



THE HEART OF CHANGE 613 South George St. ♦ York, PA 17401 ♦ (717) 848-3610

United Way Agency

## RENTAL APPLICATION

### GENERAL INFORMATION:

### INFORMATION ON ALL PERSONS TO RESIDE IN APARTMENT:

Last Name	First Name	MI	Date of Birth	Soc.Sec.	#M/F
Last Name	First Name	MI	Date of Birth	Soc.Sec.	#M/F
Last Name	First Name	MI	Date of Birth	Soc.Sec.	#M/F
Last Name	First Name	MI	Date of Birth	Soc.Sec.	#M/F
Last Name	First Name	MI	Date of Birth	Soc.Sec.	#M/F
Last Name	First Name	MI	Date of Birth	Soc.Sec.	#M/F
Last Name	First Name	MI	Date of Birth	Soc.Sec.	#M/F

**\*\*Social Security cards must be presented for all persons on the application, if not it will hold up the application process. Housing must make a photocopy of each card.**

Household Head's Driver's License or I.D. #: \_\_\_\_\_

Spouse's Driver's License or I.D. #: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Message Phone Number: ( ) \_\_\_\_\_

Size of unit you would like to rent? \_\_\_\_\_ Bedrooms

WHAT IS YOUR HOUSEHOLD'S **TOTAL GROSS MONTHLY INCOME** FROM **ALL** SOURCES?  
\$ \_\_\_\_\_

**Do you have a Section 8 Certificate?**  Yes  No

If yes, who is your caseworker? \_\_\_\_\_ Phone number ( ) \_\_\_\_\_

How did you hear about our Housing Program? (Please indicate)

Newspaper Advertisement  Friend, relative, neighbor  Someone who rents from us



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**RENTAL INFORMATION:**

**YOU MUST PROVIDE CONTINUOUS AND CORRECT RESIDENCE**

**INFORMATION FOR THE PAST 3 YEARS. If information is incorrect or incomplete your application will be rejected immediately:**

**Current Address:** \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Owner/Landlord's Name:** \_\_\_\_\_ **Owner/Landlord's Phone:** ( ) \_\_\_\_\_

**Owner/Landlord Address:** \_\_\_\_\_

Current Rent You Pay: \$ \_\_\_\_\_ Number of bedrooms in unit \_\_\_\_\_

You Lived Here Since (Month & Year): \_\_\_\_\_ **Why do you want to move?** \_\_\_\_\_

**Next Prior Address:** \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Owner/Landlord's Name:** \_\_\_\_\_ **Owner/Landlord's Phone** ( ) \_\_\_\_\_

**Owner/Landlord Address:** \_\_\_\_\_

When did you live here? From: \_\_\_\_\_ To: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Why did you move? \_\_\_\_\_

**Next Prior Address:** \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Owner/Landlord's Name:** \_\_\_\_\_ **Owner/Landlord's Phone:**( ) \_\_\_\_\_

**Owner/Landlord's Address** \_\_\_\_\_

When did you live here? From: \_\_\_\_\_ To: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Why did you move? \_\_\_\_\_

**Next Prior Address:** \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Owner/Landlord's Name:** \_\_\_\_\_ **Owner/Landlord's Phone:**( ) \_\_\_\_\_

When did you live here? From: \_\_\_\_\_ To: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

Why did you move: \_\_\_\_\_

**Have you ever been evicted?** Yes  No  If yes, explain: \_\_\_\_\_

**Have you ever moved out owing the landlord money? Yes  No  If yes, Why? \_\_\_\_\_**

**CONDITION OF CURRENT HOUSING:**

What is the condition of your current housing? Standard ; Unsafe or Unhealthy ; No Indoor Plumbing/Kitchen ; Currently Without Housing .

**FELONY RECORD:**

Have you ever been convicted of a felony? Yes  No  If yes, explain: \_\_\_\_\_

Have you or any other member of the applicant's household had any problems with substance abuse currently or in the past 4 years? Yes  No  If yes, explain: \_\_\_\_\_

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**Student Status**

Are you a full-time student (in college)? Yes / No

Is your co-applicant or spouse a full-time student (in college)? Yes / No

Is there anyone in your household that is 18 year and over who is a full time student (in college)? Yes / No

Grants or Scholarships: Yes No Amount: \$ \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Employment (**Head of Household**): \_\_\_\_\_

Hourly Rate: \$ \_\_\_\_\_ Hours Worked per Week \_\_\_\_\_ Mthly Amount: \$ \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Phone :( ) \_\_\_\_\_ Fax Number: ( ) \_\_\_\_\_

Were you hired through a temp agency? Yes  No , Temp Agency Name \_\_\_\_\_

Job Title(s): \_\_\_\_\_

Employed Since: \_\_\_\_\_

Reason(s) For Leaving: \_\_\_\_\_

What shift do you work?  1st Shift (7a-3p)  2nd Shift (3p-11p)  3rd Shift (11p-7a)

**Spouse's or Co-Applicant's Current Employer:** \_\_\_\_\_

**Name of applicant who works here** \_\_\_\_\_

Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Were you hired through a temp agency? Yes  No , Temp Agency Name \_\_\_\_\_

Job Title \_\_\_\_\_

Employed Since What Date(s) \_\_\_\_\_

Hourly Rate \$ \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Reason(s) For Leaving: \_\_\_\_\_

What shift do you work?  1st Shift  2nd Shift  3rd Shift

**If you have been employed at your current job for *less than 6 months*, please fill in:**

**Previous Employer(s) (Head of Household):** \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Employed Between What Date(s): \_\_\_\_\_

Were you hired through a temp agency? Yes  No , Temp Agency Name \_\_\_\_\_

Hourly Rate \$ \_\_\_\_\_ Hours worked per week \_\_\_\_\_

Reason(s) For Leaving: \_\_\_\_\_

**Previous Employer (Spouse's/CoApplicant)** \_\_\_\_\_

Name of applicant who works here: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Address \_\_\_\_\_

Employed Between What Dates: \_\_\_\_\_

Were you hired through a temp agency? Yes  No , Temp Agency Name \_\_\_\_\_

Hourly Rate \$ \_\_\_\_\_ Hours Worked per week \_\_\_\_\_

Reason(s) For Leaving \_\_\_\_\_

**STUDENT INFORMATION:**

**\*\*The following Section should be completed for anyone who is 16 years of age or older and is not a full time student.**

**\*\*Non-Student Current Employer** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone ( )** \_\_\_\_\_ **Fax ( )** \_\_\_\_\_

**Are you employed through a temp agency? Yes**  **No**

**Temp Agency Name** \_\_\_\_\_

**Hourly Wage \$** \_\_\_\_\_ **Hours worked per week** \_\_\_\_\_

**How long have you been employed?** \_\_\_\_\_

**If no longer employed with company, give reason for departure** \_\_\_\_\_

**INCOME INFORMATION:**

**Pensions:** Source(s): \_\_\_\_\_ Mthly Amount(s): \$ \_\_\_\_\_

**Unemployment Benefits:** Total Mthly Amount of Check(s): \$ \_\_\_\_\_

**Welfare Cash Asst:** Mthly Amount of Check: \$ \_\_\_\_\_ Caseworker: \_\_\_\_\_

**Social Security/SSI/SSD:** Total Mthly Amount: \$ \_\_\_\_\_  
Name of Recipient: \_\_\_\_\_

**Veterans' Benefits:** Total Mthly Amount of Check: \$ \_\_\_\_\_

**Other Income:** Do you receive any of the following sources of **other income**?

AFDC: Mthly Amount: \$ \_\_\_\_\_ Caseworker: \_\_\_\_\_

Alimony/Child Support: Mthly Amount: \$ \_\_\_\_\_  
Name of individual who pays the support \_\_\_\_\_  
Case No. \_\_\_\_\_

Grants or Scholarships: Mthly Amount: \$ \_\_\_\_\_

Interest from Bank Account(s): Mthly Amount: \$ \_\_\_\_\_

Workers Compensation/Disability Insurance: Mthly. Amount: \$ \_\_\_\_\_

Other: \_\_\_\_\_ Mthly Amount: \$ \_\_\_\_\_

Have you disposed of (sold) or given away assets (Cash, Property, Real Estate etc) for more than \$1,000 below their fair market value?  Yes  No, If yes, please explain: \_\_\_\_\_

**How long have you been receiving any of the sources of income noted above?**

Do you have any **assets** such as real property, stocks, bonds, certificates of deposits, inheritances, bank checking or savings accounts or other types?  Yes  No, If yes, list all assets and amounts:

Bank Name	Address	Account Number	Type of Account	Balance
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Bank Name	Address	Account Number	Type of Account	Balance
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**OR:**

**I/We DO NOT have any assets at this time.** \_\_\_\_\_

(Signature)

\_\_\_\_\_  
(Signature)

**PERSONAL REFERENCES AND EMERGENCY CONTACT:**

**Personal Reference - CANNOT BE A RELATIVE:**

Name: \_\_\_\_\_ Phone :( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
How long has he/she known you? : \_\_\_\_\_  
Address \_\_\_\_\_

**Nearest Relative to Notify in an Emergency - This information MUST be provided:**

Name: \_\_\_\_\_ Phone :( ) \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_

***I/we hereby CERTIFY that the information stated above is true, correct and complete to the best of my/our knowledge. I/we further understand and agree that if any of the information I/we have provided in this application is found to be incomplete, incorrect or false, it will be grounds for denial of this application or termination of my/our tenancy. I/we also hereby authorize the agents for Crispus Attucks Community Development Corporation and its subsidiaries to verify the foregoing income, employment and asset information; to conduct a check for prior evictions; to conduct a police record check; and to verify any other information I/we have provided on this application.***

***Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

***Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_



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## RELEASE OF VERIFICATION

I, \_\_\_\_\_, SS# \_\_\_\_\_

Hereby authorize the release of information relative to the application for a residential housing unit managed by the Crispus Attucks Association or relative to my annual recertification during my residency with the Crispus Attucks Association and its subsidiaries. The information is required by the Internal Revenue Service (IRS) and the Federal Law governing the requesting agency.

### **THIS INFORMATION WILL BE KEPT IN STRICT CONFIDENCE.**

Herein, I authorize the release of any information pertaining to, **but not limited to**, the composition of my household such as rental history, depository, credit history, any information related to income, employment, Social Security payments, child or spousal support payments and loan verifications.

**This form will remain in effect throughout the duration of my housing occupancy with the Crispus Attucks Association.**

Date \_\_\_\_\_

\_\_\_\_\_  
(Applicant/Resident Signature)

\_\_\_\_\_  
(Crispus Attucks Association Property Mnr)



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Date \_\_\_\_\_

\_\_\_\_\_  
(Applicant/Resident Signature)

\_\_\_\_\_  
**(Crispus Attucks Association Property Mnr)**



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### CONSUMER NOTICE

#### **This is not a contract**

LOURDES ZAYAS, hereby states that with respect to properties owned by Crispus Attucks Association, Crispus Attucks CDC, 400 South George Street Partnership, South East Neighborhood, Southeast Historic Partnership, SKW Partnership and YorkBuild, I am acting in the following capacity (check one):

\_\_\_\_\_ Owner/Landlord;

**Direct Employee of the owner/landlord**

\_\_\_\_\_ An agent of the owner/landlord pursuant to a Property Management or exclusive Leasing Agreement

I hereby acknowledge that I have received this Notice:

\_\_\_\_\_  
Signature

Date\_\_\_\_\_

\_\_\_\_\_  
Signature

Date\_\_\_\_\_



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**Unit #** \_\_\_\_\_ **Resident Name:** \_\_\_\_\_

In accordance with the data collection information requested by the Department of Housing and Urban Development (HUD) please provide the following information for the head of household.

**Ethnicity**

- Hispanic or Latino Yes\_\_ No\_\_

**Gender**

- (M) Male
- (F) Female

**Race: (Select all that apply.)**

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

**Resident signature**

- I have provided the above information.
- I decline to provide this information.

Resident Signature\_\_\_\_\_