



A Presbyterian SeniorCare
Network Affiliate

1215 Hulton Road
Oakmont, PA 15139-1196
T: 412.826.6071
F: 412.826.6520
SrCareNetwork.org

Dear Applicant:

Thank you for your interest in Mosaic Apartments.

Enclosed is an application and information regarding our LGBTQ+ friendly apartment community. To assist us in determining your eligibility for residency at Mosaic, please complete the application in its entirety and return via mail to the above address at your earliest convenience. If you are applying with someone else, you both have to complete an application and mail back together to the above address.

Once we determine possible eligibility, you will be notified by mail. If you need assistance in filling out the application or have any questions, please feel free to contact me at (412) 435-8969.

I look forward to meeting with you and assisting you with your housing needs.

Sincerely,

Colleen Cole
Director of Operations



A P A R T M E N T S

C/O SeniorCare Network

1215 Hulton Road

Oakmont, PA 15139

Telephone: (412) 435-8969 Fax: (412) 826-6520

Mosaic@srcare.org

Application for Admission
LGBTQ+ Friendly Senior Housing

Please answer all questions completely and truthfully. We will verify your answers. Any misrepresentation of information related to eligibility, preference for admission, allowance, rent, family composition, personal history, or prior tenant history is grounds for rejection. Enter "none" or "N/A" for those questions which you believe does not apply to you. Before offering you a unit, you will need to sign appropriate consent forms which will let us check the information you gave us. Information you provide on income and disability will be maintained as confidential. However, in accordance with program regulations, information may be released to appropriate Federal, State or local agencies.

IF, FOR ANY REASON, YOU REQUIRE ASSISTANCE OR HAVE QUESTIONS RELATING TO THE APPLICATION OR SCREENING PROCESS, PLEASE CONTACT THE LEASING OFFICE.

Will you be residing with another person? Yes No If yes, please have them complete a separate application and submit with this application.

Applicant Name	Social Security #	Date of Birth	Email
Do you have a senior exemption? (no social security card & 62 before 2010)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Current Street Address	City, State & Zip		Telephone #

APPLICANT PRESENT AND PAST HOUSING: Provide the name, address and phone number of all your landlords for the past 7 years

Current Landlord Name: _____ Phone #: _____
 Current Landlord Address: _____

Previous Landlord Name: _____ Phone #: _____
 Previous Landlord Address: _____

Please list all States where all household members have lived: _____
 Have you ever been evicted from Housing? _____

Source	Annual Income	Total
Gross Social Security	\$	\$
SSI	\$	\$
SSP	\$	\$
Gross Pensions	\$	\$
Interest from: Savings, Certificates of Deposits, Stocks & Bonds	\$	\$
Other Income (specify type)	\$	\$

Source	Assets	Total
Checking Account (avg. 6 months)	\$	\$
Savings Account (current balance)	\$	\$
Certificate of Deposit	\$	\$
Stocks & Bonds (Current Value)	\$	\$
IRA/Keogh	\$	\$
Real Estate (Appraised value less mortgage)	\$	\$
Life Insurance (Cash Surrender Value)	\$	\$
All other Assets	\$	\$
Total Assets	\$	\$

Have you disposed of any asset(s) valued at \$1,000 or more in the past two years for less than fair market value of the item? Yes No If yes, please list the asset value under the "other" column in the above listing of assets.

Are there any full-time or part-time students 18 years of age or older in your household?
 Yes No

Gender Identification: _____

Marital Status: Single Married Divorced Widowed

If widowed or divorced, give date: _____

Are you currently living in Section 8 Subsidized Housing? Yes No

Is the Co-Applicant currently living in Section 8 Subsidized Housing? Yes No

Do you own an automobile? Yes No

Do you plan to have a pet upon move-in? Yes No

Have you, any proposed occupant or any proposed live-in aid in your household been convicted, pled guilty or pled no contest to, or have had any other disposition other than a non-guilty verdict for any crime involving injury or threat to another person, destruction or threat of destruction of property, the use, sale, distribution, manufacture or possession of, or the intent to sell, distribute, manufacture or possess any illegal drugs, or any other crimes that may render an applicant unsuitable for residency in our community?

Yes No

If yes, list the dates, crimes/violations, locations, jail/prison time served, probation and/or parole status and any other information you would like us to consider: _____

Is the applicant or any member of the applicant's household subject to a state life time sex offender registration in any state? Yes No

List all states where you (applicant) and members of your household have resided: _____

SPECIAL UNIT SELECTION

Do you or any member of your household have a condition that requires:

- A barrier free unit Unit for hearing impaired
 Physical Modifications to a typical unit Unit for vision impaired

If you checked any of the above, please explain exactly what you believe is required to accommodate your situation: _____

What is the name of the household member requiring the features identified above?

Will you or any household member require a live-in aide to assist you?

Yes No

Marketing Information

How did you learn about our community? _____

Current Resident Friends Newspaper Advocate Zillow Other

Applicant Certification and Release

I/understand the information in this application will be used to determine eligibility for a unit and understand that any false information may make me/us ineligible for a unit. I/We also understand that all adult members of the household must sign the Applicant's/Tenant's Consent to the Release of Information and HUD required Notice and Consent for the Release of Information to enable verification of our information before I/we can be offered a unit.

I also recognize and agree that management may obtain one or more consumer reports as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on my/our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

If my application is approved, and move-in occurs, I certify that only those persons listed in this application will occupy the apartment and they will maintain no other place of residence, and that there are no other persons for whom I/we have, or expect to have, responsibility to provide housing. I/We agree to notify management in writing regarding any changes in household address, telephone numbers, income and household composition.

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS OF ANY MATERIAL FACT INVOLVING THE USE OF OR OBTAINING FEDERAL FUNDS.

Signature

Date

Contact Person (in the event you cannot be reached):

Name

Relationship

Address

Telephone

IF SOMEONE OTHER THAN THE APPLICANT COMPLETED THIS APPLICATION:

Name of Preparer

Relationship

Signature of Preparer

Date

Address

Telephone

Email

EQUAL OPPORTUNITY HOUSING

Our housing complies with federal and state fair housing laws and does not discriminate against any person because of race, color, religion, national origin, sex, age, familial status, sexual orientation, gender identification, marital status, or disability. This information will have no effect on your application, requested for (HUD purposes only). It is being requested for use in HUD reports.

Household Financial Information-Please provide this information for each member of the household who will live in the apartment (except proposed live-in aides). The financial information is necessary to meet the requirements of HUD and this facility's screening criteria.

PROGRAM ACCESSIBILITY STATEMENT

NOTICE TO ALL APPLICANTS: Options for Applicants with Disabilities

This property is managed by SeniorCare Network, Inc. We provide affordable housing to persons with disabilities. We do not discriminate against applicants or residents on the basis of their race, color, religion, national origin, sex, age, familial status, sexual orientation, or disability. In addition, we have a legal requirement to provide a reasonable accommodations to applicants and residents if they or any member of their family have a disability.

Reasonable accommodation is some modification or change that we can make to the rules or procedures or to the structure of the property that will assist an otherwise eligible applicant or resident with a disability to take advantage of the program.

**PLEASE RETURN
WITH APPLICATION**

WAITING LIST CHOICE FORM

Mosaic Apartments has 48 apartments – 42 one-bedroom and 6 two-bedroom apartments. There are six (6) accessible apartments for individuals with the need for additional physical modifications. Units are assigned on a first-come, first-served basis based on your place on the waiting list.

The waiting list has 4 categories: standard one-bedroom waiting list, standard two-bedroom waiting list, one bedroom accessible waiting list, and two bedroom accessible waiting list.

PLEASE INDICATE WHICH WAITING LIST YOU WISH TO BE PLACED ON.

You may choose more than one unit type due to the fact there is a limited number of each type of unit available.

PLEASE CHECK YOUR CHOICE:

- _____ Standard one-bedroom apartment
- _____ Standard two-bedroom apartment
- _____ One-bedroom accessible apartment
- _____ Two-bedroom accessible apartment

Signature

Date



A P A R T M E N T S

Pittsburgh's Oakland District

Telephone: (412) 435-8969 Fax: (412) 826-6520

Mosaic@srcare.org

Frequently Asked Questions

1. Do I need to be part of the LGBTQ+ community to live at Mosaic?

We welcome applications for our all-inclusive apartment, where inclusivity, respect, and diversity are valued and celebrated. Everyone is welcome, regardless of background, identity, or lifestyle.

2. Are my guests and I allowed to smoke in the building?

No. Smoking of any kind is strictly prohibited in all apartments, common areas, and within 25 feet of building entrances.

3. How many apartments do you have?

We have 48 apartments – 42 one-bedroom and 6 two-bedroom apartments. There are six (6) accessible apartments for individuals with the need for additional physical modifications.

4. What is the age requirement?

Everyone who lives in the apartment must be 62 years of age and older. No one under the age of 62 is permitted to reside at Mosaic Apartments.

5. What are the income requirements?

In order to be eligible to live here, your gross annual household income cannot be greater than **\$60,100** for a one (1) person **household** and **\$68,700** for a two (2) person **household**. These income limits are adjusted periodically by the Pennsylvania Housing Finance Agency.

6. Is there a minimum income?

Yes, there is a suggested minimum income that you should earn to exhibit affordability in relation to your rent. You should have a monthly gross income of at least 2.5 times the current monthly rent for your chosen apartment type. Example – If your monthly rent is \$755.00, then you will need a monthly gross income of \$1,887.50. Annual gross income \$22,650.00.

7. Is there a waiting list, and if so, how many are on the list?

We will begin accepting applications May 5, 2025 **USPS mail only**. They will be processed in the order in which they are received.

8. Can I apply before I turn 62? No. Unfortunately, we cannot accept any application if you are not currently 62 years of age or older.

9. What is the square footage of the apartments?

We have five (5) different floor plans. Our one bedroom apartments range from 642 square feet to 695 square feet. Our two bedroom apartments range from 963 square feet to 1060 square feet.

10. What are the rents?

We have different rental structures which is determined based on individual's income.

11. Is the rent based on income?

There is no subsidy therefore the resident pays the full rent that is permitted. However, Housing Authority City of Pittsburgh has made available some vouchers.

12. Are utilities included?

No, you are responsible for electric, phone and cable.

13. Why can't medical expenses be subtracted from income before determining if an applicant is income eligible?

There are no allowances for medical expenses in a Tax Credit community.

14. Will a Security Deposit be required?

At the time you are offered a unit, you will have five (5) days to place a deposit equal to one (1) month's rent. Should you decide not to move in, you will forfeit your security deposit.

15. Do you accept pets?

Yes. Small pets up to 25 lbs. are welcome. A pet deposit will be required.

16. Can I tour the building before I complete an application?

You can call the leasing office to meet with the Community Manager and arrange a tour once the building is completed.

17. What is a qualifying disability versus a disability that allows a person to collect SSI?

To qualify for an Accessible apartment, you must need the design features of the apartment. The apartments are designed to accommodate a physical disability.

Mosaic Apartments

Pittsburgh's Oakland District

Apply Beginning May 5th Opening Fall 2025

This new supportive senior apartment building will be friendly for LGBTQ+ seniors and feature 48 beautiful one-and two-bedroom apartments.

Located at the western entrance to Oakland's business district, residents of Mosaic Apartments will have easy access to the lively university neighborhood and world-class medical complexes. This will be the first community of its kind in Western Pennsylvania and second in our state.

**All residents must be 62 or older.
Income restrictions apply –
maximum is \$60,100 for 2025.**

**For more information:
Mosaic@srcare.org
412-435-8969**



- Smoke-Free Campus
- Most utilities included
- Intercom system
- Small pets welcome
- Convenient location (Forbes/Craft Ave.)
- On-site laundry
- On-site parking
- Bike racks
- Dog wash station
- 24-hour emergency maintenance
- Service Coordination program
- Community Room

Professionally managed by SeniorCare Network.

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