

Managed by:  
Affordable Housing Advocates  
3 Rathton Road  
York, PA 17403  
Phone: 717-846-5139; TDD: 800-654-5984



**For Office Use Only**

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Application No.: \_\_\_\_\_

**Preliminary Rental Application**

Property(s) Desired: \_\_\_\_\_ Liberty Apartments, 37 E. Philadelphia St., York, PA.  
\_\_\_\_\_ King Street Apartments, 312,314, 334 E. King St., York, PA.

**CONSUMER NOTICE: This application is not a contract, it gives no lease or rental rights.**

Are any adults listed below as a student?  Yes  No

Number of Bedrooms Desired? \_\_\_\_\_

**Request for Interview:**

1. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Street City State Zip

Do you have a Section 8 Certificate?  Yes  No  
Length of time at present address: \_\_\_\_\_

**2. Present Landlord/Mortgage Company:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Street City State Zip

Monthly Rent or Mortgage Payment: \_\_\_\_\_ Average Monthly Utility Cost: \_\_\_\_\_

If you own your home, state current value: \_\_\_\_\_ Balance of Mortgage owed: \_\_\_\_\_

**3. Previous Rental Information for the last two landlords:**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Street City State Zip

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
Street City State Zip

4. **Household Composition:** (List persons who will be living in your home, including yourself.)

<u>Name</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. **Income Adult 1:** (List below all income for every person occupying the apartment)

a.) Employment #1: \_\_\_\_\_

Name of household member who is employed

Full Time       Part Time       Unemployed       Retired

Employer #1:

Name	Address	Phone Number
Name of Supervisor: _____	Dates of Employment: _____	
Gross Wage: \$_____ per _____ / Hours worked: _____ per _____ / Time? _____	Over	

b.) Employment #2: \_\_\_\_\_

Name of household member who is employed

Full Time       Part Time       Unemployed       Retired

Employer #2:

Name	Address	Phone Number
Name of Supervisor: _____	Dates of Employment: _____	
Gross Wage: \$_____ per _____ / Hours worked: _____ per _____ / Time? _____	Over	

c.) **Other sources of Income: (Please state monthly amounts.)**

Social Security & SSI	Monthly Amount: \$_____	Claim No.: _____
Veterans Benefits	Monthly Amount: \$_____	Claim No.: _____
Pension	Monthly Amount: \$_____	Claim No.: _____
Pension Name: _____	Address: _____	

**Other: (Unemployment, Alimony, Child Support)**

Welfare: _____	Monthly Amount: \$_____
Caseworker Name: _____	Case Number: _____
Source: _____	Monthly Amount: \$_____
Source: _____	Monthly Amount: \$_____

**6. Bank Reference Adult 1:**

<u>Type of Account</u>	<u>Bank Name &amp; Address</u>	<u>Account Number</u>	<u>Balance</u>
			\$ _____
			\$ _____
			\$ _____
Visa or Mastercard			\$ _____
Certificate of Deposit			\$ _____

**5. Income Adult 1:** (List below all income for every person occupying the apartment)

a.) Employment #1: \_\_\_\_\_

Name of household member who is employed

Full Time       Part Time       Unemployed       Retired

Employer #1:

Name	Address	Phone Number
Name of Supervisor: _____	Dates of Employment: _____	
Gross Wage: \$_____ per _____ /	Hours worked: _____ per _____ /	Over Time? _____

b.) Employment #2: \_\_\_\_\_

Name of household member who is employed

Full Time       Part Time       Unemployed       Retired

Employer #2:

Name	Address	Phone Number
Name of Supervisor: _____	Dates of Employment: _____	
Gross Wage: \$_____ per _____ /	Hours worked: _____ per _____ /	Over Time? _____

**c.) Other sources of Income: (Please state monthly amounts.)**

Social Security & SSI	Monthly Amount: \$_____	Claim No.: _____
Veterans Benefits	Monthly Amount: \$_____	Claim No.: _____
Pension	Monthly Amount: \$_____	Claim No.: _____
Pension Name: _____	Address: _____	

**Other: (Unemployment, Alimony, Child Support)**

Welfare: _____	Monthly Amount: \$_____
Caseworker Name: _____	Case Number: _____
Source: _____	Monthly Amount: \$_____
Source: _____	Monthly Amount: \$_____

**6. Bank Reference Adult 1:**

<u>Type of Account</u>	<u>Bank Name &amp; Address</u>	<u>Account Number</u>	<u>Balance</u>
			\$
			\$
			\$
Visa or Mastercard			\$
Certificate of Deposit			\$

**7. Additional Credit References:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

8. Have you ever been evicted from public housing and /or any other federal housing program?  
 Yes     No    If yes, Where \_\_\_\_\_ When \_\_\_\_\_  
Describe reasons \_\_\_\_\_

9. Have you ever been evicted from housing?  
 Yes     No    If yes, Where \_\_\_\_\_ When \_\_\_\_\_  
Describe reasons \_\_\_\_\_

10. Have you ever been convicted of selling illegal drugs or a controlled substance?  
 Yes     No

11. Are you currently using illegal drugs or any controlled substance that hasn't been prescribed to you?     Yes     No

12. Have you ever been convicted of selling, distributing, or manufacturing illegal drugs or a controlled substance?     Yes     No

13. Have you ever been charged, arrested, and/or convicted of any crime?  Yes  No  
If yes, Where \_\_\_\_\_ When \_\_\_\_\_

14. Are you subject to a lifetime registration requirement with any State Sexual Registration Program?  Yes  No    If yes, which State? \_\_\_\_\_

15. How did you hear about this housing? \_\_\_\_\_  
\_\_\_\_\_

16. Will you take an apartment when one is available?     Yes     No

17. Briefly describe your reason for applying \_\_\_\_\_  
\_\_\_\_\_

**18. Other Required Information:**

Vehicles

List any cars, trucks, or other vehicles owned. (Parking may be provided for up to two vehicles at some sights)

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
License Plate No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_  
License Plate No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Pets

Do you own any pets?  Yes  No

If yes, describe \_\_\_\_\_

**19. Name of Person to Contact in Emergency:**

\_\_\_\_\_  
Name Phone Number

The following will be required by the Federal Government to monitor the Owner's compliance with Equal Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information below, or in the event that the information is not provided.

\_\_\_\_\_ White/Non-minority    \_\_\_\_\_ American Indian    \_\_\_\_\_ Black  
\_\_\_\_\_ Spanish American    \_\_\_\_\_ Asian    \_\_\_\_\_ I do not wish to provide  
the above requested information.

I/We hereby, certify that all information given in this application is true and correct to the best of my/our knowledge.

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

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

Please sign that attached release form(s) so that your references can be verified. When we receive these forms, you will be contacted for a personal interview where more detailed information may be requested. Thank you for your interest in our apartments.

## **Waiting List Certification For Applicants for Housing**

The selection of tenants for vacant units in this housing development is based in part on the position of applicants on the waiting list.

Whenever a housing unit is available, the first person on the waiting list is contacted and so on. Over time, each applicant on the waiting list usually moves up in position, eventually reaching number one.

Because of the large demand for housing units in this development, the amount of time an applicant is on the waiting list before the applicant reaches the number one position can be quite long.

Periodically, it is necessary for the owner to update the waiting list to determine if applicants on it are still eligible or interested in residing in one of Affordable Housing Advocate's apartments. If the applicant can no longer be contacted and does not respond to requests for current information, that applicant's name will be withdrawn from the waiting list.

In order for the waiting list to be kept current, the owner requires all applicants to sign the following certification:

***I/We certify that I/we will notify owner or it's authorized representatives whenever I/we move to a location different that listed on this application as my/our current place of residence and will provide the owner or it's representative with the address and telephone information needed to contact me/us.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RELEASE FOR VERIFICATION FORM TO PROCESS CREDIT AND CRIMINAL**

\_\_\_\_\_ / \_\_\_\_\_

has applied for residency (or is a resident). As part of our processing and ongoing compliance, it is necessary to obtain various form of documentation including income, assets, credit and criminal verification. The information obtained will be used solely for the purpose of determining eligibility.

I hereby authorize the **AGENT of Affordable Housing Advocates** without liability to the Agent any and all information they may request concerning my income, wages, salaries, credit report, criminal record, and all references in connection with my application to determine whether I am eligible to occupy the apartment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature