



**Sherman Hills Apartments
300 Parkview Circle
Wilkes-Barre, PA 18702
570-823-5124
RENTAL APPLICATION**



FOR OFFICE USE

ONLY

APPLICATION # : _____

DATE: _____

TIME: _____

INSTRUCTIONS FOR HEAD OF HOUSEHOLD:

1. Please complete all sections by printing in ink. Please do not leave any section blank, even sections which do not apply to you. For instance, if a section asks for driver's license number and you do not have a driver's license, you may write "NONE" or "N/A" (not applicable). If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
2. As Head of Household, you will complete this Rental Application form. Each additional adult 18 years of age and older who will live in the apartment must sign this Rental Application, also.
3. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.
4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes and whenever you need to add a person to your application or remove a person from your application.
5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List; but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to our standard procedures, which are summarized in the Resident Selection Criteria posted in the Management Office.

Last Name Head of Household		First Name		M. I.	Social Security Number
Spouse Last Name/Co-Resident		First Name		M. I.	Social Security Number
Current Street Address	City	State	ZIP	Telephone	
				Head of Household Home: Work: Spouse/Co-Resident Work:	
Date Move In	Landlord's Name, Address & Telephone Number				

Is there another person we may contact if we are unable to reach you?

Name: _____ Relationship: _____ Phone: _____

Unit Size Requested and why: _____ 2nd Choice: _____

Are there any special accommodations that the household will require (e.g., unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, grab bars, etc.)? _____

HOUSEHOLD COMPOSITION:

List ALL persons, including you, who will reside in the unit. NOTE: The number to the left indicates the "Family Number" and is the number requested in the remaining sections of this application.

Full Name	Relation-Ship	Sex	Age	Birthdate	Birthplace	Occupation	Soc. Sec. No. or Alien Regis. No.
1.	Head of Hs						
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Will any of the above household members live anywhere except in the apartment? _____

Are there any other persons who will live in the apartment on a less than full-time basis? _____

If you answered "YES" to either question, please explain: _____

RENTAL HISTORY:

This must include all places where you and/or any adult household members have lived, including places where your or their name did not appear on the lease and places where you or they used a different name. (Adult members are any household members who are 18 years of age or older). NOTE: Use Family Member Numbers from Page 2. If you need more space, please use a blank sheet of paper.

Family Member Number	Street Address	City	State	ZIP	Name used if differ from page 2	Dates of Residency	Landlord Name & Address

INCOME:

EMPLOYMENT ONLY: List all full-time, part-time and/or seasonal employment for ALL household members including self-employed earnings. If you have income from "Other Sources", see next section of Rental Application.

Family Member Number	Place of Employment	Employment Address	Employer's Telephone	Supervisor	Annual Income (Yearly Total)

INCOME FROM OTHER SOURCES: List ALL income from sources other than employment for ALL household members. This includes but is not limited to Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Alimony, Child Support, Educational Grants or Scholarships, etc.

Family Member Number	Source of Income	Address of Source of Income/ Contact Person and Telephone Number	Estimate of Annual Income (Yearly Total)

ASSETS:

CHECKING ACCOUNTS:

Family Member Number	Account Number	Bank Name	Bank Address	Avg. 6 Mo. Balance	Current Rate of Interest

SAVINGS ACCOUNTS:

Family Member Number	Account Number	Bank Name	Bank Address	Current. Balance	Current Rate of Interest

STOCKS, BONDS, CREDIT UNION SHARES, C.D. 'S, LIFE INSURANCE POLICIES SURRENDER VALUES, ETC.

Family Member Number	Description of Asset/Account Number (i.e., C.D. - #004561020)	Current Value of Asset	Annual Income From Asset

NOTE: If more space is needed, please list on separate sheet of paper and attach to this application.

REAL ESTATE:

Do you now own Real Estate? Yes; No

If yes, are you receiving any income from this property? Yes; No

If yes, complete the following:

<u>Location of Property (ies)</u>	<u>Annual Income From Property (ies)</u>
_____	_____
_____	_____
_____	_____

AUTOMOBILES AND OTHER VEHICLES: List all motor vehicles, including motorcycles, owned by or registered to household members.

Family Member Number	Make and Model Number	Year	License Tag Number	State	Color of Vehicle

MEDICAL AND/OR UNUSUAL EXPENSES:

NOTE: Medical expenses **only** apply to households where the head of household, spouse or co-head is 62 years of age or older, or handicapped, or disabled.

List payments made to provider of childcare or disabled adult care costs; payments on outstanding medical bills; medical insurance premiums,; medical and dental costs NOT covered by insurance. (If more space is needed, please list on separate sheet and attached to this application)

Family Member Number	Description of Expense	Paid To	Address	Cost Per Month

Please answer the following questions about yourself and all members of your household who will occupy the unit.

ELDERLY and/or HANDICAPPED HOUSEHOLDS ONLY (HEAD, SPOUSE OR CO-HEAD) YES NO

1. Do you have Medicare? _____
 - If yes, what is your monthly payment? \$ _____ _____
 - If yes, what Medicare Plan do you have? _____ _____
 - If yes, what is your annual Deductible? _____ _____

2. Do you have any other kind of medical insurance? _____
 - If yes, provide the following information:
 - Policy Number: _____
 - Company Name: _____
 - Agent's Name: _____
 - Premium Amount: \$ _____ [] Week; [] Month; [] Other _____

3. Do you receive medical assistance through the Public Assistance Program? _____
4. Do you have any outstanding medical bills on which you are currently paying? _____
5. Do you expect to have any medical expenses during the next twelve (12) months? _____
 - If yes, state the type and amounts of these medical expenses anticipated:
 - _____
 - _____

MISCELLANEOUS: (These questions apply to ALL HOUSEHOLD MEMBERS) YES NO

1. Are you or any members of your household currently using an illegal controlled substance? _____
2. Have you or any member of your household ever been convicted of a misdemeanor involving violence? _____
 - If yes, please explain _____
3. Have you or any member of your household ever been convicted of possession, usage, or distribution of a controlled, illegal substance? _____
 - If yes, please explain _____
4. Have you or any member of your household ever been convicted of possession of an unregistered firearm or possession of an illegal weapon that can cause physical harm or emotional suffering by intimidation? _____
 - If yes, please explain _____
5. Do you own a pet? Cat _____ Dog _____ Other _____ _____
 - If this property has a NO PETS Policy, would you be willing to give up your pet(s) in order to reside here? _____

YES NO

6. Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using? _____
If yes, explain: _____

7. Have you or any member of your household ever committed any fraud in a Federal assistance housing program or been evicted from any Federally assisted housing development for drug-related criminal activity? _____
If yes, explain: _____

8. Have you or any member of your household ever been convicted of or pleaded guilty to a felony? _____
9. Have you or any member of your household ever been convicted of or pleaded guilty to a sexual offense or are you or any member of your household subject to lifetime registration requirements under local, state or federal law? _____
10. Have you or any member of your household sold or given away any real property or other assets in the past two (2) years? _____
If yes, explain _____

11. Do you have any life insurance policies that have a surrender value? _____
If so, what is the total surrender value of the policies? _____
12. How did you hear about our apartment community? [] newspaper; [] apartment guide; [] friend/family; [] billboard; [] other – specify _____
13. Are you or any member of your household currently enrolled as a student? _____
Full Time[] Part Time[]
-

WAITING LIST PRIORITY

“ARE YOU DISPLACED?” _____ YES _____ NO

“Displaced” means that your home has been destroyed or made unlivable by government action (such as Urban Renewal), or by a disaster recognized by the President of the United States. You will need to bring us your Certificate of Displacement in order for this preference to be granted.

PROGRAM INFORMATION:

ETHNIC ORIGIN: We are required to report to HUD the ethnic origin of the HEAD OF HOUSEHOLD. We, therefore, ask for your cooperation in providing us with the following information. Please check the ONE box that you feel best describes your ethnic origin. This question is optional and your response will have NO bearing on your eligibility for this community.

- [] White, Non-Hispanic [] Black, Non-Hispanic [] American Indian/Alaskan Native
[] White, Hispanic [] Black, Hispanic [] Asian or Pacific Islander

ELDERLY HOUSEHOLD STATUS: We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 program and/or to give special considerations with regard to allowances in determining rent. Please check the box or boxes that apply.

Head of Household, Spouse or Co-Head is:

- 62 years of age or older
 Handicapped
 Disabled
-

“Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6),(7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**”

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

1. We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or, if move-in has occurred, terminate our Rental Agreement.
2. We authorize Kings Court to make any and all inquiries to verify this information, either directly or through information exchanged now or later with rental or credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State, or local agencies.
3. If our application is approved, and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have, or expect to have, responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income, and household composition.
5. We have read and understand the information in this application, in particular the information contained in the Instructions for Head of Household; and we agree to comply with such information.
6. We have been notified that the Resident Selection Criteria which summarizes the procedures for processing applications is posted in the management office.
7. We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved, and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, damages and Security Deposits.
8. We authorized management to obtain one or more “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

FAIR CREDIT REPORTING ACT

THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES—SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL

CHARACTERISTICS, MODE OF LIVING, INCOME AND CREDIT BACKGROUND AND ALSO POLICE RECORDS. ALL INFORMATION YOU OR OTHERS GIVE US WILL BE HELD IN STRICT CONFIDENCE.

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, CREED, AGE, SEX, HANDICAP, OR FAMILIAL STATUS.

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE OWNER/MANAGER TO VERIFY THIS INFORMATION THROUGH ANY SOURCE THAT IT DEEMS APPROPRIATE. ANY FALSE STATEMENTS ON THIS APPLICATION WILL BE GROUNDS FOR REJECTION OF YOUR APPLICATION.

I/WE HAVE READ AND UNDERSTAND THE ABOVE.

Date Applicant Signature

Date Applicant Signature

Date Applicant Signature

Date Applicant Signature

Date Applicant Signature

DO NOT WRITE BELOW THIS LINE -MANAGEMENT USE ONLY

APPLICATION DISPOSITION:

Approved: _____ Approved by: _____
Date Signature Title

Disapproved: _____ Disapproved by: _____
Date Signature Title

Reason(s) for Disapproval: _____

Applicant Notified in Writing on: _____

Applicant Appealed Decision on: _____ [Written notification attached].

Applicant Appeal Reviewed by: _____
Signature Title Date

Appeal Decision: _____ Approved _____ Disapproved

Applicant Notified in Writing on: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.