

Housing and Neighborhood Development Service

7 East 7th Street Erie, PA 16501-1105

Phone: 814.453.3333 / 800.284.4411 (toll free)

Fax: 814.456.0922 / 866.417.1146 (toll free)

Office Use Only:

Date Stamp of Date Received:

Time Received: _____

Receiver's Initials: _____



H·A·N·D·S LIBERTY CROSSING TOWNHOMES

RENTAL APPLICATION FORM

PLEASE **PRINT** ALL NECESSARY INFORMATION.

For marketing purposes, please tell us how you heard about HANDS and/or Liberty Crossing Townhomes:

- Newspaper Radio or Television Friend or Relative Rental Guide Penny Saver Drive-By
 HANDS Website Other (Specify): _____

Please check the number of bedrooms required: 3 Bedroom 4 Bedroom
 3 Bedroom Accessible 4 Bedroom Accessible

Applicant Name			Date of Birth	Social Security No.	
Last	First	MI			
Present Street Address		City	State	Zip Code	How Long at Address?
Home Phone Number		Cell Phone Number		Email Address	
Former Street Address:		City	State	Zip Code	How Long at Address?

PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER FOR ALL LANDLORDS FOR THE PAST 2 YEARS

Current Landlord Name:			Phone
Address	City	State	Zip Code
Current Landlord Name:			Phone
Address	City	State	Zip Code
Current Landlord Name:			Phone
Address	City	State	Zip Code

EMPLOYMENT INFORMATION

Name and Address of Employer		Type of Business	Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Phone Number	Position/Title	Number of Year at Job	Yrs. In this line of work	

CO-APPLICANT/SPOUSE INFORMATION

Co-Applicant Name			Date of Birth	Social Security No.
Last	First	MI		
Present Street Address:	City	State	Zip Code	How Long at Address?
Former Street Address:	City	State	Zip Code	How Long at Address?
Former Street Address:	City	State	Zip Code	How Long at Address?

PLEASE PROVIDE THE NAME, ADDRESS, AND PHONE NUMBER FOR ALL LANDLORDS FOR THE PAST 2 YEARS

Current Landlord Name:	Phone
Address	City State Zip Code
Current Landlord Name:	Phone
Address	City State Zip Code
Current Landlord Name:	Phone
Address	City State Zip Code

EMPLOYMENT INFORMATION

Name and Address of Employer	Type of Business	Self Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Phone Number	Position/Title	Number of Year at Job	Yrs. In this line of work

Please list EVERY state each applicant over the age of 18 has resided in below:

Applicant Name	States Resided In

INCOME/ASSETS				
SOURCE	APPLICANT	CO-APPLICANT	Other Household -18 yrs of age or older:	TOTAL For MONTH
1. Gross Salary				
2. Overtime Pay				
3. Commissions/Fees/Tips/Bonuses				
4. Unemployment Benefits				
5. Workers Compensation, etc.				
6. Social Security, Pensions, Retirement (please circle) Per Month Funds, etc., Received Periodically				
7. TANF Payments/Public Assistance Per Month				
8. Alimony, Child Support (please circle) Per Month				
9. Net Income From Business				
10. Net Rental Income (if you own property and rent it to others)				
11. Other:				
			TOTAL MONTHLY:	
			Total Monthly Income x 12 =	
ASSETS for <u>ALL</u> household members 18 years of age or older	CASH VALUE	INCOME FROM ASSETS	NAME & ADDRESS OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account	\$	\$		
Savings	\$	\$		
Certificate of Deposit (CD's)	\$	\$		
Mutual Funds/ Stocks / Bonds	\$	\$		
Real Estate - If you own your own home or have property	\$	\$		
Other:	\$	\$		
TOTAL:	\$	\$		

HOUSEHOLD COMPOSITION

	FULL NAME List the full names and related information for all people that will be living in the house or apartment for which you are applying.	Relationship to Head of Household	M F	DATE of BIRTH MM/DD/YY	AGE	SOCIAL SECURITY	1= White 2= Black or African America 3= American Indian or Alaskan 4= Native Hawaiian or Pacific Islander 5= Asian	1= Hispanic/Latino 2= Non-Hispanic /Non-Latino
Head		HEAD						
2								
3								
4								
5								
6								
7								
8								

THE FOLLOWING QUESTIONS (1 – 10) MUST BE COMPLETED

- I/We have have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the "other" row in the income/assets section of this application. Date of disposal _____
- Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?
 Yes No If yes, list household member's name and states requiring registration.

- Have you or any member of your household ever been charged with or convicted of a crime (misdemeanor or felony) other than minor traffic violations? Yes No
If yes, please explain _____
- Are any adults (18 and over) full or part-time students? Yes No
If yes, please list the name of students _____
- Do you own pets? Yes No If yes, What kind and how many? _____
- Has the family's tenancy in subsidized housing ever been terminated for fraud, nonpayment of rent or failure to cooperate with recertification procedures? Yes No
- Do you currently have a Section 8 Housing Choice Voucher? Yes No **If yes, Please attach a copy of your Voucher when submitting application**
- For Section 8 eligibility and allowance purposes, is there a disability you wish to claim? Yes No

9. Please list the name and telephone number of an additional person to contact in the event we are unable to reach you, e.g., a relative, caseworker, etc. None

Name _____ Phone Number _____

10. Are there any special housing needs or accommodations that the household will require? Examples are a unit for a person with mobility, visual or hearing impairment, or a unit with grab bars and/or wheel-in showers. Yes No If yes, please explain below.

The information provided above is true and complete to the best of my knowledge and belief. I/We consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy.

I/We consent to have background credit and criminal checks to be obtained for all household members age 18 and over.

APPLICATION FEE: A non-refundable fifteen dollar (\$15) application fee is required for each applicant over the age of 18 at the time of submission. Fees must be paid by money order and be made payable to HANDS. Application fees are to cover the costs of background credit and criminal inquiries.

_____	_____	_____	_____
Head of Household	Date	Co-Applicant	Date
_____	_____	_____	_____
Other Adult Over Age 18	Date	Other Adult Over Age 18	Date
_____	_____		
HANDS Representative	Date		

If you are in need of special services, please call HANDS at (814) 453-3333 / toll free (800) 284-4411.

If you have a complaint regarding this application, you may call:

PHILADELPHIA HUD
(215) 656-0663
TDD# (215) 656-3450

PITTSBURGH HUD
(412)644-6965
TDD# 1-800-927-9275
Toll-Free Complaints 1-800-669-9777

