

DERSTINE RUN 2  
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

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**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: \_\_\_\_\_

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### CONTACT INFORMATION:

Current Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### 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.**



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**\*\* 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

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## **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

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**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
<b>GROSS</b> Social Security SSI/ SSP				
<b>GROSS</b> Pensions/ Retirement Funds, etc.				
<b>Employment</b> 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			
<b>TOTAL:</b>			

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.

<b>RACE</b>	
<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
<b>ETHNICITY</b>	<b>GENDER</b>
<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: \_\_\_\_\_

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