

RENTAL APPLICATION & INSTRUCTIONS

Please read all of the following information before you begin the application process.

1. All portions of the rental application must be fully completed and legible to be processed. Please print your information so it can be read easily. If something does not apply to you, please write "N/A".
2. Please make sure that you list all sources of income and amounts. List all hourly wages and hours worked per week for each signer and co-signer (example: disability amounts, Social Security, public assistance, child support, food stamps, WIC, the value of Section 8 voucher, etc.)
3. The application fee is \$50.00 for each single (or \$75 fee for two related lease signers). **A non-refundable payment of \$25.00 (money orders only) is required when the application is submitted. The balance is due at lease signing.**
4. When your application is processed, you will be asked for the following information:
 - four weeks' proof of income from all sources for all signers and co-signers,
 - letter of reference from your current landlord, and
 - copy of social security cards for all household members.
5. In order to process the application, be certain that all signers and co-signers have signed the application and have provided their date of birth and their Social Security number.

To quickly start the process, please mail the completed 2-page rental application to the attention of Meg Quinn, Rental Manager, at the address above. Your landlord and employer can fax or mail the completed verifications to our office when their portions are completed.

Thanks for your interest in our apartments.

Meg Quinn, Rental Manager
Bucks County Housing Group



a private, non-profit social service agency

2324 Second Street Pike, Suite 17, Wrightstown, PA 18940 • 215-598-3566 • Fax 215-598-9812

RENTAL APPLICATION

A. General Information - ALL INFORMATION MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED

Applicant's Name _____ Date _____

Street _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

List ALL household members who will live in rental unit:

	<i>Name</i>	<i>Birthdate</i>	<i>Social Security Number</i>	<i>Occupation / School</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

B. Rental History - VERIFICATION OF PREVIOUS RENTAL HISTORY WILL BE REQUIRED

Present Landlord _____ Phone _____

Street _____ City _____ State _____ Zip _____

Length of Time at Current Address _____

Previous Landlord _____ Phone _____

Street _____ City _____ State _____ Zip _____

Length of Time at Current Address _____

C. Employment/Income - VERIFICATION OF EMPLOYMENT HISTORY WILL BE REQUIRED

Current Employer _____ Phone _____

Street _____ City _____ State _____ Zip _____

Started Work _____ Occupation _____
Month / Year

Length of Time in Position _____ Current salary \$ _____ per Hour/ per Week/ Bi-weekly/ per Month
(provide before tax amount) (circle one)

Spouse's Current Employer _____ Phone _____

Street _____ City _____ State _____ Zip _____

Started work _____ Occupation _____
Month / Year

Length of Time in Position _____ Current salary \$ _____ per Hour/ per Week/ Bi-weekly/ per Month
(provide before tax amount) (circle one)

List ALL other sources of income & amounts (example: disability, child support, Social Security, public assistance, etc.)

Do you hold a Section 8 certificate? NO YES Current amount of voucher (or # of bedrooms) _____

D. Emergency Contacts List 1 Relative (not living with you) and 2 non-Relatives as Emergency Contacts

NAME	ADDRESS	PHONE #

E. Other Information

Number of vehicles to be parked at rented premises: _____ Please describe below:

Make/Model	Year	Color	License Plate #

Have you ever been evicted? Yes No If "yes," please explain below:

Have you ever filed for bankruptcy? Yes No If "yes," please explain below:

Which location(s) are you interested in? Morrisville (2 & 3 bdrms—no 1 bdrm) Bristol (1 & 2 bdrms)
(circle # of bedrooms needed) Fountainville (1, 2 & 3 bdrms + 1 eff) Telford (2 & 3 bdrms)

DISCLOSURE / CONSENT AGREEMENT

I/We understand that Meg Quinn is an agent of the Landlord and is a paid representative of the Landlord.
Rental Manager

I/We acknowledge that this written notice was received before I/we received a lease agreement.

I/We authorize you to conduct an employment/credit check concerning my/our application and to verify all references.

I/We declare that all information listed on this application is true and accurate.

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Person Receiving Application

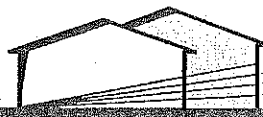
Title

****NON-REFUNDABLE PAYMENT OF \$25.00 TOWARD APPLICATION FEE DUE
WHEN APPLICATION IS SUBMITTED** MONEY ORDERS ONLY.**

Balance is due upon lease signing.

Rev. 1211

Bucks County



Housing Group Inc.

a private, non-profit social service agency

2324 Second Street Pike, Suite 17, Wrightstown, PA 18940 • Phone 215-598-3566 • Fax 215-598-9812

VERIFICATION OF RESIDENCY

(THIS DOCUMENT MUST BE FILLED OUT BY LANDLORD ONLY)

DATE: _____

PREVIOUS/PRESENT LANDLORD: _____

APPLICANT NAME: _____

PHONE: _____

PHONE: _____

The above named applicant has applied for an apartment in our Community and has given your name as a Landlord or previous Landlord reference. To help us establish a reference, we would appreciate you furnishing the information requested below along with any additional data which may be helpful. The information you provide will be for our confidential use only. You may fax or mail back your response at your earliest convenience. Our fax number is 215-598-9812. Thank you.

I, HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION BY MY LANDLORD:

X _____
APPLICANT SIGNATURE

X _____
APPLICANT SIGNATURE

Length of time in residence: From: _____ to _____

Number of person(s) on Lease and or in household _____ Monthly Rent Amount \$ _____

Any returned checks? Yes ___ or No ___ Is their account current? Yes ___ or No ___

Is the rent paid according to Lease? Yes ___ or No ___ Any late payments? Yes ___ or No ___

Was proper notice given to vacate? Yes ___ or No ___ Any legal action? Yes ___ or No ___

If yes, what was the reason? _____

Did resident maintain acceptable housekeeping? Yes ___ or No ___ If No, please describe below:

Would you rent to this Applicant again? Yes ___ or No ___ If No, why? _____

COMMENTS: _____

PHONE _____

DATE _____

SIGNATURE _____

TITLE _____



Member Agency...



www.  .org



a private, non-profit social service agency

2324 Second Street Pike, Suite 17, Wrightstown, PA 18940 • Phone 215-598-3566 • Fax 215-598-9812

VERIFICATION OF EMPLOYMENT

(THIS DOCUMENT MUST BE FILLED OUT BY YOUR EMPLOYER ONLY)

DATE: _____ APPLICANT NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____ PHONE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

(The above applicant has applied for housing with the Bucks County Housing Group. Our regulations require that in order for the applicant to be eligible, we must verify the income information. Applicant has signed below to authorize release of requested information. This information will be used only for determining the applicant's income eligibility to rent from BCHG. Our application process is prompt and would appreciate the same from you. If you have any questions, please call Meg Quinn at 215-598-3566. Thank you for your cooperation.)

I, _____ hereby authorize _____
 Employee (please print) Employer (please print)
 To release the information requested below regarding my employment and compensation.

DATE: _____

Employee's Signature

TO BE COMPLETED BY EMPLOYER

1. Start Date of Employment _____ Position/Occupation _____
2. Date of Termination (if applicable) _____
3. Current Rate of Pay \$ _____ Per Hour _____ Week _____ Month _____ (check only one)
4. Current Rate of O/T \$ _____ Per Hour _____ Week _____ Month _____ (check only one)
5. Number of hours/weeks employee usually works _____
6. Anticipated average amount of overtime per week \$ _____
7. Anticipated tips, commissions, bonuses \$ _____
8. Gross annual earnings you anticipate for employee for the next (12) months? _____
9. Do you anticipate any changes in the employee's rate of pay in the near future? Yes ___ No ___
10. Do you anticipate any changes in the number of hours the employee will work? Yes ___ No ___
11. Does employee receive vacation pay? Yes ___ No ___ 12. Does employee receive sick leave pay? Yes ___ No ___
13. Amount deducted for medical coverage? \$ _____ Weekly _____ Bi-monthly _____ Monthly _____
14. Amount deducted for savings plan? \$ _____ Weekly _____ Bi-monthly _____ Monthly _____
15. If the employee is Seasonal or works sporadic hours, indicate lay-off period _____
16. Does employee have access to any portion of his/her retirement plan account? Yes ___ No ___
 If Yes, indicate the amount which may be withdrawn without retiring or terminating employee _____

I, certify that the above confidential information is true and correct.

Name of Company Official (print) _____ Title of Company Official _____

Name of Company _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Signature of Company Official _____ Date _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresent information to any Department or Agency of the United States as to any matter within jurisdiction.



Member Agency...



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