

WESTMORELAND NON-PROFIT HOUSING CORPORATION

Eastmont Estates
746-2C Eastmont Drive
Greensburg, PA 15601
P: 724.838.0818
F: 724.838.0926

Enclosed please find the application paperwork you will need to complete and return to the Management Office for the admission procedure.

Along with the completed paperwork, we will need you to bring the following information **for all people who will be residing in the apartment.**

- Driver’s License/ Identification Card (for family members over 18 yrs. of age)
- Social Security Card – **A COPY MUST BE INCLUDED WITH THE APPLICATION**
- Birth Certificates for all family members
- An appointment will be scheduled to complete release forms to verify all income and assets for all family members
- Applications must be completed on **ONE-SIDE** paper only in blue or black ink. Applications submitted on double-sided paper could be returned.

We would like to take this opportunity to thank you for your interest in our properties and look forward to making your move-in experience as pleasant as possible. If you have any questions, please contact me at 724.838.0818.

DO YOU HAVE A SECTION 8 VOUCHER?

- _____ Yes, my voucher was issued on _____.
- _____ No, I applied for a voucher on _____.
- _____ No.

Please check the property you are interest in applying to:

ALL SITES ARE NON-SMOKING

- _____ Eastmont Estates 1, 2, & 3 Bedroom Apartments in Greensburg, PA
- _____ Walnut Avenue Apartments 1 & 2 Bedroom Apartments in Greensburg, PA
- _____ Duff Manor 1 & 2 Bedroom Elderly (over 62) Apartments in Export, PA*
- _____ Troutman Building 1 Bedroom Elderly (over 62) Apartments in Greensburg, PA*

*You must be age 62 or older to qualify for the Troutman Building or Duff Manor

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Authorization for Release of Information

I (we) hereby certify that the information given to evaluate my application for tenancy is correct and complete. I authorize you to make any and all inquiries you feel necessary to evaluate my application for housing

I (we) further understand that any false or incomplete information is grounds for immediate rejection of this application.

I (we) specifically authorize and request all present or previous employers, mortgage holders, landlords, rental agents, credit grantors, banks, accountants, stock brokers and local, state and Federal Government Agencies to release any requested information in the evaluation of my application for rental housing.

Applicant

Date

Co-Applicant

Date

Release Information to: Management Office, Eastmont Estates

Eastmont Estates
 746-2C Eastmont Drive
 Greensburg, PA 15601

Date Application Received:	
Time Application Received:	
Requested Accessible Unit:	
Set Aside:	

RENTAL APPLICATION FORM

HOUSEHOLD COMPOSITION: List the head of your household and all members who will live in your home. Give the relationship of each family member to the head.

Member No.	Full Name	Relationship	Birth Date	Age	Sex	Social Security No.	Full Time Student (Y/N)
1		Head of Household					
2							
3							
4							
5							
6							
7							
8							

STUDENT STATUS:

- Are all of the residents full time students? Yes No
- If yes: Is every member of the household a single parent and his or her children, neither of whom is a dependent of a third part? Yes No
- If yes: Is every member of the household married and filing a joint tax return? Yes No
- If yes: Is any member of the household enrolled in a job training program comparable to the Job Training Partnership Act? Yes No
- If yes: Is any member of the household receiving assistance under Title IV of the Social Security Act: AFDC or TANF? Yes No

Current Address: _____

City, State, Zip Code: _____

Rent: \$ _____ Length of Residency: _____ Landlord's Name: _____

If less than three years, provide previous address and landlord's name:

Previous Address: _____ Landlord's Phone: _____

Rent: \$ _____ Length of Residency: _____ Landlord's Name: _____

CONTACT INFORMATION:

Home Phone: _____ Day Phone: _____

Cell Phone: _____ Other Phone: _____



EMPLOYMENT:

HEAD OF HOUSEHOLD:

[] I am not employed at this time.

Current Employer: _____ Position: _____ Supervisor: _____

Address: _____ Phone: _____ Fax: _____

Current Wages: \$ _____ per: (circle one) Hour Week Month Year

Hours Worked Per Week: _____ Tips or Commissions Per Week: \$ _____ Annual Bonus: \$ _____

Do you have more than one job? [] Yes [] No

CO-APPLICANT OR ADULT MEMBER:

[] I am not employed at this time.

Current Employer: _____ Position: _____ Supervisor: _____

Address: _____ Phone: _____ Fax: _____

Current Wages: \$ _____ per: (circle one) Hour Week Month Year

Hours Worked Per Week: _____ Tips or Commissions Per Week: \$ _____ Annual Bonus: \$ _____

Do you have more than one job? [] Yes [] No

ANNUAL INCOME: For each type of income that your household received, give the source of the income and the amount of income that can be anticipated from that source during the next 12 months:

SOURCE	APPLICANT	CO-APPLICANT	OTHER ADULT	TOTAL
Gross Salary				
Overtime Pay				
Commissions/Tips, Bonuses/Fees				
Unemployment Benefits				
Worker's Compensation/Disability				
Social Security				
Pensions/Retirement Funds, etc.				
Alimony/Child Support				
TANF Payments				
Income from Business				
Recurring Income or Gifts				
			TOTAL:	

Does any member of your household who is not now working, expect to work for any period during the next twelve months? [] Yes [] No



ASSETS: Assets include cash (wherever held), equity in real estate or capital investments, notes receivable, stocks, bonds, money market account, certificates of deposits, IRA's, retirement and pension funds, 401K's, 4032B's, luxury personal property (gems, jewelry, art, coin collections, etc...), etc. You must also include cash value of whole or universal life insurance policies as well as the value of any assets disposed of in the past 24 months for less than fair market value.

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FANIANCIAL INSTITUTE	ACCOUNT NUMBER
Checking Account				
Savings				
Certificate of Deposit				
Mutual Funds/Stocks/Bonds				
401K/IRA/Other Retirement Account				
Real Estate				
Life Insurance				
Savings Bonds				
Other				
TOTAL:				

I/We have no assets at this time.

Have you disposed of any assets at less than fair market value within the last 24 months? Yes No

OTHER:

Have eviction charges ever been filed against you at a District Magistrate's office for nonpayment and/or late payment of rent to your landlord or for any other reason? Yes No

Have you or any other household member or person you wish to reside with you ever been convicted of a crime? (Omit only minor Traffic Violations; DUI is considered a crime.) Yes No

Have you or any other household ember or person you wish to reside with you been released from jail in the past five (5) years? Yes No

Are there any special housing needs or reasonable accommodations that the household will require? For example, a unit for mobility impaired, unit for visually impaired, unit for hearing impaired, a live-in aide, etc. Please list.

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

Address: _____



I/We certify that if selected, the unit I/we occupy will be my/our only residence. I/We understand the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which, may be released to appropriate federal, state, or local agencies. 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.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW:

Head of Household Signature:	Date:
Co-Head Signature:	Date:
Adult Member:	Date:
Adult Member:	Date:
Owner/Manager:	Date:

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.

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

I decline to provide this information.

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

FOR MANAGEMENT USE ONLY:

Received Social Security Cards	<input type="checkbox"/>	Received Income Verification	<input type="checkbox"/>	Passed Criminal	<input type="checkbox"/>
Received Birth Certificates	<input type="checkbox"/>	Received Asset Verification	<input type="checkbox"/>	Passed Credit	<input type="checkbox"/>
Received Photo Ids	<input type="checkbox"/>	Received Rental Verification	<input type="checkbox"/>	Passed Home Inspection	<input type="checkbox"/>



Eastmont Estates
 Section 8 Department
 154 South Greengate Road
 Greensburg, PA 15601-6392
 Telephone: 724-832-7258, 337-7444, 684-7704
 Fax: 724-832-7488
janetg@wchaonline.com



Hof H:	_____
WL:	_____
Owner	_____
Date Recvd	_____
Date Submitted	_____
Date Approved	_____
Date Denied	_____

**AUTHORIZATION FOR CRIMINAL BACKGROUND RECORD CHECK
 For Applicant / Tenants / Owners / Landlords / Agents**

I do hereby authorize the Westmoreland County Housing Authority to access/obtain, from any person, agency or service, regarding my background that may assist in determining whether I have a criminal history. I understand that this information will be used to determine my eligibility to participate as a landlord or tenant. The information provided is true and correct to the best of my knowledge; information and belief. I understand that any false statements made therein are subject to the penalties of 18 PA. C.S.S. 4904 relating to unsworn falsification to authorities.

My Signature _____ **Date Signed** _____

PRINT First, M.I., Last Name _____

Social Security No. _____	Date of Birth _____
----------------------------------	----------------------------

Sex (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity (check one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race (check one or more) <input type="checkbox"/> (1) White <input type="checkbox"/> (2) Black/African American <input type="checkbox"/> (3) Amer. Indian/Alaskan Native <input type="checkbox"/> (4) Asian <input type="checkbox"/> (5) Native Hawaiian/Other Pacific Islander <input type="checkbox"/> (6) Other _____
Height _____ ft. _____ in.	Weight _____ lbs.	
Eye Color _____		
Hair Color _____		

Place of Birth (City/State/Country) _____

Have you used an Alias Name or Social Security No.? If YES, please list:

Current Address _____

Previous Address _____

Current Phone Nos. _____

Are you required to register under Megan's Law in any state? No Yes

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Please list current and former addresses where you have resided during the past 4 years along with the landlord's (including family member or friend), name, address and phone number. Please be aware that incomplete information will slow the processing of your application.

Applicant Name _____

Current Address _____

Landlord Name _____

Landlord Address _____

Phone Number _____ family member _____ friend _____

.....
Previous Address _____

Move In Date _____ Move Out Date _____

Landlord Name _____

Landlord Address _____

Phone Number _____ family member _____ friend _____

.....
Previous Address _____

Move In Date _____ Move Out Date _____

Landlord Name _____

Landlord Address _____

Phone Number _____ family member _____ friend _____

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CERTIFICATION AND RECERTIFICATION CHECKLIST

Please complete a separate form for each household member (excluding minors)

YES	NO	
		I receive income from employment.
		I receive support from parents or relatives.
		I receive periodic payments from Worker's Compensation.
		I receive Veteran's Administration benefits.
		I receive G.I. Bill benefits.
		I receive Social Security.
		I receive Supplemental Security Income (SSI).
		I receive Public Assistance (excluding Medicaid and food stamps).
		I receive unemployment benefits.
		I receive child support.
		I receive alimony.
		I receive periodic payments from trusts.
		Do you have an annuity?
		I receive periodic payments from insurance policies.
		I receive income from retirement funds or pensions.
		I receive interest or dividends.
		I receive income from rental of real estate or personal property.
		I have whole life insurance.
		I have real estate, land contracts or mobile homes.
		I have a checking account(s).
		I have a savings account(s).

		I have certificates of deposit
		I have stocks.
		I have bonds.
		I have insurance policies.
		Do you have any other forms of capital investments?
		Do you have any IRA, Keogh, or other similar retirement savings accounts?
		Do you contribute to any company retirement or pension fund?
		Do you have any personal property held as an investment such as jewelry, antiques or cash <u>not in a bank</u> of \$5,000.00 or more?
		Do you receive periodic payments from Lottery winnings?
		Are there any benefits or other non-earned income paid to minors or on behalf of minors in the household?
		Do you receive any regular contributions or gifts from persons outside the household?
		Have you disposed of any assets for less than fair market value in the last two years?
		Do you receive income from your own business?
		Are you currently attending school or college on a full time basis?

I CERTIFY THAT THE ABOVE STATEMENTS HAVE BEEN ANSWERED TRUTHFULLY AND I WILL ACCEPT ANY PENALTIES IMPOSED FOR FRAUDULENT INFORMATION.

APPLICANT/TENANT

DATE