

SCHWENCKFELD TERRACE
 1292 Allentown Road
 Lansdale, PA 19446
 (215) 362-0227

| | |
|----------------------------|--|
| Date Application Received: | |
| Time Application Received: | |
| Requested Accessible Unit: | |
| Set Aside: | |

RENTAL APPLICATION FORM

HOUSEHOLD COMPOSITION: List the head of your household and all members who will live in your home. Give the relationship of each family member to the head.

| Member No. | Full Name | Relationship | Birth Date | Age | Sex | Social Security No. | Full-Time Student [Y/N] |
|------------|-----------|-------------------|------------|-----|-----|---------------------|-------------------------|
| 1 | | Head of Household | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |

STUDENT STATUS:

Are all of the residents full-time students? Yes No

If yes: Is every member of the household a single parent and his or her children, neither of whom is a dependent of a third party? Yes No

If yes: Is every member of the household married and filing a joint tax return? Yes No

If yes: Is any member of the household enrolled in a job training program comparable to Job Training Partnership Act? Yes No

If yes: Is any member of the household receiving assistance under Title IV of the Social Security Act: AFDC or TANF? Yes No

RENTAL HISTORY:

Current Address: _____ Landlord's Phone: _____
 City, State, Zip Code: _____
 Rent: \$ _____ Length of Residency: _____ Landlord's Name: _____
 If less than three years, provide previous address and landlord's name:
 Previous address: _____ Landlord's Phone: _____
 Rent: \$ _____ Length of Residency: _____ Landlord's Name: _____

CONTACT INFORMATION:

Home Phone: _____ Day Phone: _____
 Cell Phone: _____ Other Phone: _____



EMPLOYMENT:**HEAD OF HOUSEHOLD:**

[] I am not employed at this time.

Current Employer: _____ Position: _____ Supervisor: _____

Address: _____ Phone: _____ Fax: _____

Current Wages: \$_____ per: (circle one) Hour Week Month Year

Hours Worked Per Week: _____ Tips or Commissions Per Week: \$_____ Annual Bonus: \$_____

Do you have more than one job? [] Yes [] No

CO-APPLICANT OR ADULT MEMBER:

[] I am not employed at this time.

Current Employer: _____ Position: _____ Supervisor: _____

Address: _____ Phone: _____ Fax: _____

Current Wages: \$_____ per: (circle one) Hour Week Month Year

Hours Worked Per Week: _____ Tips or Commissions Per Week: \$_____ Annual Bonus: \$_____

Do you have more than one job? [] Yes [] No

GROSS ANNUAL INCOME: For each type of income that your household received, give the source of the income and the amount of income that can be anticipated from that source during the next (12) months:

| SOURCE | APPLICANT | CO-APPLICANT | OTHER ADULT | TOTAL |
|-------------------------------------|-----------|--------------|-------------|-------|
| Gross Salary | | | | |
| Overtime Pay | | | | |
| Commissions/Tips/ Bonuses/Fees | | | | |
| Unemployment Benefits | | | | |
| Worker's Compensation/Disability | | | | |
| Social Security (GROSS) | | | | |
| Pensions/Retirement Funds, etc. | | | | |
| Alimony/Child Support | | | | |
| TANF Payments | | | | |
| Income from Business | | | | |
| Recurring Income or Gifts | | | | |
| | | | TOTAL: | |

Does any member of your household who is not now working, expect to work for any period during the next twelve months? [] Yes [] No



ASSETS: Assets include cash (wherever held), equity in real estate or capital investments, notes receivable, stocks, bonds, money market accounts, certificates of deposits, IRAs, retirement and pension funds, 401(k)s, 403(b)s, luxury personal property (gems, jewelry, art, coin collections, etc.), etc. You must also include cash value of whole or universal life insurance policies as well as the value of any assets disposed of in the past 24 months for less than fair market value.

| ASSETS | CASH VALUE | INCOME FROM ASSETS | NAME OF FINANCIAL INSTITUTION | ACCOUNT NUMBER |
|-------------------------------------|------------|--------------------|-------------------------------|----------------|
| Checking Account | | | | |
| Savings | | | | |
| Certificate of Deposit | | | | |
| Mutual Funds/ Stocks/Bonds | | | | |
| 401(k)/IRA/Other Retirement Account | | | | |
| Real Estate | | | | |
| Life Insurance | | | | |
| Savings Bonds | | | | |
| Other | | | | |
| TOTAL: | | | | |

I/We have no assets at this time.

Have you disposed of any assets at less than fair market value within the last 24 months? Yes No

OTHER:

Have eviction charges ever been filed against you at a District Magistrate's office for nonpayment and/or late payment of rent to your landlord or for any other reason? Yes No

Have you or any other household member or person you wish to reside with ever been convicted of a crime? (Omit only minor Traffic Violations; DUI is considered a crime.) Yes No

Have you or any other household member or person you wish to reside with been released from jail in the past five (5) years? Yes No

Are there any special housing needs or reasonable accommodations that the household will require? For example, a unit for mobility impaired, unit for visually impaired, unit for hearing impaired, a live-in aide, etc. Please list:

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____
 Address: _____



I/We certify that if selected, the unit I/we occupy will be my/our only residence. I/We understand the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which may be released to appropriate federal, state or local agencies. I/We certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under federal law.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Head of Household Signature: _____ Date: _____
 Co-Head Signature: _____ Date: _____
 Adult Member Signature: _____ Date: _____
 Adult Member Signature: _____ Date: _____
 Owner/Manager Signature: _____ Date: _____

In accordance with the data collection information required by the Department of Housing and Urban Development (HUD), please provide the following information for the head of household.

| RACE | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaska Native & White |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian & White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> American Indian/Alaska Native & Black/African American |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other Multi-racial |
| ETHNICITY | GENDER |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Male |
| <input type="checkbox"/> Not Hispanic or Latino | <input type="checkbox"/> Female |

I decline to provide this information.

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements to any Department or Agency of the United States as to any matter within its jurisdiction.

FOR MANAGEMENT USE ONLY:

Received Social Security Cards [] Received Income Verification [] Passed Criminal []
 Received Birth Certificates [] Received Asset Verification [] Passed Credit []
 Received Photo IDs [] Received Rental Verification [] Passed Home Inspection []

