

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
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: () _____

Email Address (1) _____ Email Address (2) _____

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



EQUAL HOUSING OPPORTUNITY

Crispus Attucks Association, Inc. provides services for everyone regardless of race, color, religious creed, disability, ancestry, national origin, age or sexual orientation.

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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 denied:

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: \$ _____ No. of Bedrooms _____

Why did you move? _____

Next Prior Address: _____

City/State/Zip _____

Owner/Landlord's Name: _____ **Owner/Landlord's Phone:**() _____

Owner/Landlord's Address _____

How long did you live here? From: _____ To: _____ Rent: \$ _____ No of Bedrooms _____

Why did you move? _____

Next Prior Address: _____

City/State/Zip: _____

Owner/Landlord's Name: _____ **Owner/Landlord's Phone:(**) _____

How long did you live here? From: _____ To: _____ Rent: \$ _____ No of bedrooms _____

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: _____

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:**(Head of Household)**

Place of Employment: _____

Address: _____

Phone :() _____ Fax Number: () _____

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

Job Title(s): _____

Employed Since: _____

Hourly Rate: \$ _____ Hours Worked per Week _____

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

(Co-Applicant)

Place of Employment: _____

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 _____

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:*

Head of Household Name: _____

Previous Employer: _____

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: _____

Spouse's/CoApplicant Name: _____

Previous Employer _____

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- FOOD STAMPS: 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?

BANKING & ASSEST INFORMATION

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 Type of Account Account Number Balance

Bank Name Address Type of Account Account Number Balance

OR:

I/We DO NOT have bank accounts or 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)

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 _____