

Susie Clemens
 1292 Allentown Rd.
 Lansdale, Pa 19446
 Main Office
 215-362-0227

Date Application Received: _____
 Time Application Received _____
 Set Aside: _____
 Requested Accessible Unit: _____

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							

STUDENT STATUS:

Are all of the resident's 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

** This section MUST BE COMPLETED whether you are currently a student or not**

CONTACT INFORMATION:

Current Home Address: _____ Home Phone: _____

 City, State, Zip Code: _____ Cell Phone: _____

 Email Address: _____



RENTAL HISTORY:

If renting current monthly rent: \$ _____ Length of Residency: _____

Landlord's Name: _____ Landlord's Phone: _____

If less than three years, provide previous address and landlord's name:

Previous address: _____ Landlord's Phone: _____

Rent: \$ _____ Length of Residency: _____ Landlord's Name: _____

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

Please list 2 people who would know how to contact you:

1) Name: _____ Relationship: _____ Phone: _____

Address: _____

Email: _____

2) Name: _____ Relationship: _____ Phone: _____

Address: _____

Email: _____



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 Social Security SSI/ SSP				
GROSS Pensions/ Retirement Funds, etc.				
Gross Salary				
Overtime Pay				
Commissions/Tips/ Bonuses/Fees				
Unemployment Benefits				
Worker's Compensation/Disability				
Alimony/Child Support				
TANF Payments				
Income from Business				
Recurring Income or Gifts				
			GROSS ANNUAL TOTAL:	\$ PER YEAR

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				
Annuities				
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? Yes No

Mobility impaired: Yes No

Visually impaired: Yes No

Hearing impaired (50%+ of hearing loss): Yes No

Other: _____



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: _____

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.

Have you received assistance with this Application? (Y/N) _____ Name: _____

If Yes Relationship to Applicant: _____



FOR MANAGEMENT USE ONLY:

Received State ID []

Received Medicare Card []

Received Income Verification []

Received Asset Verification []

Received Rental Verification []

Passed Criminal []

Passed Credit []

Entered In Real Page []

Applicant Qualifies for:

20% _____ HUD _____

50% _____ BHDD _____

60% _____ Accessible _____

80% _____ LIHTC _____

