



**RIVERVIEW HOMES ASSOCIATION  
321 UTAH AVENUE  
WEST MIFFLIN, PENNSYLVANIA 15122  
Telephone (412) 469-2600 - Fax (412) 469-8268**

Dear Prospective Resident:

Thank you so much for your interest in our community at Riverview Homes Association. We currently have unique units available for immediate occupancy consisting of one and two bedroom units with great features.

Attached you will find our current application that includes additional general information about our Co-Operative Program and our community. All of our units are two-story units and water and sewage is included.

Our community is located in West Mifflin and has a beautiful river view. Our family-friendly community features a fenced-in playground area and a ball field. There are many benefits to becoming a resident of our community. We are located on a PAT bus line and within walking distance to the New Emerson Elementary School. We are also 5 minutes from shopping, entertainment and the Allegheny County Airport. We also have 24-hour on-site emergency maintenance.

If we have a unit that is of interest to you, we will do our best to provide information so that you can make a decision on your future residence.

Thank you and we look forward to hearing from you.

Sincerely,

Riverview Homes Association

**Riverview Homes Association**  
**321 Utah Avenue**  
**West Mifflin, PA 1522**  
**Telephone (412) 469-2600**

This letter is to inform you of our Trial Cooperator Tenancy Program and what a Co-operative is.

When you accept a Unit:

1. You are a **TENANT** of the Association for a period of six (6) to eleven (11) months.
2. You will be required to pay the following:
  - The First Month's Rent
  - \$250.00 - **A non-refundable Service Fee**
  - \$750.00 - (Applied to the total Membership Fee of \$1500.00. The Membership Fee is a down payment on your Mutual Ownership Contract.)

It is suggested that in addition to paying your monthly rent, you make an **additional payment** in the amount of \$100.00 each month toward the balance of your Membership Fee.

3. As a TENANT, your rent is due **on or before the first day of the month.**
4. You are required to attend two (2) Quarterly Membership Meetings and two (2) Tenant meetings with the Board of Directors.
5. Tenants are permitted to own only (1) indoor cat with a \$40.00 non-refundable fee that must be paid before obtaining the unit keys. **RIVERVIEW HOMES HAS A NO DOG POLICY.**
6. Tenants are responsible for their own gas and electric utility bills. Water and sewage is included in your rent.
7. If you do not accept the unit and would like to remain on the waiting list, your application will be moved to the bottom of the waiting list.

**All TENANTS must adhere to the requirements of their Lease Agreement and to the Rules and Regulations of the Association.**

At the end of your Tenancy and if you are accepted as a Member of the Association:

1. The total of the Membership Fee is due - \$1500.00. (Any monies owed as a balance left after your initial \$750.00 payment). **Reminder:** The Membership Fee (\$1500.00 total) is a down payment on your Mutual Ownership Contract and is required of all new members.)
2. The Mutual Ownership Contract is valued at \$16,200.00 and is paid off over a period of Twenty (20) years. In essence, you are buying the Perpetual Use in the unit.

3. If you decide to move, Riverview Homes Association will purchase your Contract.

**All Members must adhere to the requirements of their Mutual Ownership Contract, By-Laws and the Rules and Regulations of the Association.**

If you would like to have your application processed, please submit **\$35.00** for a mandatory Credit and Criminal Report.

A married couple on the contract together must submit a total of **\$70.00** for a Credit/Criminal report for each person.

For anyone listed on the application over 18 and older a separate criminal report must be obtained at a cost of **\$18.00 each**. If you have any questions concerning this matter, please call or write to the office.

**Income Requirements you must meet for Riverview homes Association**

For (1) person - \$1,000 a month gross

For (2) persons - \$1,500 a month gross

For (3) persons - \$1750 a month gross

For (4) persons - \$1,925 a month gross

For (5) persons - \$2,100 a month gross

For (6) persons - \$2,275 a month gross

**Effective August 1, 2011, the following information is needed to apply for a unit:**

- Proof of Income – Pay stubs, Child Support, SSI and all other forms of income.
- W-2 from prior year.
- Driver's License and/or ID Card

**Tenants Rent and Total Move-in Monies – EFFECTIVE JULY 1, 2018:**

**1 Bedroom: \$485.00 + \$250.00 (service fee) + \$750.00 (partial Member Fee) = \$1,485.00**

**2 Bedroom: \$504.00 + \$250.00 (service fee) + \$750.00 (partial Member Fee) = \$1,504.00**

**3 Bedroom: \$522.00 + \$250.00 (service fee) + \$750.00 (partial Member Fee) = \$1,522.00**

**Tenant Trial Period Summary:**

- As stated previously you will be a Tenant in Riverview Homes for a period of 6-11 months.
- The total Membership Fee is \$1500.00.
- Half of the Membership Fee (\$750.00) is due when you accept an apartment **IN ADDITION TO** your first month's rent and the \$250.00 non-refundable Service Fee.
- Rent is due on the first day of each month.
- It is suggested that in addition to paying your monthly rent, you make an additional payment in the amount of \$100.00 each month toward the balance of your Membership Fee.
- During your trial period, you must attend two (2) Tenant Meetings (with the Board of Directors at the Office) **AND** two (2) Quarterly Membership Meetings.

**Association Membership:**

- Any balance of your remaining \$750.00 Membership Fee is due immediately if you are accepted as a Member of Riverview Homes Association.
- Upon becoming a Member, your monthly charges will decrease.

**For additional information, please call the office during regular hours:**

**Monday – Friday 8:00 – 4:30 pm**

**Phone: 412-469-2600**

**Riverview Homes Association  
“Trial Cooperator” Rules and Regulations**

1. During the “**Trial Cooperator Tenancy Period**” of six (6) to eleven (11) months the **Trial Cooperator** shall be a “**TENANT ONLY**” of the Association. Execution by the Association of the Lease with him/her **DOES NOT** make him/her a Member of the Association.

2. Acceptance of a **TENANT** as a Member shall be based on a vote by the Board of Directors. Approval or denial of Membership status will be based on the following:

a. **Attendance at Two (2) regular Membership Meetings.** The **TENANT** (or, in the case of husband and wife, either one) must attend two Member Meetings during the period of their Trial Tenancy. These meetings are held on the fourth Tuesday of January, April, July and October. A newsletter will be delivered to you that will have the exact date and location of the meeting. Tenants **MUST** sign in at the meetings.

b. **Attendance at Two (2) Board of Director’s Committee Meetings.** You will receive a letter in the mail informing you of the date.

c. **Rent Payments:** **TENANTS** must pay their rent on or before the **FIRST** of the month. Under no circumstances is a **TENANT** permitted to pay their rent after the first of the month. It is suggested that a payment be made **IN ADDITION TO** your rent towards the balance of your Membership Fee.

d. **Unit Maintenance:** **TENANTS** must keep the inside and outside of the unit in a manner acceptable to the Association. The unit will be subject to inspection by Members of the Board of Directors or their designated representatives. Lawns must be kept mowed, snow-shoveled, leaves raked and sidewalks and steps kept free of debris and litter. **TENANTS** must adhere to the requirement of their Lease Agreement and to the Rules and Regulations of the Association.

e. **Improvements:** The **TENANT** is permitted to make improvement to their unit during the “Trial Cooperator Tenancy” period **with the approval of the Board of Directors.** **TENANTS** must complete a “**TENANT Improvement Form**” available at the office. **The approval process includes the installation of Satellite Dishes for cable TV.**

**If you have any questions or do not understand something please contact the Office so that you are given accurate information and answers. Do not ask your neighbor and risk inaccurate information that may jeopardize your future membership.**

**Occupancy Standard for Riverview Homes Association  
Assignment of Bedrooms**

The following guidelines will determine each applicant’s family unit size without overcrowding or over-housing. These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons.

<b>Number of Bedrooms</b>	<b>Number of Persons</b>	
	<b>Minimum</b>	<b>Maximum</b>
1	1	2
2	2	4
3	3	6

**In determining the size of the unit, Riverview Homes also considers the following:**

- Children to be born to a pregnant woman
- Children who are in the process of being adopted
- Children currently under a 50% or more joint custody decree. **(see note below)**
- Children who are temporarily away at school
- Children who are temporarily in foster-care.

**Additional Considerations:**

- If both parents reside in Riverview Homes, the unit size is determined by the parent with primary physical custody
- Children of the same sex may share a bedroom, unless there is a six (6) years age difference
- Children of the opposite sex, both under the age of (6) may share a bedroom
- Adults and children will not be required to share a bedroom

- A Court issued custody decree or a custody statement signed and notarized by both parties must be submitted.

**NOTE: Documentation from a medical provider may alter these guidelines.**

## **Riverview Homes Association Checklist of Requirements for Applicants.**

**Please be sure to provide the following information with your completed application:**

- \_\_\_\_\_ Wage Verification – Six (6) months of consecutive employment proof in the form of pay stubs
- \_\_\_\_\_ Social Security income documentation – applicant(s) only
- \_\_\_\_\_ SSI – documentation required – applicant(s) only
- \_\_\_\_\_ We DO NOT accept Section 8 or Welfare assistance

**Other Requirements (if applicable):**

- \_\_\_\_\_ Child Support – documentation required
- \_\_\_\_\_ Federal Income Tax Return (copy of most recent year)
- \_\_\_\_\_ Birth Certificates for ALL children
- \_\_\_\_\_ Proof of partial custody papers for non-custodial parent
- \_\_\_\_\_ Marriage License

**Non-Refundable Credit and Criminal Check Fees:**

\$35.00 – Single applicant

\$70.00 – Husband and Wife

\$18.00 – Other adults (over 18) who request authorization to reside in the unit.

Referred By: \_\_\_\_\_

**Riverview Homes Association**  
**321 Utah Avenue, West Mifflin, PA 15122**  
**Telephone: 412-469-2600 Fax: 412-469-8268**

**ALL FIELDS MUST BE COMPLETED FOR APPLICATION TO BE CONSIDERED**

**Please print clearly**

**Date of Application** \_\_\_\_\_

**Name on Contract** \_\_\_\_\_ **SSN#** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**DOB** \_\_\_\_\_ **Age** \_\_\_\_\_ **Married\*** \_\_\_\_ **Single** \_\_\_\_ **Divorced** \_\_\_\_ **Separated** \_\_\_\_

**Telephone (H)** \_\_\_\_\_ **Cell** \_\_\_\_\_ **Work** \_\_\_\_\_

**If married, Spouse's SSN#** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age** \_\_\_\_\_

**When would you like to move to Riverview Homes?** \_\_\_\_\_

**Name, Address, and Phone Number of CURRENT and PREVIOUS landlord, including length of stay.**

<b>Current Landlord</b>	<b>Address</b>	<b>Phone Number</b>	<b>Length of Stay</b>
<b>Previous Landlord</b>	<b>Address</b>	<b>Phone Number</b>	<b>Length of Stay</b>

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**\*\*A COPY OF THE MARRIAGE LICENSE MUST BE SUBMITTED WITH APPLICATION**

**FAMILY COMPOSITION** – List **ALL** persons who will be living with you, their relationship and age. Copies of children’s birth certificates must be submitted with application.

Name	Relationship	Age

The applicant and **ALL** members listed on the application who have a driver’s license **MUST** submit a copy of their driver’s license with the application.

All persons listed on the application (18 year and older) will be required to complete a criminal background check for an additional charge of \$18.00 per person and is required to sign a release form at the office.

Have you, or any persons planning to reside with you, ever been arrested? YES \_\_\_\_\_ NO \_\_\_\_\_

If “YES”, please indicate :

Name of person charged: \_\_\_\_\_ Date: \_\_\_\_\_

Place of Arrest \_\_\_\_\_ Offense Charged \_\_\_\_\_

**EMPLOYMENT AND INCOME INFORMATION**

Current Employer \_\_\_\_\_ Position \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Previous Employer \_\_\_\_\_ Position \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Spouse’s Employer \_\_\_\_\_ Position \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Other Income - Description \_\_\_\_\_ Monthly Amt \_\_\_\_\_

**PLEASE SUBMIT A COPY OF YOUR PREVIOUS YEAR’S FEDERAL TAX RETURN, W2, AND SIX MONTHS OF PAY STUBS.**



The TENANT agrees that any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other tenants or any drug-related criminal activity on or off such premises, engaged in by the TENANT, any member of the TENANT'S household, or any guest or other person under the TENANT's control, shall be cause for termination of tenancy.

I certify that the statements made by me in this application are True and Correct to the best of my knowledge and belief. I grant Riverview Homes Association permission to make necessary inquiries. I understand that any falsification will automatically void this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please Note: A fee of \$35.00 must accompany this application for a credit/criminal check. Must be in cash or money order only. A husband and wife coming in together must pay a fee of \$70.00.**

**Do not write in this space – for Riverview Homes Association Use Only**

Criminal Report Paid \_\_\_\_\_  
Date of Criminal Report \_\_\_\_\_  
Current W-2 Form provided \_\_\_\_\_  
Driver's License Provided \_\_\_\_\_

Investigation Fee \_\_\_\_\_  
Date of Credit Check \_\_\_\_\_  
Current Pay Stubs \_\_\_\_\_

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**Placement committee and Office Personnel Use Only**

Date Placed \_\_\_\_\_ Unit Number \_\_\_\_\_