

SCHWENCKFELD TERRACE
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.

Head of Household

Applicant Full Name: _____ Birth Date: _____

Age: _____ Social Security Number: _____ Gender (m/f): _____

Applicant 2

Applicant 2, Full Name: _____ Birth Date: _____

Age: _____ Social Security Number: _____ Gender (m/f): _____

Relationship: _____

CONTACT INFORMATION:

Current Home Address: _____ Home Phone: _____

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

Email Address: _____

RESIDENCE INFORMATION:

Current monthly rent or mortgage payment \$ _____ Length of Residency: _____

Landlord or Mortgage Holder Name: _____ Landlord/Mortgage Phone: _____

If less than three years, provide previous address and landlord/mortgage holder name: _____

Previous address: _____ Landlord/Mortgage Phone: _____

Monthly Payment \$ _____ Length of Residency: _____ Landlord/Mortgage Name: _____

***Advanced Living Communities is a nonsmoking facility; smoking must be 50 feet from entrances in designated smoking areas.**

***Pets under 25 pounds are permitted with an additional Security Deposit and Veterinary Certification.**



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

STUDENT STATUS: If no, check the box here and proceed to the next section. Yes No

Are any of the resident's full-time students?

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

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:

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 #1	APPLICANT #2	OTHER	TOTAL/YEAR
GROSS Social Security SSI/ SSP				
GROSS Pensions/ Retirement Funds, etc.				
Employment Gross Income				
Employment Overtime Pay				
Employment 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

Please Note: Failure to disclose income will cause the application to be rejected and returned to the applicant by mail.

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
Checking Account			
Savings			
Certificate of Deposit			
Mutual Funds/ Stocks/Bonds			
401(k)/IRA/Other Retirement Account			
Real Estate			
Life Insurance			
Annuities			
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

If yes,, please explain _____

Does anyone in the household require a live in aid? Yes No



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-Applicant 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: _____

Rev. 7/2023

