

Office Use
 Date Received: _____
 Time received: _____
 Reviewed: _____
 Preference: _____
 Apt. Offered: _____

North Fork Heights
22 Spruce Street, Brookville, PA 15825
814-849-0814

THE FOLLOWING INFORMATION IS CONFIDENTIAL AND WILL NOT BE DISCLOSED WITHOUT YOUR CONSENT.

Applicant's Name				
Date of Birth	Social Security No.	Home Phone ()		
Present Street Address	City	State	Zip Code	No. Yrs at Present Address
Former Street Address (if at present address for less than 2 yrs.)	City	State	Zip Code	No. Yrs. At Former Address
Co-Applicant's Name				
Date of Birth	Social Security No.	Home Phone ()		
Present Street Address	City	State	Zip Code	No. Yrs at Present Address
Former Street Address (if at present address for less than 2 yrs.)	City	State	Zip Code	No. Yrs. At Former Address
Current Housing Status: Provide the name, address and phone number of all your landlords for the past 3 years.				
Current Landlord:		Phone: _____		
Address: _____				
Previous Landlord:		Phone: _____		
Address: _____				
Previous Landlord:		Phone: _____		
Address: _____				
Name and Address of Employer		Type of Business	Self Employed? Yes _____ No _____	
Business Phone Number	Position/Title	No. Yrs. On Job	Yrs. In this line of work	
Name and Address of Previous Employer (if employed at present position less than 2 yrs)		No of Yrs. With Previous Employer	Business Phone ()	
Have you ever been convicted for the illegal manufacture or distribution of a controlled substance?			Yes ()	No ()

ANNUAL INCOME

SOURCE	APPLICANT GROSS	APPLICANT NET	CO-APPLICANT GROSS	CO-APPLICANT NET	TOTAL
Gross Salary					
Commissions/Fees/Tips/ Bonuses					
Unemployment Benefits					
Workers Compensation, etc.					
Gross Social Security, Pensions, Retirement Funds, etc., Received Periodically					
Alimony					
Interest and/or Dividends					
Net Income from Business					
Net Rental Income					
Other:					

TOTAL:

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account	\$	\$		
Savings	\$	\$		
Certificate of Deposit	\$	\$		
Mutual Funds/Stocks/Bonds	\$	\$		
Value of Home You Own	\$	\$		
Value of Other Real Estate	\$	\$		
Life Insurance	\$	\$		
Other:	\$	\$		
TOTAL:	\$	\$		

I _____ have _____ have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the "other" column in the above listing of assets.

MEDICAL EXPENSES

	Amt. Monthly	Amt. Yearly
1. Do you have Part B Medicare? Yes (<input type="checkbox"/>) No (<input type="checkbox"/>)		
2. If you have a supplemental insurance, what do you pay? The insurance company is:		
What is your estimate of your medical expenses for the next twelve months and what will you pay yourself?		
	Estimate	Amt I will pay
Doctor / Dentist visits		
Prescriptions		
Medical Appliances		
Over-the-counter drugs with written recommendation from Doctor		
Eyeglass / Dental Appliances		
Are you currently making payments on any outstanding medical bills for hospital stays or other related expenses?		

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

How did you hear about the apartment complex?

Newspaper _____ Radio _____ Brochure _____ Other _____

The information provided above is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy.

Applicant _____

Date _____

Co-Applicant _____

Date _____

The following information is requested by the apartment owner in order to assure the Federal Government, acting through the U.S. Department of Housing & Urban Development, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, handicap, familial status, sex and religion are complied with. You are not required to furnish this information, but are encourage to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race / national origin and sex of individual applicants on the basis of visual observation or surname.

RACE	
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native & White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian/Alaska Native & Black/African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other Multi-racial

ETHNICITY	GENDER
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female

