

ALLEGHENY WEST FOUNDATION

RENTAL HOUSING

THE ALLEGHENY WEST FOUNDATION OFFERS QUALITY RENTAL HOUSING AND SEEKS GOOD TENANTS FOR THEIR UNITS.

1, 2 AND 3 BEDROOM APARTMENT UNITS

2 AND 3 BEDROOM HOUSES

*MUST BE INCOME ELIGIBLE AND HAVE GOOD CREDIT

** SECTION 8 CERTIFICATES ACCEPTED.

IF INTERESTED, PLEASE CALL 225-1019 FOR AN APPLICATION.



The Allegheny West Foundation 2330 W. Allegheny Avenue Philadelphia, PA 19132 (215) 225-1019

ALLEGHENY WEST FOUNDATION RENTAL APPLICATION INFORMATION SHEET

- There is a \$50.00 processing fee for each signer and/or cosigner, this is nonrefundable
- · Applicants must be 18 years of age or older.
- All of the applicants' income must be verified.
- All persons employed must be at current job for at least six months.
- The applications will be processed as follows: credit history and landlord housing suit information will be requested and reviewed first. The absence of a credit file shall not adversely affect your application. Landlord housing suits are filed for non-payment of rent or evictions for lease violations. If the information received from these reports is favorable, then a criminal history will be requested and reviewed. Applicants with criminal histories will be reviewed by committee.
- Applicants must meet income guidelines.
- False information on an application will be cause for denial. The entire application
 process can take from five to fifteen days, depending upon criminal checks and
 verifications. When your application is processed, you will be notified by mail.
- Please supply the following information:
 - 1. Include zip-codes for current and previous addresses.
 - 2. Social Security Numbers of all household members.
 - 3. Provide the following information that applies to you:
 - Letter from current employer on company letterhead stating gross income and length of time employed.
 - Letter from Social Security Administration.
 - Letter from Unemployment Office stating amount of benefits and time period for which you will receive them.
 - Letter from Department of Public Assistance.
 - Verification letter from any other source of income (child support, alimony, etc.).
 - 4. Copies of last four pay stubs.
 - 5. Photo Identification for applicants and social security cards for all members of the household.

ALLEGHENY WEST FOUNDATION 2330 W. ALLEGHENY AVE PHILADELPHIA, PA 19132 (215) 225-1019 RENTAL APPLICATION FORM

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

| Applicants Name | | | | oe disclosed without y | |
|---|----------------|--------------|-------------|---------------------------|-----------------------|
| Applicants Name | | | | Social Security No. | Home Phone |
| Present Street Address | City | | State | Zip Code | No. Yrs at Present |
| | | • | | Zip code | Address |
| | | | | | Addiess |
| | | | | | |
| Former Street Address (if at present | Ci | ty | State | Zip Code | No. Yrs. at Former |
| address for less than 2 yrs.) | | | | | Address |
| | | | | | |
| Current Housing Status, Provide the are | | 11 | | | |
| Current Landlord: Provide the na | me, | address, and | d phone num | ber of all your landlords | for the past 3 years. |
| Current Landlord: | | | | Phone: | |
| Address: Previous Landlord: | | | | Dhamai | |
| Address: | | | | Pnone: | |
| Previous Landlord: | | | | | |
| Address: | | | 1 | | |
| | Color Service | | | | |
| Name and Address of Employer | | | | Type of Business | Self Employed? |
| | | | | | Yes |
| | | | | 20 10 10 10 10 | 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 | | | | No. of Yrs. with | Business Phone |
| position less than 2 yrs.) | | | | Previous Employer | () |
| | | | | | |
| C. A. I | - | | | Social Security No. | Home Phone |
| Co-Applicants Name | | | | Social Security No. | () |
| Present Street Address | C | ity | State | Zip Code | No. Yrs at Present |
| Fresent Succi Address | 0, | lty | State | Zip Couc | Address |
| | | | | | Addiess |
| Former Street Address (if at present | Ci | ity | State | Zip Code | No. Yrs at Former |
| address for less than 2 yrs.) | " | | | | 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 | | | | No. of Yrs. with | Business Phone |
| position less than 2 yrs.) | | | | Previous Employer | () |
| | | | | 1 . | |
| ll . | | | | | |

| | | | | 10.13 | OTHER HOUSEHOLD MEMBERS 18 | |
|--|---------------|----|--|--------|----------------------------|-------------------|
| SOURCE | APPLICA | NT | CO-APPI | LICANT | YRS OR OLDE | R 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: | | | | | | |
| English and the second | | | N. CO. CO. CO. CO. CO. CO. CO. CO. CO. CO | | тота | L: |
| ASSETS | CASH VALUE | | NCOME FROM ASSETS | | OF FINANCIAL TITUTION | ACCOUNT NUMBER |
| Checking Account | \$ | \$ | A STATE OF THE STA | | | |
| Savings | \$ | \$ | | | | |
| Certificate of Deposit | \$ | \$ | | . 1 | | |
| Mutual Funds/Stocks/Bonds | \$ | \$ | | | | |
| Real Estate | \$ | \$ | | | | |
| Life Insurance | \$ | \$ | | , | | |
| Other: | \$ | \$ | | | | |
| TOTAL: | \$ | \$ | | | | 1 |
| | | | | | | |
| 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 cother-column in the above | | | | | | |
| Are all household members full-time students? Yes No | | | | | | |

| 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 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | , | | | |
| Are there any speci | al housing needs or reasonable | accommodations that th | e household will requi | re? |
| | | | | |
| 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 | |
| | | | | |
| | | | | |

Applicable to properties located in a nonparticipating jurisdiction receiving federal home funds from PHFA. In accordance with the data collection information required by the Department of Housing and Urban Development (HUD), please provide the following information for the head of household.

| Development (1102), proude provide une rene | RACE |
|---|---|
| White | American Indian/Alaska Native & White |
| Black or African American | Asian & White |
| Asian | Black/African American & White |
| American Indian or Alaska Native | American Indian/Alaska Native & Black/African American |
| Native Hawaiian or Other Pacific Islander | Other Multi-racial |
| ETHNICITY | GENDER |
| Hispanic or Latino | Male |
| Not Hispanic or Latino | Female |