

Bucks County



**Housing
Group** Inc.

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 & 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. Please **DO NOT** send the \$50 application fee (or \$75 fee for two lease signers) at this time. 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
 - application fee.
4. 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



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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.

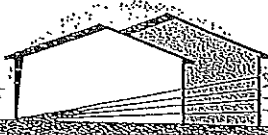
Signature of Applicant Date

Signature of Co-Applicant Date

Signature of Person Receiving Application Title

****DO NOT SEND APPLICATION FEE WITH THIS APPLICATION****
Application fee is due when you receive notice that your application is being considered for a current vacancy.

Bucks County Housing Group Inc.



PLEASE NOTE: THIS VERIFICATION MUST BE SIGNED BY EMPLOYEE GIVEN TO EMPLOYER FOR COMPLETION.
 IF THERE ARE TWO LEASE SIGNERS ON APPLICATION, PLEASE COPY, AND EACH PERSON SUBMIT TO THEIR PRESENT EMPLOYER. THANK YOU.

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Verification of Employment

RE: Applicant/Tenant Name Social Security Number: Applicant/Tenant's Social Security Number

Applicant/Tenant Address City State Zip Code

Name of Employer: Employer Phone Number:

Address of Employer: Street City State Zip Code

The individual named above is the applicant for housing at Bucks County Housing Group. Our regulations require that in order for the family to be eligible, we must verify the family's income information. The Individual has authorized below your release of the requested information. The information you provide will be used only for the purpose of determining the family's eligibility for the program. We are required to complete our verification process in a short time period and would appreciate your prompt response. A self addressed envelope has been included for your convenience. If you have and questions please feel free to contact our office. Thank you for your cooperation.

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

Employee's Signature Date

TO BE COMPLETED BY EMPLOYER

1. Date of Employment Position/Occupation
2. Date of Termination (if applicable) _____
3. Current Rate of Regular Pay \$ _____ per _____ (hour, week, month, etc.)
4. Current Rate of Overtime Pay \$ _____ per _____ (hour, week, month, etc.)
5. Number of hours/weeks employee usually works _____
6. Anticipated average amount of overtime/week \$ _____
7. Anticipated tips, commissions, bonuses \$ _____
8. Gross annual earning you anticipate for this employee for the next twelve months \$ _____
(Gross amount including tips, commissions, bonuses, and overtime.)
9. Do you anticipate any changes in the employee's rate in pay in the near future? Yes No
10. Do you anticipate any change in the number of hours the employee works? Yes No
11. Does this employee receive vacation with pay? Yes No
12. Does this employee receive sick leave pay? Yes No
13. Amount deducted for medical coverage? \$ _____ / _____
14. Amount deducted for savings plan? \$ _____ / _____
15. If the employee is seasonal or sporadic, indicate lay-off period _____
16. Does the employee have access to any portion of his/her pension or retirement plan account? Yes No
17. If yes, indicate the amount which may be withdrawn without retiring or terminating employment \$ _____
18. Additional comments _____

I certify that the the above information is true and correct:

Name of Company Official (please print) Signature of Company Official Date

Title of Company Official Telephone Number

Company Name Address City State Zip Code

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offence to make willful false statements or misrepresentations to any Departments or Agency of the United State as to any matter within jurisdiction.



A Member Agency - United Way of Bucks County

www.bchhg.org



PLEASE NOTE: THIS VERIFICATION MUST BE SIGNED BY APPLICANT(S) BEFORE GIVEN TO EMPLOYER FOR COMPLETION. THANK YOU.

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VERIFICATION OF RESIDENCY

TO: _____

Phone: _____

DATE: _____
NAME: _____
SS#: _____
ADDRESS: _____

To Whom It May Concern:

The above named has made an application for an apartment rental in our community and has given your name as Landlord or previous Landlord. To help us establish a reference we would appreciate you furnishing the information requested below and any additional data which may be helpful. This information will be for our confidential use only. Please fax back your response at your earliest convenience to Fax# 215-598-9812. Thank You

Sincerely, *Meg Quim*
Meg Quim, Rental Manager
Bucks County Housing Group

I UNDERSIGNED HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.

X _____
Applicant Signature

X _____
Applicant Signature

Length of time in residence: From _____ to _____

Number of persons on lease and or household _____ Monthly Rent Amount: \$ _____

Any returned checks? Yes No # _____ Is account current? Yes No

Is rent paid according to lease? Yes No Late Payments? Yes No

Proper notice given to vacate? Yes No Legal action? Yes No Why? _____

Has resident violated the lease? Yes No In what way (if applicable) _____

Did resident maintain acceptable housekeeping? Yes No If no describe _____

Would you rent to this applicant again? Yes No If no, why? _____

Comments: _____

Phone Number: _____ Date: _____

Signature: _____ Title: _____