



**WILLOW GROVE**  
**COMMUNITY DEVELOPMENT CORPORATION**  
PROVIDING AFFORDABLE RENTAL HOUSING

Dear Applicant:

Thank you for your interest in our affordable rental-housing program.

Our program is an income-qualifying program. As such, it is extremely important that you be very detailed and accurate with the income and expense information that you provide to us. Do not estimate your income/expenses as this could disqualify you. .

When completing the income information please include how many hours you work per week and your hourly rate. If you have different rates because of shift differential or multiple jobs, please include that information, using a separate sheet of paper if needed.

You must include copies of five (5) current paystubs and the previous year W-2 with your application. We cannot process your application without the income verification

All persons 18 years and older must complete a Release of Information form (page 5 of the application).

If you have any questions about the program or need assistance completing the application, please do not hesitate to contact our office.

Thank you.

Willow Grove Community Development Corporation



# Willow Grove Community Development Corp.

P.O. Box 1097, Willow Grove, PA 19090

Tel: 215-657-3340 - Fax: 215-657-1664

[www.willowgrovecdc.org](http://www.willowgrovecdc.org)

[willowgrovecdc@comcast.net](mailto:willowgrovecdc@comcast.net)

## RENTAL APPLICATION

Date: \_\_\_\_\_

Bedrooms Needed:  1  2  3  4

### Personal Information

Marital Status:  Single  Married  Divorced/Separated  Widow/Widower

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

County: \_\_\_\_\_ Township: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender:  Male  Female

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_

Email: \_\_\_\_\_

### Household Information

Spouse Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Child Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Foster Child:  Gender:  Male  Female

Child Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Foster Child:  Gender:  Male  Female

Child Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Foster Child:  Gender:  Male  Female

Child Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Foster Child:  Gender:  Male  Female



**Other Persons Living at Residence (not listed on page 1)**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female

Any Handicapped facilities required?  Yes  No Explanation: \_\_\_\_\_

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

**Previous Addresses:**

#1: Street: \_\_\_\_\_ Length of Time: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#2: Street: \_\_\_\_\_ Length of Time: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Employment Information**

Head of Household: \_\_\_\_\_

Employer #1: \_\_\_\_\_  Full Time  Part Time

Address: \_\_\_\_\_ # Hours worked \_\_\_\_\_ Hourly Rate \$ \_\_\_\_\_

Length of Time at Job: \_\_\_\_\_ Job Description: \_\_\_\_\_

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

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Employer #2: \_\_\_\_\_  Full Time  Part Time

Address: \_\_\_\_\_ # Hours worked \_\_\_\_\_ Hourly Rate \$ \_\_\_\_\_

Length of Time at Job: \_\_\_\_\_ Job Description: \_\_\_\_\_

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

Supervisor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Spouse or Other Adult:** \_\_\_\_\_

**Employer:** \_\_\_\_\_  Full Time  Part Time

**Address:** \_\_\_\_\_ **# Hours worked** \_\_\_\_\_ **Hourly Rate \$** \_\_\_\_\_

**Length of Time at Job:** \_\_\_\_\_ **Job Description:** \_\_\_\_\_

**Supervisor Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Personal References: (must include one landlord – do not include relatives)**

**Reference 1:**

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Reference 2:**

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Reference 3:**

**Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

I/We certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining eligibility for rental of a home through the Willow Grove Community Development Corporation, and this information is true and complete to the best of my/our knowledge and belief.

**Rental Requirements:** No water beds, animals, pets, or space heaters are permitted in the leased premises. Applicant is responsible for insuring against liability and personal property loss. Applicant will be required to submit copies of at least 5 pay stubs, last year's W-2 (provided by employer), and last year's IRS-1040 Federal Tax Returns upon request. Applicant accepts that if their income exceeds a maximum income level they may be required to vacate the premises. Signing this rental application specifically affirms that you will comply with our no tolerance policy concerning any and all drug related activity, and with regular, scheduled home visits.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Gross Income**

**Monthly Household Expenses**

**Employment Income:**

\* W BW TM M

Gross Income Applicant: \$ \_\_\_\_\_

Gross Income Spouse: \$ \_\_\_\_\_

Gross Income Other: \$ \_\_\_\_\_

**Other Income:**

Disability: \$ \_\_\_\_\_

Pension: \$ \_\_\_\_\_

Social Security: \$ \_\_\_\_\_

Welfare (DPA): \$ \_\_\_\_\_

Child Support  
(Court Ordered) \$ \_\_\_\_\_

Other Income: \$ \_\_\_\_\_

Rent: \$ \_\_\_\_\_

Utilities: \$ \_\_\_\_\_

Credit Cards: \$ \_\_\_\_\_

Car Payment: \$ \_\_\_\_\_

Car Insurance: \$ \_\_\_\_\_

Child Care: \$ \_\_\_\_\_

Medical: \$ \_\_\_\_\_

Food: \$ \_\_\_\_\_

Loan Payments: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Total Household**

**Monthly Expenses: \$ \_\_\_\_\_**

**\*W= Paid Weekly BW=Paid Every Two Weeks TM=Paid Twice per Month M=Once per Month  
Must include five (5) current paystubs.**

**Montgomery County Housing Authority Voucher Choice (Section 8)  Yes  No**

If yes, fill in information below

Number of Bedrooms: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Total Rent: \$ \_\_\_\_\_ , Section 8 portion of rent: \$ \_\_\_\_\_ , tenant portion of rent: \$ \_\_\_\_\_

Total Utilities: \$ \_\_\_\_\_ , Section 8 allowance for utilities paid to tenant: \$ \_\_\_\_\_

Current Lease: (circle one) Month-to-Month Yearly Renewal Date: \_\_\_\_\_

How much notice do you have to give to terminate your lease? (circle 1) 30-day 60-day Immediately Available

**In the Past (5) Years Have You:**

1. Been delinquent in any rental payments?  Yes  No

2. Been evicted?  Yes  No

**If yes to question #1 and/or #2, please provide written explanation on separate sheet.**

**THIS PAGE MUST BE SIGNED BY THE APPLICANT(S)**

**All persons 18 years and older must sign a release of information form. Make additional copies as needed.**

**RELEASE OF INFORMATION**

I, \_\_\_\_\_, do hereby authorize the  
(PRINT APPLICANT'S NAME)

**WILLOW GROVE COMMUNITY DEVELOPMENT CORPORATION**, its staff and its agents, including Hatboro Federal Savings, to contact any agencies including, but not limited to, law enforcement agencies, offices, groups, or organizations to obtain any information, credit reports, or other documentation deemed necessary to complete my application or to verify information for my continued occupancy.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize the  
(PRINT APPLICANT'S NAME)

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE SEND COMPLETED APPLICATION TO:  
Willow Grove CDC  
P.O. BOX 1097  
WILLOW GROVE, PA 19090**