

Date: _____

Time: _____

App. No.: _____

Burgettstown Apartments for the Elderly
100 Highrise Way
Burgettstown, PA 15021
724-947-3702

RENTAL APPLICATION FORM

The following information is confidential and will not be disclosed without your consent.

Applicant Name: _____

Current Address: _____ Apt. No.: _____

City, State, Zip Code: _____

No. of years at current address: _____

Home Phone No.: _____ Applicant Work/Cell No.: _____

Former Address: _____ Apt. No.: _____

(if at address for less than 2 yrs.)

No. of years at

City, State, Zip Code: _____ former address: _____

Co-Applicant Name: _____

Current Address: _____ Apt. No.: _____

City, State, Zip Code: _____

No. of years at current address: _____

Home Phone No.: _____ Co-Applicant Work/Cell No.: _____

Former Address: _____ Apt. No.: _____

(if at address for less than 2 yrs.)

No. of years at

City, State, Zip Code: _____ former address: _____

List names, addresses and phone numbers of two relatives or friends who generally know how to contact you:

1. Name: _____

2. Name: _____

Address: _____

Address: _____

Phone No.: _____

Phone No.: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the Head of Household and all other household members who will be living in the unit.

MEMBER	FULL NAME	RELATIONSHIP	BIRTHDATE	AGE	S.S. Number
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Do you plan to have anyone living with you in the future who is not listed above?

Yes No If yes, please explain _____

Race of Head of Household: _____ American Indian or Alaska Native _____ Asian
(for statistical data purposes) _____ Black of African American _____ White
_____ Native Hawaiian or Other Pacific Islander
_____ Other _____ Do not wish to answer

Ethnicity of Head of Household: _____ Hispanic _____ Non-Hispanic
_____ Do not wish to answer

Are there any special accommodations that the household will require? (e.g., unit for mobility impaired, unit for visually impaired, grab bars)

CURRENT HOUSING STATUS

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

Current Landlord: _____ Phone No.: _____

Address: _____

Previous Landlord: _____ Phone No.: _____

Address: _____

Previous Landlord: _____ Phone No.: _____

Address: _____

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

EMPLOYMENT INFORMATION

Name and Address of Employer: _____

Type of Business: _____ Self Employed? Yes No

Business Phone Number: _____ Position/Title: _____

No. of Yrs. On Job: _____ Yrs. in this line of work: _____

Name and Address of Previous Employer: _____

(if employed at present position less than 2 yrs.)

No. of Yrs. With Previous Employer: _____ Business Phone No.: _____

EMPLOYMENT INFORMATION OF CO-APPLICANT

Name and Address of Employer: _____

Type of Business: _____ Self Employed? Yes No

Business Phone Number: _____ Position/Title: _____

No of Yrs. On Job: _____ Yrs. in this line of work: _____

Name and Address of Previous Employer: _____

(if employed at present position less than 2 yrs.)

No. of Yrs. With Previous Employer: _____ Business Phone No. _____

ANNUAL INCOME

Source	Applicant	Co-Applicant	Total
Gross Salary	_____	_____	_____
Overtime Pay	_____	_____	_____
Commission/Fees/ Tips/Bonuses	_____	_____	_____
Unemployment Benefits	_____	_____	_____
Workers Compensation, etc.	_____	_____	_____
Social Security/ Pensions/ Retirement Funds, etc.	_____	_____	_____
TANF Payments	_____	_____	_____
Alimony/ Child Support	_____	_____	_____
Interest and /or Dividends	_____	_____	_____
Net income from Business	_____	_____	_____
Net Rental Income	_____	_____	_____
Other	_____	_____	_____
		TOTAL:	_____

ASSET INFORMATION

Type of Asset	Cash Value	Income from Asset	Name of Financial Institution	Account No.
Checking	\$ _____	\$ _____	_____	_____
Savings	\$ _____	\$ _____	_____	_____
Certificate of Deposit	\$ _____	\$ _____	_____	_____
Mutual Funds/ Stocks/Bonds	\$ _____	\$ _____	_____	_____
Real Estate	\$ _____	\$ _____	_____	_____
Life Insurance	\$ _____	\$ _____	_____	_____
Annuity/Keogh/ IRA/401k	\$ _____	\$ _____	_____	_____
Other:	\$ _____	\$ _____	_____	_____
TOTAL:	\$ _____	\$ _____		

Have you sold or given any asset(s) valued at \$1000 or more in the past two years for less than the fair market value of the item? _____ Yes _____ No

If yes, please list the asset under the "Other" column in the above listing of assets.

Are all household members full-time students? _____ Yes _____ No

Have you or any member of the household ever been convicted of a felony? _____ Yes _____ No

If yes, please explain: _____

APPLICANT CERTIFICATION

I/We certify that if selected to move into this project, 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 for admittance. I/We authorize the Agent to verify all information provided on this application and to contact previous or current landlords or other sources for 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 false statements or information are punishable under federal law.

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant: _____ Date: _____

COMMENTS/ADDITIONAL INFORMATION

