

APPLICATION FOR ADMISSION



Name: _____ Day Phone: (____) _____ Evening Phone: (____) _____

Address: _____
Street City State Zip

How long have you resided here? _____ to _____ Reason for moving: _____

Does your current housing meet basic standards of health and safety? Yes No

Previous Address: _____
Street City State Zip

How long did you reside here? _____ to _____ Reason for moving: _____

Name of your **PRESENT** Landlord: _____ Phone Number: (____) _____

Address of your **PRESENT** Landlord: _____
Street City State Zip

Name of your **PREVIOUS** Landlord: _____ Phone Number: (____) _____

Address of your **PREVIOUS** Landlord: _____
Street City State Zip

List **ALL** persons who will live in the apartment. List Head of Household first.

***Race Code:** 1-White, 2-Black, 3-Native Hawaiian/Other Pacific Islander, 4-Asian, 5-American Indian/Alaska Native

| Last Name | First Name | MI | Relationship To Head of Household | Date of Birth | Student? | US Citizen? | *Race? | Hispanic? (Y/N) | Social Security Number |
|-----------|------------|----|-----------------------------------|---------------|----------|-------------|--------|-----------------|------------------------|
| | | | Head | | | | | | |
| | | | | | | | | | |
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INCOME & ASSET INFORMATION

GROSS MONTHLY AMOUNTS

| TYPE OF INCOME | HEAD | CO-HEAD | ALL OTHER OCCUPANTS |
|-----------------------|------|---------|---------------------|
| Wages | \$ | \$ | \$ |
| Unemployment | \$ | \$ | \$ |
| Social Security | \$ | \$ | \$ |
| Public Assistance | \$ | \$ | \$ |
| Pensions/Annuity | \$ | \$ | \$ |
| Disability/SSI | \$ | \$ | \$ |
| Child Support/Alimony | \$ | \$ | \$ |
| Other | \$ | \$ | \$ |

TOTAL VALUE

| TYPE OF ASSET | HEAD | CO-HEAD | ALL OTHER OCCUPANTS |
|----------------------|------|---------|---------------------|
| Savings Account(s) | \$ | \$ | \$ |
| Checking Account(s) | \$ | \$ | \$ |
| CDs, IRA, 401k, Etc. | \$ | \$ | \$ |
| Stocks & Bonds | \$ | \$ | \$ |
| Real Property | \$ | \$ | \$ |
| Cash on Hand | \$ | \$ | \$ |
| Any Other | \$ | \$ | \$ |

APPLICATION FOR ADMISSION



Do you receive any rental assistance (Section 8) at your current residence? Yes No If Yes, \$_____ / month

Does any member of the household require a handicap accessible OR vision/hearing assisted unit? Yes No

Are there any special housing needs or reasonable accommodations that the household will require?

[Empty text box for special housing needs]

Have you or any member of the household ever been convicted of a felony? Yes No

If yes, explain: [Empty text box for felony explanation]

Are any members of the household subject to a lifetime sex offender registration requirement in any state? Yes No

Your signature(s) below serves as written permission for Memorial Homes to obtain a Consumer Report (credit history), criminal background and previous landlord references. Memorial Homes may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) affirms that all information in this application is true and complete. The applicant(s) also understands that a personal interview must be held, and assets and income verified and approved. All information received is confidential. This application creates no obligation for the Landlord or applicant. After the application process is approved, a security deposit must be made and a lease agreement signed by all applicants of legal age. If accepted, Applicant(s) certify this apartment will be their sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false, Memorial Homes may cancel and annul any lease given in reliance upon such information.

All Applicants age 18 and older MUST sign this application.

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

If a portion or all of the application is completed by someone other than the applicant, the following statement must be completed. I/We have completed all or part of this application at the request of the applicant(s):

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:

Memorial Homes
1609 Memorial Avenue, Williamsport, PA 17701
Phone: 570-666-3362 Fax: 607-973-2202

All applications are subject to criminal background checks as well as credit checks. In the case of rejection, applicant will be provided notice of such rejection in writing within 2 weeks of submitting the application to Memorial Homes. Applicant is afforded 10 business days following notification of rejection to request an appeal, in writing, of the rejection decision.

Contact Person Information

Please complete the below information if there is a person who will assist you to complete forms or attend appointments. For example: case worker, relative, friend, etc.
By providing this information you are giving permission for a representative from Arbor Housing and Development to discuss your personal information with this person.

Name of Contact or Organization: _____

Contact Address: _____

Contact Telephone Number: _____

Contact E-Mail Address: _____

Reasons for Contact

Please check this box for All Correspondence

Or check each reason that applies

Assist with Application

Emergency

Unable to contact you

Eviction from unit

Late payment of rent

Assist with Recertification

Change in Lease Terms

Change in House Rules

Other: _____

Printed Name of Applicant

Date

Signature of Applicant



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