

Presque View Apartments

1112 West 4th Street
Erie, PA 16507
Phone: 814.453.3130
Fax: 814.217.1820

RENTAL APPLICATION

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Date Received:

1B 2B 3B

50 60

APPLICANT INFORMATION

Applicant Name			Date of Birth		Social Security No.	
Last		First		MI		
Applicant's Driver License or Identification Card Number:			State Issued:		Maiden Name (If Applicable):	
Present Street Address		City		State	Zip Code	How long at address?
Home Phone Number		Cell Phone Number		Email Address		
Former Street Address (if at present address less than 3 years)		City		State	Zip Code	How long at address?
APPLICANT RENTAL HISTORY: Provide the name, address and phone number for all landlords in the three (3) years starting with most recent.						
Current Landlord:		Phone:		How long at address:		Rent:
Address:		City:		Zip Code:		
Previous Landlord:		Phone:		How long at address:		Rent:
Address:		City:		Zip Code:		
Previous Landlord:		Phone:		How long at address:		Rent:
Address:		City:		Zip Code:		

APPLICANT EMPLOYMENT INFORMATION

Name and Address of Employer			Type of Business	Self Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Business Phone Number		Position/Title		Length of Employment	Salary/Wages
Full Time/Part Time/ Temp		Average hours per week:	Do you expect any changes in income over next 12 months?		Supervisor

CO-APPLICANT INFORMATION

Co-Applicant Name			Date of Birth		Social Security No.	
Last		First		MI		
Applicant's Driver License or Identification Card Number:			State Issued:		Maiden Name (If Applicable):	
Present Street Address		City		State	Zip Code	How long at address?
Former Street Address (if at present address less than 3 years)		City		State	How long at address?	
CO-APPLICANT RENTAL HISTORY: Provide the name, address and phone number for all landlords in the three (3) years starting with most recent.						
Current Landlord:		Phone:		How long at address:		Rent:
Address:		City:		Zip Code:		
Previous Landlord:		Phone:		How long at address:		Rent:
Address:		City:		Zip Code:		
Previous Landlord:		Phone:		How long at address:		Rent:
Address:		City:		Zip Code:		

CO-APPLICANT EMPLOYMENT INFORMATION

Name and Address of Employer		Type of Business	Self Employed? <input type="checkbox"/> YES <input type="checkbox"/> NO
Business Phone Number	Position/Title	Length of Employment	Salary/Wages
Full Time/Part Time/ Temp	Average hours per week:	Do you expect any changes in income over next 12 months?	Supervisor

HOUSEHOLD COMPOSITION: List Head of Household and all members who live in your home

Give the relationship of each household member to the Head of Household

Member Number	Full Name	Relationship	Male or Female	Date of Birth MM/DD/YYYY	Social Security Number
Head of Household		Head of Household			
2					
3					
4					
5					
6					

PLEASE LIST EVERY STATE EACH APPLICANT OVER THE AGE OF 18 HAS RESIDED IN BELOW:

Name	State Resided In and Dates

THE FOLLOWING QUESTIONS (1-12) **MUST** BE COMPLETED.

- I/We ☐ 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 value of the under the "other" row in the additional household income section of this application. Date of disposal: _____
- Are you or any member of your household subject to a lifetime sex offender registration requirement in any state?
☐ Yes ☐ No If yes, list household member's name and states requiring registration.

- Have you or any member of your household ever been charged with or convicted of a crime (misdemeanor or felony) other than a minor traffic violation? ☐ Yes ☐ No If yes, please explain _____
- Are any adults (18 and over) full or part time students? ☐ Yes ☐ No If yes, please list name(s) of student(s) and the school(s) they attend ☐ full time ☐ parttime _____
- Do you own any pets? ☐ Yes ☐ No If yes, what kind and how many? _____
- Do you currently have a Section 8 Housing Choice Voucher? ☐ Yes ☐ No (If yes, please attach a copy of your voucher) When does your voucher expire? _____
- Have you or any member of your household ever been terminated from subsidized housing for fraud, non-payment or failure to cooperate with the recertification process? ☐ Yes ☐ No if yes, when _____

8. Please list the name and telephone number of an additional person to contact in the event we are unable to reach you, e.g. family member not living with you, case worker, etc.
Name: _____ Telephone: _____
9. Are there any special housing needs or accommodations that the household may require? Examples are a unit for a person with mobility, visual or hearing impairment. ☐ Yes ☐ No If yes, please explain below

10. Do you own a car? ☐ Yes ☐ No Model/Year _____ License # _____
Do you own a second car? ☐ Yes ☐ No Model/Year _____ License # _____
11. Do you have any household cash on hand? ☐ Yes ☐ No if yes, the amount _____

12. PERSONAL REFERENCES

Name	Relationship & Years known	Address	Phone Number
In Case of Emergency, Notify:			

HOUSEHOLD INCOME

MONTHLY INCOME				
SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD 18 YEARS OF AGE OR OLDER	TOTAL FOR MONTH
Gross Salary (before taxes)				
Unemployment Benefits				
Social Security Benefits				
Pension				
Workers Compensation				
Retirement				
Public Assistance				
Child Support				
SNAP/TANF Payments				
Other:				
			TOTAL	

ASSETS for ALL household members 18 years or older

ASSETS	APPLICANT CASH VALUE	CO-APPLICANT CASH VALUE	APPLICANT FINANCIAL INSTITUTION	CO-APPLICANT FINANCIAL INSTITUTION
Checking Account	\$	\$		
Checking Account	\$	\$		
Savings Account	\$	\$		
Retirement Accounts	\$	\$		
Certificate of Deposit (CD)	\$	\$		
Mutual Funds Stocks/Bonds	\$	\$		
Real Estate - If you own your own home of property	\$	\$		
Other:	\$	\$		
TOTAL	\$	\$		

The information provided above is true and complete to the best of my knowledge and belief. I/We consent to the disclosure of income and financial information from my/our employer, financial and personal references for the purposes of income and asset verification related to my/our application for tenancy. I/We consent to have background credit and criminal checks obtained for all household members age 18 and over.

I/We understand that this application may be accepted or rejected at the discretion of the landlord. I also understand and agree that the application fee is non-refundable.

Applicant (Head of Household)

Date

Co-Applicant

Date

Other Adult over the age of 18

Date

Representative of Presque View Apartments

Date

We pledge not to discriminate against applicant based on their race, color, sex, age, religion, national origin, familial status or disability.

TDD 1.800.649.3777

RESIDENT REFERRAL _____



Section 8 accepted. Approval is based upon tenant selection criteria and local Housing Authority's approval of full monthly rent for the unit.

TENANT RELEASE AND CONSENT FORM

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to PRESQUE VIEW APARTMENTS/Excel Apartment Management LLC for the purpose of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verification and inquiries that may be requested include, but are not limited to: personal identity, employment, income, and assets, medical or child care allowances. I/We understand that this authorization cannot be used to obtain information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

To groups or individuals that may be asked to release the above information include, but are not limited to:

Past or present employers	Welfare agencies	Veterans Administrations
Previous Landlords	State Employment Agencies	Retirement Systems
(Including Housing Agencies)	Social Security Administration	Banks and other
Support and Alimony Providers	Medical and Child care providers	Financial Institutions

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for twelve months for the date signed. I/We understand I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____ Applicant/Resident	_____ Print Name	_____ Date
_____ Co-Applicant/Resident	_____ Print Name	_____ Date
_____ Applicant/Resident	_____ Print Name	_____ Date
_____ Adult Household Member	_____ Print Name	_____ Date

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:									
Mailing Address:									
Telephone No:	Cell Phone No:								
Name of Additional Contact Person or Organization:									
Address:									
Telephone No:	Cell Phone No:								
E-Mail Address (if applicable):									
Relationship to Applicant:									
Reason for Contact: (Check all that apply) <table border="0"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Process Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> assistance Eviction from unit</td> <td><input type="checkbox"/> Other:</td> </tr> </table>		<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification	<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Process Change in lease terms	<input type="checkbox"/> Termination of rental	<input type="checkbox"/> Change in house rules	<input type="checkbox"/> assistance Eviction from unit	<input type="checkbox"/> Other:
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification								
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Process Change in lease terms								
<input type="checkbox"/> Termination of rental	<input type="checkbox"/> Change in house rules								
<input type="checkbox"/> assistance Eviction from unit	<input type="checkbox"/> Other:								
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.									
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.									
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.									

Signature of Applicant**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

PREQUE VIEW APARTMENTS
EXCEL APARTMENT MANAGEMENT LLC

LANDLORD REFERENCE

Date:

Return Verification to:

To:

Molly Samsel

Fax: 814.217.1820

Presque View Apartments

1112 West 4th Street Erie,

PA 16507

The person listed below has applied for housing assistance under a program governed by the Federal Tax Credit Program provided under Section 42. The program requires verification of all income and assets to determine whether the individual has met the program guidelines. We ask for your cooperation in completing the applicable information below. We hold this information in strict confidence for use only in determining eligibility status of this individual. Your prompt return of this information by fax is greatly appreciated.

RE: _____

Previous Address: _____

Dates of residency: _____

Did Resident pay their rent on time? ☐ No ☐ Yes If NO how many times? _____ How late? _____

Monthly rent \$ _____ were utilities included _____

Did resident pay a security deposit? ☐ No ☐ Yes If YES, was it returned? _____

Did the resident, family or guest cause any damage to the property? If so, please explain: _____

Did they pay for the damages? ☐ No ☐ Yes

Were the Police ever called as a result of a disturbance ☐ No ☐ Yes If Yes, please explain: _____

Did the resident have unregistered Pets or other problems that may be important to know? _____

Did the resident violate the lease in any way ☐ No ☐ Yes if Yes, please explain: _____

Did you ever begin eviction proceedings against this person ☐ No ☐ Yes if yes, what grounds? _____

Did the resident give you proper notice ☐ No ☐ Yes Would you re-rent to this person? ☐ No ☐ Yes

Additional Comments: _____

Landlords PRINTED Name

Date

Landlords signature

Telephone number

Applicant's signature

Date

APPLICANT DOES NOT PROVIDE THIS FORM TO THE LANDLORD, ONLY SIGN ON THE SIGNATURE LINE ABOVE

PRESQUE VIEW APARTMENTS WILL FAX/EMAIL THIS FORM OVER TO THE LANDLORD OR MANAGEMENT COMPANY