



Schwenckfeld Manor · Schwenckfeld Terrace · Derstine Run I · Derstine Run II · Susie Clemens House · North Penn Commons

# RENTAL APPLICATION

**LIHTC COMMUNITIES**

## OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

TIME RECEIVED: \_\_\_\_\_

AMI %: \_\_\_\_\_ ☐ REQ ADA UNIT

Received by : \_\_\_\_\_

## ***SELECT THE COMMUNITY/COMMUNITIES YOU WISH TO APPLY FOR:***

☐ SCHWENCKFELD TERRACE – 1292 ALLENTOWN RD, LANSDALE, PA 19446

☐ DERSTINE RUN I – 84 DERSTINE RD, BLDG #1, HATFIELD, PA 19440

☐ DERSTINE RUN II – 84 DERSTINE RD, BLDG #2, HATFIELD, PA 19440

☐ SUSIE CLEMENS HOUSE – 84 DERSTINE RD, BLDG #3, HATFIELD, PA 19440

☐ NORTH PENN COMMONS – 606 E MAIN ST, LANSDALE, PA 19446

## **HOUSEHOLD COMPOSITION**

LIST THE HEAD OF YOUR HOUSEHOLD AND ALL MEMBERS WHO WILL LIVE IN YOUR HOME

### **HEAD OF HOUSEHOLD**

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_M \_\_\_\_\_F

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### **APPLICANT #2**

FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_M \_\_\_\_\_F

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE: \_\_\_\_\_

RELATIONSHIP TO HEAD OF HOUSEHOLD:

\_\_\_\_ SPOUSE/PARTNER \_\_\_\_ CHILD/DEPENDENT \_\_\_\_ SIBLING \_\_\_\_ OTHER: \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

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## ALTERNATE CONTACTS

PLEASE LIST TWO (2) PEOPLE WHO WOULD KNOW HOW TO CONTACT YOU

1. NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_
2. NAME \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_
- 
- 

## CURRENT/PRIOR RESIDENCE

CURRENT MONTHLY RENT OR MORTGAGE PAYMENT: \$ \_\_\_\_\_  
LENGTH OF RESIDENCY: \_\_\_\_\_ years \_\_\_\_\_ months  
LANDLORD OR MORTGAGE HOLDER NAME: \_\_\_\_\_  
LANDLORD OR MORTGAGE HOLDER PHONE: \_\_\_\_\_  
IF LESS THAN 3 YEARS RESIDENCY:  
FORMER ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_  
LENGTH OF RESIDENCY: \_\_\_\_\_ years \_\_\_\_\_ months  
LL OR MORTGAGE HOLDER NAME: \_\_\_\_\_  
LL OR MORTGAGE HOLDER PHONE: \_\_\_\_\_  
MONTHLY RENT OR MORTGAGE PMT: \$ \_\_\_\_\_

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## EMPLOYMENT

**HEAD OF HOUSEHOLD** ☐ **CHECK HERE IF NOT CURRENTLY EMPLOYED**

CURRENT EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PAY RATE: \$ \_\_\_\_\_ PER \_\_\_\_\_ HOUR \_\_\_\_\_ WEEK \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR  
HOURS PER WEEK: \_\_\_\_\_ TIPS/COMMISSION PER WEEK: \_\_\_\_\_  
ANNUAL BONUS: \$ \_\_\_\_\_  
DO YOU HAVE MORE THAN ONE JOB? \_\_\_\_\_ YES \_\_\_\_\_ NO

**APPLICANT #2** ☐ **CHECK HERE IF NOT CURRENTLY EMPLOYED**

CURRENT EMPLOYER: \_\_\_\_\_ POSITION: \_\_\_\_\_  
SUPERVISOR NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PAY RATE: \$ \_\_\_\_\_ PER: \_\_\_\_\_ HOUR \_\_\_\_\_ WEEK \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR  
HOURS PER WEEK: \_\_\_\_\_ TIPS/COMMISSION PER WEEK: \_\_\_\_\_  
ANNUAL BONUS: \$ \_\_\_\_\_  
DO YOU HAVE MORE THAN ONE JOB? \_\_\_\_\_ YES \_\_\_\_\_ NO  
DOES ANY MEMBER EXPECT TO WORK WITHIN THE NEXT 12 MONTHS? \_\_\_\_\_ YES \_\_\_\_\_ NO

## INCOME INFORMATION

LIST GROSS ANNUAL INCOME FOR EACH TYPE AND APPLICANT

LIST ALL INCOME THAT CAN BE ANTICIPATED IN THE NEXT TWELVE (12) MONTHS

FAILURE TO DISCLOSE INCOME WILL RESULT IN THE APPLICATION BEING REJECTED AND RETURNED

| TYPE                             | APPLICANT 1 | APPLICANT 2 | OTHER    | TOTAL ANNUAL |
|----------------------------------|-------------|-------------|----------|--------------|
| SOCIAL SECURITY                  | \$ _____    | \$ _____    | \$ _____ | \$ _____     |
| PENSIONS/REIREMT                 | \$ _____    | \$ _____    | \$ _____ | \$ _____     |
| EMPLOYMENT                       | \$ _____    | \$ _____    | \$ _____ | \$ _____     |
| OVERTIME PAY/TIPS                | \$ _____    | \$ _____    | \$ _____ | \$ _____     |
| BONUSES                          | \$ _____    | \$ _____    | \$ _____ | \$ _____     |
| UNEMPLOYMENT                     | \$ _____    | \$ _____    | \$ _____ | \$ _____     |
| WORKERS COMP                     | \$ _____    | \$ _____    | \$ _____ | \$ _____     |
| DISABILITY                       | \$ _____    | \$ _____    | \$ _____ | \$ _____     |
| ALIMONY/CHILD SUPP               | \$ _____    | \$ _____    | \$ _____ | \$ _____     |
| TANF PAYMENTS                    | \$ _____    | \$ _____    | \$ _____ | \$ _____     |
| BUSINESS INCOME                  | \$ _____    | \$ _____    | \$ _____ | \$ _____     |
| RECURRING GIFTS                  | \$ _____    | \$ _____    | \$ _____ | \$ _____     |
| <b>TOTAL GROSS ANNUAL INCOME</b> |             |             |          |              |

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## ASSET INFORMATION

ASSETS INCLUDE CASH (WHEREVER HELD), EQUITY IN REAL ESTATE OR CAPITAL INVESTMENTS, NOTES RECEIVABLE, STOCKS, BONDS, MONEY MARKET ACCOUNTS, CERTIFICATES OF DEPOSIT, IRAs, RETIREMENT AND PENSION FUNDS, 401(k), 403(b), LUXURY PERSONAL PROPERTY (GEMS, JEWELRY, ART, COIN COLLECTIONS, 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.

### HEAD OF HOUSEHOLD – LIST ALL INDIVIDUAL ACCOUNTS AS WELL AS ACCOUNTS HELD JOINTLY

| TYPE                                                             | FINANCIAL INSTITUTION | CASH VALUE | INCOME FROM ASSET |
|------------------------------------------------------------------|-----------------------|------------|-------------------|
| <input type="checkbox"/> I HAVE NO ASSETS TO REPORT AT THIS TIME |                       |            |                   |
| CHECKING ACCT                                                    | _____                 | \$ _____   | \$ _____          |
| SAVINGS ACCT                                                     | _____                 | \$ _____   | \$ _____          |
| CERT OF DEPOSIT                                                  | _____                 | \$ _____   | \$ _____          |
| MUTUAL FUND                                                      | _____                 | \$ _____   | \$ _____          |
| STOCKS/BONDS                                                     | _____                 | \$ _____   | \$ _____          |
| 401(k)/RETIREMENT                                                | _____                 | \$ _____   | \$ _____          |
| REAL ESTATE                                                      | _____                 | \$ _____   | \$ _____          |
| LIFE INSURANCE                                                   | _____                 | \$ _____   | \$ _____          |
| ANNUITIES                                                        | _____                 | \$ _____   | \$ _____          |
| OTHER                                                            | _____                 | \$ _____   | \$ _____          |
| TOTAL                                                            | _____                 | \$ _____   | \$ _____          |

### APPLICANT #2 – LIST ALL INDIVIDUAL ACCOUNTS ONLY THAT ARE NOT LISTED ABOVE

| TYPE                                                             | FINANCIAL INSTITUTION | CASH VALUE | INCOME FROM ASSET |
|------------------------------------------------------------------|-----------------------|------------|-------------------|
| <input type="checkbox"/> I HAVE NO ASSETS TO REPORT AT THIS TIME |                       |            |                   |
| CHECKING ACCT                                                    | _____                 | \$ _____   | \$ _____          |
| SAVINGS ACCT                                                     | _____                 | \$ _____   | \$ _____          |
| CERT OF DEPOSIT                                                  | _____                 | \$ _____   | \$ _____          |
| MUTUAL FUND                                                      | _____                 | \$ _____   | \$ _____          |
| STOCKS/BONDS                                                     | _____                 | \$ _____   | \$ _____          |
| 401(k)/RETIREMENT                                                | _____                 | \$ _____   | \$ _____          |
| REAL ESTATE                                                      | _____                 | \$ _____   | \$ _____          |
| LIFE INSURANCE                                                   | _____                 | \$ _____   | \$ _____          |
| ANNUITIES                                                        | _____                 | \$ _____   | \$ _____          |
| OTHER                                                            | _____                 | \$ _____   | \$ _____          |
| TOTAL                                                            | _____                 | \$ _____   | \$ _____          |

HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE PAST 24 MONTHS?

☐ YES – HEAD OF HOUSEHOLD

☐ YES – APPLICANT #2

☐ NO

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## SCREENING QUESTIONS

### QUESTION

### HEAD OF HOUSEHOLD

### APPLICANT #2

Have eviction charges ever been filed against you in a District Magistrate's office for nonpayment of rent or any other reason?

☐ YES ☐ NO

☐ YES ☐ NO

Have you or any other household member or person you wish to reside with ever been convicted of a crime? (Omit minor traffic violations, DUI IS CONSIDERED A CRIME)

☐ YES ☐ NO

☐ YES ☐ NO

Have you or any other household member or person you wish to live with been released from jail in the past five (5) years?

☐ YES ☐ NO

☐ YES ☐ NO

Are there any special housing needs or reasonable accommodations that the household will require?

☐ YES ☐ NO

☐ YES ☐ NO

Mobility Impaired

☐ YES ☐ NO

☐ YES ☐ NO

Visually Impaired

☐ YES ☐ NO

☐ YES ☐ NO

Hearing Impaired

☐ YES ☐ NO

☐ YES ☐ NO

(>50% hearing loss)

Please Explain

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Does anyone in the household require a live-in aide?

☐ YES ☐ NO

☐ YES ☐ NO

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*This Section MUST BE COMPLETED Whether You Are A Student Or Not:*

*Are You A Full Time Student?*

☐ YES

☐ NO

*If you selected 'NO', skip the remainder of this section and proceed to the next section.*

*If you selected 'YES', please answer the following questions:*

1. Is every member of the household a single parent and his or her children,  
neither of whom is dependent on a third party?

☐ YES ☐ NO

2. Is every member of the household married and filing a joint tax return?

☐ YES ☐ NO

3. Is any member of the household enrolled in a job training program comparable  
to Job Training Partnership Act?

☐ YES ☐ NO

4. Is any member of the household receiving assistance under Title IV of the  
Social Security Act (AFDC or TANF)?

☐ YES ☐ NO

## SIGNATURES AND CERTIFICATIONS

ALL ADULT HOUSEHOLD MEMBERS MUST READ AND SIGN BELOW:

I/We certify that if selected, the unit I/we occupy will be my/our only residence. I/We understand that the above information is being collected to determine my/our eligibility. I/We authorize **Advanced Living Communities and its subsidiaries and agents** 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, and/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 by federal law.

### HEAD OF HOUSEHOLD

Signature \_\_\_\_\_

Date \_\_\_\_\_

### APPLICANT #2

Signature \_\_\_\_\_

Date \_\_\_\_\_

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## DEMOGRAPHICS

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

- ☐ WHITE
- ☐ BLACK/AFRICAN AMERICAN
- ☐ ASIAN
- ☐ AMERICAN INDIAN/ALASKA NATIVE
- ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- ☐ AMERICAN INDIAN/ALASKA NATIVE AND WHITE
- ☐ ASIAN AND WHITE
- ☐ AMERICAN INDIAN/ALASKA NATIVE AND BLACK/AFRICAN AMERICAN
- ☐ OTHER MULTI-RACIAL
- ☐ PREFER NOT TO DISCLOSE

### ETHNICITY

- ☐ HISPANIC OR LATINO
- ☐ NOT HISPANIC OR LATINO
- ☐ PREFER NOT TO DISCLOSE

### GENDER

- ☐ MALE
- ☐ FEMALE
- ☐ PREFER NOT TO DISCLOSE

DID YOU RECEIVE ASSISTANCE IN COMPLETING THIS APPLICATION? \_\_\_\_\_ YES \_\_\_\_\_ NO  
IF YES, NAME OF PERSON ASSISTING: \_\_\_\_\_ RELATIONSHIP TO APPLICANT: \_\_\_\_\_

- **ADVANCED LIVING COMMUNITIES IS A NONSMOKING FACILITY. SMOKING PERMITTED 50 FEET FROM BUILDINGS IN DESIGNATED AREAS ONLY**
- **PETS UNDER 25 POUNDS ARE PERMITTED WITH ADDITIONAL SECURITY DEPOSIT AND VETERINARY CERTIFICATION**

**SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE FALSE STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION**

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