

Homes • Build • Hope

A SERVICE OF **Adelphi** *USA*

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MANAGEMENT USE ONLY:

Date: _____ Time: _____
 HBH ___ Apelatt ___ EPR ___ WEM ___
 Other _____

RENTAL APPLICATION

Applicant Name: _____
 Current Address: _____
 City, State, Zip Code: _____
 Home Phone: _____
 Section 8 Voucher Holder: _____ YES _____ NO _____ Waiting List

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.

Full Name	Relationship	Birth Date	Age	Sex M/F	Social Security Number	Monthly Income (if over 18yrs. of age)

Is the household comprised entirely of full-time students? ___ Yes ___ No

Do you plan to have anyone living with you in the future who is not listed above? ___ Yes ___ No
 If Yes, please explain _____

CURRENT HOUSING STATUS

Provide the complete name, address and phone number of all your landlords for the past three (3) years.

Current Landlord: _____
 Address: _____
 Phone: _____
 Dates rented from this landlord: from: _____ to: _____
 Current Rent: \$ _____

HOUSING STATUS contd. from page 1

Previous Landlord: _____
 Address: _____
 Phone: _____
 Dates rented from this landlord From: _____ to: _____

Previous Landlord: _____
 Address: _____
 Phone: _____
 Dates rented from this landlord From: _____ to: _____

INCOME INFORMATION

Please answer each of the following questions.

	YES	NO
1 Is any member of your household employed (full-time, part-time, or seasonally)?	_____	_____
2 Does any member of your household expect to work for any period during the next twelve (12) months?	_____	_____
3 Does any member of your household expect to work for someone who pays them in cash?	_____	_____
4 Is any member of your household on leave of absence from work due to layoff, maternity or military leave?	_____	_____
5 Does any member of your family now receive or expect to receive unemployment benefits?	_____	_____
6 Does any member of your family now receive or expect to receive child support?	_____	_____
7 Is any member of your household entitled to child support that he/she is not now receiving?	_____	_____
8 Does any member of your household receive or expect to receive alimony payments?	_____	_____
9 Does any member of your household receive or expect to receive public assistance?	_____	_____
10 Does any member of your household receive or expect to receive Social Security payments?	_____	_____
11 Does any member of your family receive or expect to receive income from a pension or annuity?	_____	_____
12 Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?	_____	_____
13 Does any member of your household receive income from assets, including interest on checking and savings accounts, interest and dividends from certificates of deposit, stocks or bonds, income from rental property, or whole life insurance policies?	_____	_____

For each type of income that your household receives, give the source of the income and the amount of the income that can be expected from that source during the next twelve (12) months.

Name of Family Member	Source of Income/Type of Income	Monthly Income
		\$
		\$
		\$
		\$
		\$

ASSET INFORMATION

List all checking and savings accounts (including IRA's, Keogh accounts, and Certificates of Deposit) of all household members.

Name of Family Member	Bank/Investment Name	Current Balance
		\$
		\$
		\$
		\$
		\$

Do you own a home or any other real estate? ___ Yes ___ No

Have you sold or given away any real property or other assets, e.g., cash, certificates of deposit, car, etc. in the past two (2) years? ___ Yes ___ No. If yes, what was the current market value of the asset? \$ _____

EXPENSES

Elderly/Handicapped/Disabled Families Only:

	YES	NO
Do you have Medicare?	___	___
Do you have any other kind of medical insurance?	___	___
Do you have outstanding medical bills on which you are paying?	___	___
Do you have any ongoing medical expenses?	___	___
Do you expect to have any medical expenses during the next twelve (12) months?	___	___
Do you pay for any auxiliary apparatus; e.g., adaptations to vans, interpreters, etc., or attendant care to enable someone to work?	___	___

If yes, please describe: _____

Please list approximate monthly amount of medical expenses? \$ _____

	YES	NO
Have you or any member of the household faced formal or threatened eviction charges against you?	___	___
Have you ever violated a previous family obligation in connection with a HUD program?	___	___
Do you owe any money to a public housing authority?	___	___
Do you owe any outstanding amount to any current or previous landlord?	___	___
Are you or any member of your household currently an illegal user of a controlled substance or have you or any member of your family ever been convicted for the illegal manufacture, distribution or convicted for the illegal use of a controlled substance?	___	___
Have you or any member of your household been convicted of a felony offense?	___	___

Please advise this office when changes occur in your address or family size. Your name will be removed from the waiting list if you fail to report for a scheduled interview, fail to keep your application updated, or fail to respond to other correspondence with instructions.

I DO HEREBY CERTIFY THAT ALL INFORMATION I HAVE PROVIDED IS COMPLETE AND ACCURATE.

Signature _____ Date: _____

USED FOR STATISTICAL PURPOSE ONLY

RACE: ___ White ___ Black ___ American Indian ___ Asian/Pacific Islander ___ Other
 ETHNICITY: ___ Hispanic ___ Non-Hispanic

Referring Agency: _____ Contact Person: _____

FILE NOTES: