

RENTAL APPLICATION & INSTRUCTIONS

Please read all of the following information before you begin the application process.

1. All portions of the rental application must be fully completed and legible to be processed. Please print your information so it can be read easily. If something does not apply to you, please write "N/A".
2. Please make sure that you list all sources of income and amounts. List all hourly wages and hours worked per week for each signer and co-signer (example: disability amounts, Social Security, public assistance, child support, food stamps, WIC, the value of Section 8 voucher, etc.)
3. The application fee is \$50.00 for each single (or \$75 fee for two related lease signers). **A non-refundable payment of \$25.00 (money orders only) is required when the application is submitted. The balance is due at lease signing.**
4. When your application is processed, you will be asked for the following information:
 - four weeks' proof of income from all sources for all signers and co-signers,
 - letter of reference from your current landlord, and
 - copy of social security cards for all household members.
5. In order to process the application, be certain that all signers and co-signers have signed the application and have provided their date of birth and their Social Security number.

To quickly start the process, please mail the completed 2-page rental application to the attention of Meg Quinn, Rental Manager, at the address above. Your landlord and employer can fax or mail the completed verifications to our office when their portions are completed.

Thanks for your interest in our apartments.

Meg Quinn, Rental Manager
Bucks County Housing Group





a private, non-profit social service agency

610-267-803-6967

RENTAL APPLICATION

A. General Information - ALL INFORMATION MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED

Applicant's Name _____ Date _____

Street _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

List ALL household members who will live in rental unit:

	<i>Name</i>	<i>Birthdate</i>	<i>Social Security Number</i>	<i>Occupation / School</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

B. Rental History - VERIFICATION OF PREVIOUS RENTAL HISTORY WILL BE REQUIRED

Present Landlord _____ Phone _____

Street _____ City _____ State _____ Zip _____

Length of Time at Current Address _____

Previous Landlord _____ Phone _____

Street _____ City _____ State _____ Zip _____

Length of Time at Current Address _____

C. Employment/Income - VERIFICATION OF EMPLOYMENT HISTORY WILL BE REQUIRED

Current Employer _____ Phone _____

Street _____ City _____ State _____ Zip _____

Started Work _____ Occupation _____
Month / Year

Length of Time in Position _____ Current salary \$ _____ per Hour/ per Week/ Bi-weekly/ per Month
(provide before tax amount) (circle one)

Spouse's Current Employer _____ Phone _____

Street _____ City _____ State _____ Zip _____

Started work _____ Occupation _____
Month / Year

Length of Time in Position _____ Current salary \$ _____ per Hour/ per Week/ Bi-weekly/ per Month
(provide before tax amount) (circle one)

List ALL other sources of income & amounts (example: disability, child support, Social Security, public assistance, etc.)

Do you hold a Section 8 certificate? ____NO ____YES Current amount of voucher (or # of bedrooms) _____

D. Emergency Contacts List 1 Relative (not living with you) and 2 non-Relatives as Emergency Contacts

NAME	ADDRESS	PHONE #

E. Other Information

Number of vehicles to be parked at rented premises: _____. Please describe below:

Make/Model	Year	Color	License Plate #

Have you ever been evicted? Yes ____ No ____ If "yes," please explain below:

Have you ever filed for bankruptcy? Yes ____ No ____ If "yes," please explain below:

Which location(s) are you interested in? ____**Morrisville** (2 & 3 bdrms—no 1 bdrm) ____**Bristol** (1 & 2 bdrms)
(circle # of bedrooms needed) ____**Fountainville** (1, 2 & 3 bdrms + 1 eff) ____**Telford** (2 & 3 bdrms)

DISCLOSURE / CONSENT AGREEMENT

I/We understand that Meg Quinn is an agent of the Landlord and is a paid representative of the Landlord.
Rental Manager

I/We acknowledge that this written notice was received before I/we received a lease agreement.

I/We authorize you to conduct an employment/credit check concerning my/our application and to verify all references.

I/We declare that all information listed on this application is true and accurate.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Person Receiving Application

Title

****NON-REFUNDABLE PAYMENT OF \$25.00 TOWARD APPLICATION FEE DUE WHEN APPLICATION IS SUBMITTED** MONEY ORDERS ONLY.**

Balance is due upon lease signing.

Rev. 1211



1069 Jacksonville Road, Ivyland, PA 18974 . Phone- 215-394-8259 . Fax- 267-803-6967

Verification of Employment

THIS SECTION IS TO BE COMPLETED BY APPLICANT

RE: _____
 Applicant/Tenant Name Current Address Town State Zip

Name of Employer: _____ Employer Phone Number: _____

Address of Employer: _____
 Street City State Zip Code

The individual named above is the applicant for housing at Bucks County Housing Group. Our regulations require that in order for the family to be eligible, we must verify the family's Income Information. The Individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self addressed envelope has been included for your convenience. If you have and questions please feel free to contact our office. Thank you for your cooperation.

I, _____ hereby authorize _____
 Employee (please print) Employer (please print)
 to release the information requested below regarding my employment and compensation.

 Employee's Signature Date

THIS SECTION IS TO BE COMPLETED BY EMPLOYER

1. Date of Employment _____ Position/Occupation _____
2. Date of Termination (if applicable) _____
3. Current Rate of Regular Pay \$ _____ per _____ (hour, week, month, etc.)
4. Current Rate of Overtime Pay \$ _____ per _____ (hour, week, month, etc.)
5. Number of hours/weeks employee usually works _____
6. Anticipated average amount of overtime/week \$ _____
7. Anticipated tips, commissions, bonuses \$ _____
8. Gross annual earning you anticipate for this employee for the next twelve months \$ _____
 (Gross amount including tips, commissions, bonuses, and overtime.)
9. Do you anticipate any changes in the employee's rate in pay in the near future? Yes No
10. Do you anticipate any change in the number of hours the employee works? Yes No
11. Does this employee receive vacation with pay? Yes No
12. Does this employee receive sick leave pay? Yes No
13. Amount deducted for medical coverage? \$ _____ / _____
14. Amount deducted for savings plan? \$ _____ / _____
15. If the employee is seasonal or sporadic, indicate lay-off period _____
16. Does the employee have access to any portion of his/her pension or retirement plan account? Yes No
17. If yes, indicate the amount which may be withdrawn without retiring or terminating employment \$ _____
18. Additional comments _____

I certify that the above information is true and correct:

 Name of Company Official (please print) Signature of Company Official Date

 Title of Company Official Telephone Number

 Company Name Address City State Zip-Code

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Departments or Agency of the United State as to any matter within jurisdiction.



VERIFICATION OF RESIDENCY

(THIS DOCUMENT MUST BE FILLED OUT BY LANDLORD ONLY)

DATE: _____

PREVIOUS/PRESENT LANDLORD:

APPLICANT NAME: _____

PHONE: _____

PHONE: _____

The above named applicant has applied for an apartment in our Community and has given your name as a Landlord or previous Landlord reference. To help us establish a reference, we would appreciate you furnishing the information requested below along with any additional data which may be helpful. The information you provide will be for our confidential use only. You may fax or mail back your response at your earliest convenience. Our fax number is 267-803-6967. Thank you.

I, HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION BY MY LANDLORD:

X _____
APPLICANT SIGNATURE

X _____
APPLICANT SIGNATURE

Length of time in residence: From: _____ to _____

Number of person(s) on Lease and or in household _____ Monthly Rent Amount \$ _____

Any returned checks? Yes ___ or No ___ Is their account current? Yes ___ or No ___

Is the rent paid according to Lease? Yes ___ or No ___ Any late payments? Yes ___ or No ___

Was proper notice given to vacate? Yes ___ or No ___ Any legal action? Yes ___ or No ___

If yes, what was the reason? _____

Did resident maintain acceptable housekeeping? Yes ___ or No ___ If No, please describe below:

Would you rent to this Applicant again? Yes ___ or No ___ If No, why? _____

COMMENTS: _____

PHONE _____

DATE _____

SIGNATURE _____

TI TLE _____

