 The Village at Laurelbrooke Landing Brookville PA 15825

***RENTAL APPLICATION*** ***FORM*** ***Office Use Only:***

(Please check which you are applying for) Date/Time Application Received: \_\_\_\_\_

\_\_\_\_ Village I Apartments Date of Application Review: \_\_\_\_\_\_\_\_\_

\_\_\_\_ Village II Apartments Eligible: YES/NO Notification: \_\_\_\_\_\_\_\_

\_\_\_\_ Village III Apartments (washer & dryer hookup) Reason: Age Income Other: \_\_\_\_\_\_\_

Verification Appointment: \_\_\_\_\_\_\_\_\_\_\_

*The Following information is confidential and will not be disclosed without your consent.*

Applicant’s Name Social Security No. Home Phone

Present Street Address City State Zip Code No Yrs. at

Present Address

Former Street Address City State Zip Code No Yrs. at

(If at present address for less than 2 years) Former Address

**Housing Status:** Provide the following information for your previous landlords for the past 3 years.  
Current Landlord: Phone:

Address:

How long have you lived at this address:

Previous Landlord: Phone:

Address:

How long have you lived at this address:

Reason for leaving:

Did you owe any money when you left or do you currently have any outstanding balances owed to this landlord? Yes No

Previous Landlord: Phone:

Address:

How long have you lived at this address:

Reason for leaving:

Did you owe any money when you left or do you currently have any outstanding balances owed to this landlord? Yes No

**Work Status:** Provide the name, address, and phone number for your current/past employers.

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 No. of Yrs. with Business Phone

(if employed at present position less than 2 yrs.) Previous employer

Co-Applicant’s Name Social Security No. Home Phone

Present Street Address City State Zip Code No. Yrs. at Present Address

Former Street Address City State Zip Code No. Yrs. at Former Address

(If at present address for less than 2 yrs.)

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 No. of Yrs. with Business Phone

(if employed at present position less than 2 yrs.) Previous Employer

**ANNUAL INCOME**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source** | **Applicant** | **Co-Applicant** | **Other Household Members 18 Yrs. or older** | **Total** |
| Gross Salary |  |  |  |  |
| Overtime Pay |  |  |  |  |
| Commissions/Fees/Tips/  Bonuses |  |  |  |  |
| Unemployment Benefits |  |  |  |  |
| Workers Compensation,  Etc. |  |  |  |  |
| Social Security, Pensions  Retirement Funds, etc.,  Received Periodically |  |  |  |  |
| TANF Payments |  |  |  |  |
| Alimony, Child Support |  |  |  |  |
| 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 | $ | $ |  |  |
| Real Estate | $ | $ |  |  |
| Whole Life Insurance | $ | $ |  |  |
| Annuity, Keogh, IRA, 401K | $ | $ |  |  |

**TOTAL:** $$

I \_\_\_ have \_\_\_ have not disposed 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 lest the asset value under the “other” column in the above listing of assets.

Have you given any money to charities in the past two years? Yes No

Are any benefits deposited into a Direct Express Debit Card account? Yes No

Do you have a checking account? Yes No

*If yes, you will be required to provide the most recent six months’ bank statements so that we may estimate the value of the asset in accordance with requirements. Please save your bank statements.*

Do you have a savings account? Yes No

Current Balance – Please write in NA if the value is zero $

Do you have a 401K or other employment savings account? Yes No

Current value – Please write in NA if the value is zero $

Do any of your retirement accounts have a Required Minimum Distribution? Yes No

Amount $

Do you own a home or other property? Yes No

Current Value – Please write NA if the asset value is zero $

Do you have business income? Yes No

Current Value of Business - Please write NA if the asset value is zero $

Do you own socks/bonds/certificates of deposit (CD)? Yes No

Current Value - Please write NA if the asset value is zero $

Do you own a life insurance policy? Yes No

Current Value - Please write NA if the asset value is zero $

Is there a trust fund in your name or have you established a trust fund for

someone else? Yes No

Current Value - Please write NA if the asset value is zero $

Do you have a safety deposit box? Yes No

Are assets stored in the safety deposit box such as US Savings Bonds, cash,

Stocks, etc.? Yes No

Do you have access to any other assets, property, insurance policies,

Businesses, etc.? Yes No

If yes, please provide a description of the asset(s) and the current asset value below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOUSEHOLD COMPOSITION** List the head of your household and all members who live in your home.

Give the relationship of each family member to the head.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member No.** | **Full Name** | **Relationship** | **Birthdate**  **M/D/Y** | **Social Security No.** |
| Head of Household |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

**PETS & ASSISTANCE/COMPANION ANIMALS:** Please review the property pet/assistance animal rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member (e.g. companion animal or service animal)? Yes No

Do you plan to house an animal in the unit? Yes No

*If No, please move on to the next section. If yes, please provide the following information:*

|  |  |  |  |
| --- | --- | --- | --- |
| **Animal Type**  (I.E. dog, cat, etc.) | **Breed (if applicable)** | **Height** | **Weight** |
|  |  |  |  |
|  |  |  |  |

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Are all household members full-time students? Yes No

Will another individual guarantee payment for rent and other fees on your behalf if you are unable?

If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

Name Telephone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address/City/State/Zip

Are you or any household member subject to a lifetime sex offender registration requirement in any state?

If yes, please list state: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Yes No

Size of unit desired: \_\_\_\_ One Bedroom \_\_\_\_ Two Bedroom

Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control? (Includes roaches, bed bugs, rodents, etc.) Yes No

This facility has a limited number of units that have been made accessible for the mobility impaired (e.g. roll-in showers, lowered kitchen cabinets and work area, wheelchair accessible doorways, etc.) Do you have a mobility impairment and believe you could benefit from the special features of those units? Yes No

Do you currently require or anticipate the need of assistance from a live-in aide: Yes No

*(All live-in aides are subject to all screenings as stated in the Village Tenant Selection Plan.)*

Have you or any other person who plans to reside at the Village ever been evicted from or asked to leave any type of housing over the past five years? Yes No

*(Optional)* Race/ethnicity of each applicant: (write number of applicants that qualify under each category)

\_\_\_Caucasian \_\_\_Hispanic

\_\_\_African American \_\_\_Asian or Pacific Islanders

\_\_\_Native American \_\_\_Alaskan Natives

Please place a check next to each state where you have lived.

Please include Washington, D. C. if you have lived in Washington, D.C.

O Alabama O Alaska O Arizona O Arkansas O California O Colorado O Connecticut

O Delaware O Florida O Georgia O Hawaii O Idaho O Illinois O Indiana O Iowa O Kansas O Kentucky O Louisiana O Maine O Maryland

O Massachusetts O Michigan O Minnesota O Mississippi O Missouri O Montana O Nebraska O Nevada O New Hampshire O New Jersey O New Mexico O New York

O North Carolina O North Dakota O Ohio O Oklahoma O Oregon O Pennsylvania O Rhode Island O South Carolina O South Dakota O Tennessee O Texas O Utah O Vermont O Virginia O Washington O West Virginia O Wisconsin O Wyoming O Washington D.C.

How did you hear about the housing complex?

Newspaper Radio Brochure Other

Referred to the Villages at Laurelbrooke by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I also understand that a Credit Check, Criminal Background Check and Sex Offender check will be completed prior to tenancy as stated in the Village at Laurelbrooke Tenant Selection Plan. Criminal Background Checks will be performed in the state in which the housing is located and for states where the applicant and members of the applicant’s household have resided.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Date

*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.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Applicant Date

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***ALL ADULT HOUSEHOLD MEMBERS MUST SIGN***

***We do business in Accordance with the Federal Fair Housing Law. We will not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin, (The Fair Housing Amendment Act of 1988). In compliance with Section 504 regulations, we do not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in, our federally assisted programs and activities. Management will consider requests from individuals with disabling conditions or mobility impairments for reasonable accommodations in policies, practices or facilities.***

The Village at Laurelbrooke Landing

985 Route 28, Brookville PA 15825

Phone: 814-849-0814

Fax: 814-849-8799

***www.wrc.org***

TTY/TDD – 7-1-1

Voice Only – TT – 1-800-855-115

 

*Equal Opportunity Employer*