

RENTAL APPLICATION for STATION HOUSE

| FOR MANAGEMENT USE ONLY | |
|-----------------------------------|--|
| Date & Time Application Received: | |
| Requested Accessible Unit: | |
| Tax Credit Set Aside: | |

HOUSEHOLD COMPOSITION: List the head of your household and all members who will live in your home. All questions must be answered. Enter the race & ethnicity codes by using the following definitions: Race Codes: 1. American Indian or Alaska Native, 2. Asian, 3. Black or African American, 4. Native Hawaiian or other Pacific Islander, 5. White, (choose all that apply), or enter a D if you do not wish to provide this information. Ethnicity Codes: Y if Hispanic or Latino, N if Not Hispanic or Latino, or enter a D if you do not wish to provide this information.

| Member No. | Full Name, including middle initial, if applicable | Relationship to HOH | Race | Ethnicity | Dis-abled [Y/N] | Gender [M/F] | Date of Birth | Age | Full Time Student [Y/N] | Social Security No. |
|------------|--|---------------------|------|-----------|-----------------|--------------|---------------|-----|-------------------------|---------------------|
| 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: Are/is the full-time adult student(s) married and filing a joint tax return? Yes No

If yes: Is full-time adult student receiving assistance under Title IV of the Social Security Act: AFDC or TANF? Yes No

If yes: Is full-time adult student enrolled in a job training program comparable to the Job Training Partnership Act? Yes No

If yes: Is the full-time adult student a single parent residing with his/her minor child(ren), and such parent is not a dependent of another individual, and the child(ren) are not dependents of another individual other than the non-resident parent of the child(ren)? Yes No

If yes: Did the full-time adult student previously receive foster care assistance under Part B of E Title IV of the Social Security Act? Yes No

RENTAL HISTORY: Current Address: _____

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

Landlord's Phone#: _____ Landlord's Address: _____

If less than three years, provide previous address: _____

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

Landlord's Phone#: _____ Landlord's Address: _____



CONTACT INFORMATION:

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Phone: _____

ANNUAL INCOME: For each type of income that your household receives or expects to receive, enter the gross amount of income you anticipate receiving from each source during the next 12 months:

| SOURCE | HOH | CO-HEAD OR OTHER ADULT | OTHER ADULT | OTHER ADULT | HOUSEHOLD TOTAL |
|---|-----|------------------------|-------------|---------------|-----------------|
| Gross Salary including any Overtime Pay | | | | | |
| Commissions/Tips/ Bonuses/Fees | | | | | |
| Alimony/Child Support | | | | | |
| TANF | | | | | |
| SSP | | | | | |
| Social Security | | | | | |
| SSI | | | | | |
| Pensions/Retirement Funds, etc. | | | | | |
| Unemployment Benefits | | | | | |
| Worker's Compensation/Disability | | | | | |
| Student Financial Assistance | | | | | |
| Income from Business | | | | | |
| Recurring Income or Gifts | | | | | |
| Other: | | | | | |
| | | | | TOTAL: | |

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 NoCO-APPLICANT OR OTHER 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

Does any member of your household who is not now working, expect to work for any period during the next twelve months? Yes No N/A – All adults currently work.

ASSETS: Assets include cash (wherever held), all bank accounts, stocks, bonds, money market accounts, IRA's, annuities, retirement/pension funds, 401K's, 403B's, cash value of whole or universal life insurance policies, equity in real estate or capital investments, items held as an investment, (jewelry, art, coin or stamp collections, etc), etc. You must also include 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 INSTITUTE | ACCOUNT NUMBER |
|--------------------------------------|------------|--------------------|-----------------------------|----------------|
| Checking Account | | | | |
| Savings | | | | |
| Certificate of Deposit | | | | |
| Mutual Funds/ Stocks/Bonds | | | | |
| 401K/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 you 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 you been released from jail in the past five (5) years? Yes No

Are there any special housing needs or reasonable accommodations, (Examples; a unit for mobility impaired, visually impaired or hearing impaired person, a live-in aide, etc.), that the household will require to meet the needs of a disabled family member ? Yes No. **If Yes**, 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 providing false statements or information is punishable under federal law.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Head of Household Signature: _____ Date: _____

Co-Head or Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Owner/Management : _____ Date: _____

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.

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

RETURN TO:

Trehab
147 Oak Ridge Drive
Towanda, PA 18848

