

FOR OFFICE USE ONLY. DO NOT COMPLETE.

Name of Property _____ ADDRESS _____ RENT AMOUNT _____ MOVE IN DATE _____ RENTAL ASSISTANCE _____ Sec. Dep. Amount \$ _____ Accounting sign-off/date _____	Date received _____ Time received _____
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APPLICATION FOR HOUSING
Community Action Agency of Delaware County, Inc. (CAADC)
229 Norris Street, Chester, PA 19013
Phone (610) 872-4070

Have you ever lived in or applied for residence in any other CAADC property? _____
 If yes, where and when? _____

APPLICANT NAME(S): _____ SS#: _____
 --- SS#: _____

CURRENT ADDRESS: _____ APT. NUMBER: _____
 CITY, STATE, ZIP CODE: _____
 HOME PHONE #: _____ WORK#: _____ SPOUSE WORK#: _____

VEHICLE INFO:
 Type of Vehicle (Year/Make/Model) _____ Color _____ License _____
 Plate# _____

EMERGENCY CONTACTS:
 NAME: _____ NAME: _____
 ADDRESS: _____ ADDRESS: _____
 PHONE #: _____ PHONE: _____

Marital Status: _____ Household Size: #Adults _____ #Children _____

Race: (Optional. Can check more than one): White _____ Black _____ American Indian _____
 Hispanic _____ Asian _____ Other _____

What is the main source of income for your household?

HOUSEHOLD COMPOSITION: List all persons who will live with you. List head of household first.

	NAME	RELATIONSHIP	M/F	DATE OF BIRTH	SOCIAL SECURITY #	STUDENT Y/N
Applicant						
Co-Applicant						

Some of our properties include units that are specially designed to be accessible to persons with mobility impairments. You are NOT required to answer the following question. Your response is voluntary and will help us provide these specially designed units to those people who can make the best use of them.

Do you have a mobility impairment? _____ If YES, please describe

CURRENT HOUSING STATUS (required information):

Are you receiving Section 8 Assistance where you now live? _____

How many people live in your household now? _____ What is your current rent? \$ _____

What are your average utility costs? (Not including phone & cable)

Heat \$ _____ Electric \$ _____ Water \$ _____

CURRENT LANDLORD'S NAME: _____ **PHONE**

NUMBER: _____

LANDLORD'S ADDRESS: _____

DATE OF MOVE -IN: _____

PREVIOUS LANDLORD'S NAME: _____ **PHONE**

NUMBER: _____

LANDLORD'S ADDRESS: _____

DATES YOU LIVED THERE: FROM _____ **TO** _____

Have you or any member of your household ever been evicted? _____ YES _____ NO

If YES, what was the reason? _____

Have you or any member of your household ever been convicted of any felony?

_____ YES _____ NO If YES, date and explanation _____

Have you or any member of your household ever been convicted of a violent crime, sexual crime, or illegal drug-related incident?

_____ YES _____ NO If YES, date and explanation _____

Have you or any member of your household ever been convicted of a felony or misdemeanor of any kind?

_____ YES _____ NO If YES, date and explanation _____

Have you (or the Co-applicant) ever filed for bankruptcy? _____ YES _____ NO

If YES, when did you (or Co-applicant) file? _____

INCOME VERIFICATION:

Does any member of your household now receive or expect to receive income from any of the following sources? Answer YES or NO below to each item. Then, for each YES answer, complete the chart on the next page.

YES/NO			YES/NO
	EMPLOYMENT		UNEMPLOYMENT
	SELF-EMPLOYMENT		PENSION/RETIREMENT
	SS/SSI		SEVERANCE PAY

	WELFARE		ARMED FORCES	
	ANNUITIES		INSURANCE POLICY	
	ALIMONY/SUPPORT		SCHOLARSHIP	
			OTHER (EXPLAIN)	

For each source of income checked YES on page 2, list the household member receiving it, the source, and the ANNUAL (yearly) amount that you expect to receive in the next 12 months. YOU MUST VERIFY EACH INCOME SOURCE.

FAMILY MEMBER	SOURCE OF INCOME	ANNUAL AMOUNT (GROSS)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Present Employer _____ Position _____

Address _____

Supervisor _____ Telephone _____ How long? _____

Employer for spouse/other household member _____

Position _____

Address _____

Supervisor _____ Telephone _____ How long? _____

ASSETS INFORMATION

LIST BELOW ALL CHECKING AND SAVINGS ACCOUNTS OF ALL HOUSEHOLD MEMBERS.

FAMILY MEMBER	BANK NAME	ACCOUNT NUMBER	BALANCE
			\$
			\$
			\$

			\$
			\$

LIST BELOW ALL PROPERTY SOLD OR AMOUNTS DISPOSED OF IN THE PAST TWO YEARS.

TYPE OF PROPERTY SOLD MARKET VALUE AMOUNT OF SALE DATE OF TRANSACTION

	\$	\$	/ /
	\$	\$	/ /
	\$	\$	/ /

APPLICANT CERTIFICATION:

I/WE CERTIFY THAT IF SELECTED TO MOVE INTO THIS DEVELOPMENT, THE UNIT I/WE OCCUPY WILL BE MY/OUR ONLY RESIDENCE. I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY FOR AN APARTMENT TO RENT. I/WE UNDERSTAND I/WE MUST PAY A SECURITY DEPOSIT FOR THIS APARTMENT PRIOR TO OCCUPANCY. I/WE AUTHORIZE THE RESIDENT MANAGER TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION AND TO CONTACT PREVIOUS OR CURRENT LANDLORDS OR OTHER SOURCES FOR CREDIT AND VERIFICATION INFORMATION WHICH MAY BE RELEASED BY APPROPRIATE FEDERAL, STATE, LOCAL AGENCIES, OR PRIVATE PERSONS TO THE OWNER/MANAGEMENT. I/WE CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF. I/WE UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.

SIGNATURE(S):

APPLICANT

CO-APPLICANT

DATED _____

DATED _____



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SECURITY DEPOSIT PAID: \$ _____

DATE: _____

MOVE OUT DATE: _____

AMOUNT OF REFUND: \$ _____

APPLY AGAINST RENT _____

APPLY AGAINST DAMAGES _____

RETURN BALANCE TO TENANT _____

DATE COMPLETED & SENT TO ACCOUNTING _____

Accounting sign-off/date _____