

Housing and Neighborhood Development Service

7 East 7th Street Erie, PA 16501-1105
Phone: 814.453.3333 / 800.284.4411 (toll free)
Toll-free Fax: 866.417.1146



LIBERTY CROSSING TOWNHOMES GROVE CITY, PENNSYLVANIA RENTAL APPLICATION FORM

PLEASE PRINT ALL NECESSARY INFORMATION.

Office Use Only:
Date Stamp of Date Received:
Time Received: _____
Receiver's Initials: _____

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

- Newspaper Agency Referral Friend or Relative Event Penny Saver Drive-By HANDS Website
 Internet Resident Referral 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
Previous Landlord Name:	Phone		
Address	City	State	Zip Code
Previous 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
Previous Landlord Name:	Phone
Address	City State Zip Code
Previous 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 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 (before taxes)				
2. Overtime Pay				
3. Commissions/Fees/Tips/Bonuses				
4. Unemployment Benefits (gross amount)				
5. Workers Compensation				
6. <input type="checkbox"/> Social Security <input type="checkbox"/> Pensions <input type="checkbox"/> Retirement Please list GROSS AMOUNTS Per Month				
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	CASH VALUE	INCOME FROM ASSETS	NAME & ADDRESS OF FINANCIAL INSTITUTION	
Checking Account	\$	\$		
Savings or Direct Express Card	\$	\$		
Certificate of Deposit (CDs)	\$	\$		
Mutual Funds/ Stocks / Bonds / Life Ins	\$	\$		
Real Estate - If you own your own home or have property	\$	\$		
Other:	\$	\$		
TOTAL:	\$	\$		

HOUSEHOLD COMPOSITION

	FULL NAME <small>List the full names and related information for all people that will be living in the house or apartment for which you are applying.</small>	Relation-ship to Head of House-hold	SEX	DATE of BIRTH MM/DD/YY	AGE	SOCIAL SECURITY NUMBER	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 – 11) 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 there any 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**
- Are you currently receiving Section 8 or HUD Assistance where you live now? Yes No
- For Section 8 eligibility and allowance purposes, is there a disability you wish to claim? Yes No

10. 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 _____

11. 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

All of our housing communities are **SMOKE FREE**.

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 when you are contacted that an apartment is available. It will be required for each applicant over the age of 18. Fees must be paid by money order and be made payable to **HANDS. Personal checks and cash are not accepted. 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



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.