

Date: \_\_\_\_\_

Time: \_\_\_\_\_

App. No.: \_\_\_\_\_

**Canon Apartments for the Elderly  
One West College Street  
Canonsburg, PA 15317  
724-873-4627**

**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
--------	-----------	--------------	-----------	-----	-------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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	_____	_____	_____
		<b>TOTAL:</b>	_____

**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:	\$ _____	\$ _____	_____	_____
<b>TOTAL:</b>	\$ _____	\$ _____		

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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

