

Episcopal Apartments of the Slate Belt, Inc.
684 American-Bangor Road
Bangor, PA 18013
Phone: 610-863-7626
Fax: 610-863-4766
Office Hours: Monday through Friday: 7:30 AM to 4:00 PM

Number of Bedrooms requested:
CIRCLE ONE - 1 BEDROOM 2 BEDROOM 1 BEDROOM ACCESSIBLE UNIT

*****EPISCOPAL APARTMENTS OF THE SLATE BELT IS A SMOKE-FREE FACILITY*****

RENTAL APPLICATION

NAME: _____
Last MI First

TELEPHONE NUMBER: Home: _____ Cell: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ SOC. SEC. #: _____ DRIVERS LICENSE# _____

Single: _____ Married: _____ Divorced: _____ Widow /Widower: _____

LIST ALL PERSONS THAT WILL BE LIVING IN THE UNIT

	<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>Soc. Sec.#</u>	<u>Drivers License # & State</u>
1)	_____	_____	_____	_____	_____
2)	_____	_____	_____	_____	_____
3)	_____	_____	_____	_____	_____

Do you or a co-tenant own any Real Estate?

Location: _____ Market Value: _____

Description: _____ Remaining Mortgage: _____

HAVE YOU DISPOSED OF ANY ASSETS FOR LESS THAN FAIR MARKET VALUE IN THE PAST TWO YEARS? _____ . IF YES DESCRIBE _____

LANDLORD REFERENCES FOR THE PAST 5 YEARS: (Include name, address and telephone number) Use extra sheet of paper if necessary.

Landlord Reference: _____

Landlord Reference: _____

Have you resided in another state in the past?- _____ If yes, list _____

GROSS INCOME - Please list all sources of income:

Social Security (Monthly)	Tenant \$ _____	Co-tenant \$ _____
Pensions (Monthly)	Tenant \$ _____	Co-tenant \$ _____
Annuities Payment (Monthly)	Tenant \$ _____	Co-tenant \$ _____
Wages (Monthly)	Tenant \$ _____	Co-tenant \$ _____
Other Income (Monthly)	Tenant \$ _____	Co-tenant \$ _____

(Examples include: Alimony, Public Assistance, IRA Payments, Gifts or Other Regular Income)

ASSETS – Do you or a co-tenant have any bank accounts or other assets? If yes, complete below:

	<u>Name of Bank or Financial Institution</u>	<u>Current Balance or Account Value</u>	<u>Estimate of Annual Interest</u>
Checking	_____	\$ _____	\$ _____
Savings	_____	\$ _____	\$ _____
Annuities	_____	\$ _____	\$ _____
CD/IRAs	_____	\$ _____	\$ _____
CD/IRAs	_____	\$ _____	\$ _____
Stocks	_____	\$ _____	\$ _____
Bonds	_____	\$ _____	\$ _____
Other	_____	\$ _____	\$ _____

(Use additional sheets of paper if necessary)

OUT OF POCKET MEDICAL EXPENSES

Medical costs can help to lower your rent. Only those medical expenses that you pay out of pocket are allowable. (i.e. Dentist Bills, Prescriptions, Eyeglasses, Hearing Aids and Batteries, Medical Insurance Premiums, Doctors Visits, Hospital Expenses, etc.) Please use estimated yearly figures.

	<u>Yearly Expense</u>	<u>Name of Medical Provider</u>
Medicare	\$ _____	_____
Supplemental Medical Insurance(s)	\$ _____	_____
Physician	\$ _____	_____
Dentist	\$ _____	_____
Eye Care	\$ _____	_____
Prescription	\$ _____	_____
Other medical expenses	\$ _____	_____

(Use additional sheets of paper if necessary to list all necessary medical expense)

Do you or a co-tenant need any special accommodations? Yes _____ No _____

Please list special accommodations required (Be specific): _____

Episcopal Apartments allows tenants to have one (1) pet not to exceed 40 pounds. There is a \$150 pet deposit in addition to your security deposit. Do you or a co-tenant own a pet? _____, if yes please describe the pet _____.

Have you or a co-tenant ever been convicted of a felony? _____ Yes _____ No
If yes, please describe: _____.

Have you or a co-tenant ever been convicted on drug or alcohol charges? _____ Yes _____ No
If yes, please describe: _____.

Have you or a co-tenant ever been convicted of sexual misconduct charges? _____ Yes _____ No
If yes, please describe: _____.

EMERGENCY CONTACT INFORMATION:

Name	Relationship	Address	Telephone # Cell Phone# Business #
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

HOW DID YOU HEAR ABOUT OUR FACILITY?

_____.

APPLICANT'S CERTIFICATION AND RELEASE

I/We understand that this application is not an offer of housing. I/We hereby authorize the Management of the Episcopal Apartments of the Slate Belt to make inquires to verify the information I/We have provided in this application. I/We hereby certify the information I/We have given is true and complete to the best of my/our knowledge

I/We do hereby attest that all of the information above is true and correct.

Date: _____ **Signature:** _____
Applicant

Date: _____ **Signature:** _____
Spouse/Co-Applicant

OFFICE USE ONLY:

DATE RECEIVED: _____ **TIME:** _____

BY: _____

Criminal Report Mailed on: _____ **Received on:** _____

PENALTIES OR MISUSING THIS CONSENT:

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, the PHA and any owner (or any employee of HUD, PHA or any owner) may be subject to penalties for unauthorized disclosures or improper uses 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 disclosed any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. 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, the PHA 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 42 U.S.C. 208 (f) (g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 (f) (g) and (h).

ASSETS – CURRENT & DISPOSED OF

All Applicants and Residents of Federally Subsidized Housing must disclose any assets that are disposed of for less than fair market value in the two years preceding the effective date of their Move-In Certification or Annual Recertification.

Have you disposed of any assets for less than fair market value in the past 2 years? Yes____ No_____

If yes, please describe in as much detail as possible below:

Description	Fair Market Value	Date Disposed	Amount Received
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I hereby certify that the information listed on this form, and the questions answered are true and complete, to the best of my knowledge. I further certify that I have revealed all assets, currently held or previously disposed of, and that I have no other assets than those listed on this form (other than personal property). I understand that false statements are fraudulent and are a criminal offense, which is punishable by fine or imprisonment, or both.

Applicant Signature

Date

Co-Applicant

Date:

**Authorization to Release Financial Information, Medical Information,
Credit History, Eviction History and Criminal Report**

Application Instructions:

1. Read the release completely
2. Print your name or names on top line
3. Sign on bottom line and date

I/We, _____, authorize The Episcopal Apartments of the Slate Belt, Inc. to obtain and evaluate my financial information, Medical information, credit history and criminal reports in all states that I have resided in as per the Episcopal Apartments of the Slate Belt Tenant Selection Policy (Copy attached).

X _____
Applicant Signature Date

X _____
Co-Applicant Signature Date

NOT A GUARANTEE OF PLACEMENT

I/We understand that the screening process required for housing at the Episcopal Apartments of the Slate Belt is not a guarantee of placement at the Episcopal Apartments of the Slate Belt until I have successfully met all of the requirements of the Episcopal Apartments of the Slate Belt's screening criteria as set forth in the Episcopal Apartments of the Slate Belt's Tenant Selection Policy (copy enclosed).

Applicant

Date:

Co-Applicant

Date:

