acct(s):	$_____	x	_____ %	=	$_____
☐	Cert(s) Of Deposit:	$_____	x	_____ %	=	$_____
☐	Bond(s):	$_____	x	_____ %	=	$_____
☐	Stock(s):	$_____		Dividends =		$_____
☐	Mutual Fund(s):	$_____		Cap. Gains/Dividends=		$_____
☐	Annuities:	$_____		Interest=		$_____
☐	Whole Life Ins.:	$_____		Dividends =		$_____
☐	Real Estate Value:	$_____				

Int./Cap. Gains/Div. Sub-Total: $_____

Total Asset(s) Value: $_____ *(x 0.40 %)* = *($_____)*
(For Office Use Only - Imputed Income If Total Assets Over $51,600.)

TOTAL ANNUAL INCOME: $_____

*Attach a separate sheet for any additional accounts

Instructions On Reverse Side →

NEW HOPE MANOR

PRICING SHEET

2026

Unit A
Low Income - * **$685.00** *
Age 62 plus income requirements
1 person *$28,320 minimum - $41,800 maximum allowable**
2 persons *$28,320 minimum - $47,800 maximum allowable**

Unit A
Median Area Income - * **$970.00** *
Age 55 plus income requirements
1 person *$40,200 minimum - $83,600 maximum allowable**
2 persons *$40,200 minimum - $95,600 maximum allowable**

Unit B
No Income limit - * **$1,470.00** *
Age 55 Income requirements must make *$54,279 minimum

Unit C
No Income limit - * **$1,570.00** *
Age 55 Income requirements must make *$57,703 minimum

Unit D
No Income limit - * **$1,670.00** *
Age 55 Income requirements must make *$61,131 minimum

*Subject to change
** Participating in Housing Choice Voucher Program

NO PET POLICY

Except for a Service Dog as defined by the ADA March 2011

215-295-1443 – FAX 215-295-5502

PRICE SHEET
2026
Ashland Manor

36 – One Bedroom Apartments
For Persons Age 55 And Older

18 Apartments Rent For $715.00/Month*
18 Apartments Rent For $780.00/Month*

Income Requirements To Qualify To Pay $715.00/Month
1 person $29,006 minimum - $41,800 maximum**
2 persons $29,006 minimum - $47,800 maximum**

Income Requirements To Qualify To Pay $780.00/Month
1 person $31,234 minimum - $50,160 maximum**
2 persons $31,234 minimum - $57,360 maximum**

*Subject to change

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If Interested In Cornwells Heights Senior Apartments, Please Call: 215-639-2700

Visit our website – www.buckshousing.org
Info @ buckshousing.org

PRICE SHEET
2026
Olde Towne Manor

15 – One Bedroom Apartments
For Persons Age 55 And Older

3 Apartments Rent For $740.00/Month*
12 Apartments Rent For $785.00/Month*

Income Requirements To Qualify To Pay $740.00/Month
1 person *$28,491 minimum - $41,800 maximum**
2 persons *$28,491 minimum - $47,800 maximum**

Income Requirements To Qualify To Pay $785.00/Month
1 person *$30,034 minimum - $50,160 maximum**
2 persons *$30,034 minimum - $57,360 maximum**

*Subject to change
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NO PET POLICY
Except a Service Dog, as defined by the ADA March 2011

*Visit our website – **www.buckshousing.org***
info@buckshousing.org

INSTRUCTIONS

Please complete the entire sheet and return it either via fax to 215-295-5502 or mail to BCHDC, 9187 New Falls Road, Suite 203-L, Fallsington, PA 19054. Should you have any questions regarding any of the information required, please don't hesitate to contact our office at 215-295-1443, extension 11 for Marge Reca or extension 10 for Marilee Gillespie.

1. Income Verification:

   A. Employment – Please list the gross annual amount (including taxes) from a year ending paystub or W-2 Form.
   B. Unemployment/Welfare - Please list the gross annual amount (including taxes, if any). If an amount is received for a period of less than one year, please list both the actual length of time and amount.
   C. Social Security – Please list the gross annual amount (including the Medicare deduction, if applicable). At the end of every year, you receive a notice from the Social Security Administration advising you of your new benefit amount for the next year. If you don't have this form to reference, you can take the amount you receive each month, add the current Medicare deduction to it, then times this amount by 12 (months).
   D. Pension – Please list the gross annual amount (including any deductions taken for medical coverage, union dues, etc.). You may refer to a 1099 Form (if you receive one from the pension company) or take the amount you receive each month, add any deductions to it, then times this amount by 12 (months).
   E. I.R.A. – Please list the gross annual amount (including taxes paid, if any) of a Required Minimum Distribution received from any type of account designated as an I.R.A.

   Add all above amounts together and enter that figure for the Income Sub-Total.

2. Asset(s) Verification:

   A. Checking, Savings, Money Market, Certificate(s) of Deposit, Annuities and Bond(s) – Please list the current balance or cash surrender value of each of these and their interest rate. Multiply each balance or value by their interest rate and list that amount under the Int./Dividends Income.

   B. Stocks, Bonds, Mutual Funds, Annuities – Please list their current value and either the total dollar amount of interest, dividends or capital gains earned last year (refer to a 1099 Form); or, the total dollar amount of interest, dividends or capital gains earned year-to-date (refer to a most recent investment company statement)

   C. Whole Life Insurance – If you have this type of insurance that builds a cash value inside of it, please list that value. Typically, this type of insurance also pays dividends. Please list either the dividends you received last year (refer to a 1099 Form) or the value of the additional insurance protection they bought you (refer to most recent insurance company statement).

   D. Real Estate – If you have a formal real estate appraisal, please list that value. Otherwise, enter a value appropriate to what other similar homes in your neighborhood have recently been sold for.

3. Add all the interest, dividends, and capital gains totals together and list that amount for the Sub-Total.

4. Add together all the current balances/values in Section(s) 2 A-D above and list that amount for the Total Asset(s) Value.

5. Add the Income Sub-Total and Int./Cap. Gains/Div. Sub-Total to arrive at a TOTAL ANNUAL INCOME.

BCHDC RENTAL POLICY AND PROCEDURES

ASHLAND MANOR, OLDE TOWNE MANOR AND NEW HOPE MANOR

1) To reside in a Low Income Housing Tax Credit (LIHTC) 1-bedroom apartment all person(s) must meet the income criteria (via third party verification) listed on the community's current pricing sheet; as well as be at least 55 years of age at Ashland Manor and Olde Towne Manor, and at least 62 years of age at New Hope Manor. To be eligible for the Median Area Income 1-bedroom apartments at New Hope Manor all person(s) must meet the income criteria (via third party verification) listed on the current pricing sheet; as well as be at least 55 years of age. The income criteria is waived if a person holds a Section 8 Voucher but must have sufficient income to sustain the apartment.

2) All person(s) must complete a Preliminary Information Form listing both income and assets to determine financial eligibility and provide a copy of their most recent income tax return if one is filed.

3) No person(s) can have been evicted from an apartment or home for non-payment of rent or a mortgage and have a favorable rental reference.

4) No person(s) can owe Perkasie Borough (electric for Olde Towne Manor) or PECO electric company (electric for Ashland Manor and New Hope Manor) other than a current bill.

5) No person(s) can have declared bankruptcy in the last seven (7) years unless it has been discharged.

6) No person(s) can have ever been convicted of a felony. Misdemeanors are reviewed on a case by case basis.

ASHLAND MANOR, OLDE TOWNE MANOR AND NEW HOPE MANOR
ARE ALL SMOKE FREE BUILDINGS

NO PET POLICY
(Except for a service dog as defined by the ADA of March 2011)