



For Office Use Only

Received By:	
Date:	
Time:	
Application No.:	

3 Rathton Road York, PA 17403

Phone: 717-846-5139

TTY: 7-1-1

Waiting List App	<u>lication</u>		
Property(s) Desired: Liberty Apartments: 37 E	312,314,334 E. Girard Ave. York iladelphia St., Yo tage Place York,	King St., York, PA c, PA 17403 ork, PA 17401 PA 17403	
CONSUMER NOTICE: This application is not a rental rights.	contract; it g	jives no lease	or
Are any adults listed below a student?	s 🗆 No		
Number of Bedrooms Desired?			
1. Head of Household Information:			
Name:		e:	
Present Address:			
Street Do you have a Section 8 Certificate? □ Yes □ No Length of time at present address:	•	State	·
2. Present Landlord/Mortgage Company:			
Name:		e:	
Present Address:			
Street	City	State	Zip
Monthly Rent or Mortgage Payment: Average Monthly Utility Cost: If you own your home, state current value: Balance of Mortgage owed:			

(If mo	vious Rental Info re than 2 previo onal landlords or	us landlords	, please	list the req	_	_	
		<u>-</u>			Phone:		
	Address:						
	Street			City		State	Zip
	- Address						
Present	: Address: Street					State	 Zip
	sehold Composi self.)	tion: (List per	rsons wh	o will be livir	ig in you	r home, incli	uding
<u>Name</u>		Date of B	<u>irth</u>	Relations	ship	Social Se	ecurity #
5a. Inc	Employment #1	: Nar	me of ho	usehold men	nber who	is employed	
Employ		rait iiiie	u 01	nemployed	- Retired		
Name		۸۵۸	ress			Dhono	Number
Name o	of Supervisor: of Employment:						
	Gross Wage: \$_ Hours worked: _ Overtime?	per					
b.)	Employment #2			usehold men	nber who	is employed	d
	□ Full Time □	Part Time	□ Uı	nemployed	⊒Retired		

Employ	/er #2:					
Name			Address			Phone Number
Name (of Superviso	r:				
	Cua \\\	+				
			per			
	Overtime?		per			
c.)	Other sou	rces of I	ncome: (Please s	tate n	nonthly amounts.)	
- 9	Social Securit	y & SSI: 1	Monthly Amount: \$		Claim No.:	
□ \	eterans Bene	efits: N	Monthly Amount: \$		Claim No.:	
					Claim No.:	
F	Pension Name	2:		Addre	ss:	
	Other: (U	nemploy	ment, Alimony, C	hild S	upport, ETC.)	
□ V	Velfare:				Monthly Amount: \$_	
					Case Number:	
	Source:				Monthly Amount: \$_	
	Source:				Monthly Amount: \$_	
6a. Ba	nk Referenc	e Adult	1:			
Туре о	f Account		Bank Name & Addr	<u>ess</u>	Account Numb	<u>er</u> <u>Balance</u> \$
						<u> \$ </u>
						\$
-	· · · · · · · · · · · · · · · · · · ·		merican Express, E		<u> </u>	
5b. In	come Adult	2: (List be	elow all income for ev	very pe	rson occupying the ap	artment)
a.)	Employme	nt #1:				
-	-		Name of hou	ıseholo	d member who is em	ployed
	□ Fu	ıll Time	☐ Part Time	⊐ Un∈	employed □Retired	

Name	е		Address				Phone Number
Name	e of Supervisor	·:					
Dates	s of Employmer	nt:					
	Gross Wage	e: \$	per				
			per				
	Overtime?						
b.) Employmer	nt #2:					
			Name of ho	use	hold member	who is en	nployed
	□ Fu	ll Time	□ Part Time		Unemployed	□Retired	I
Empl	oyer #2:						
Name	2		Address				Phone Number
	s of Employmer Gross Wage	nt: e: \$	per per				
	Overtime? _		-				
c.)	Other sou	rces of	Income: (Please s	sta	te monthly a	mounts.)
	Social Security	& SSI:	Monthly Amount: \$	S	Cla	im No.:	
			Monthly Amount: \$				
	Pension:		Monthly Amount: \$	5	Cla	im No.: _	
	Pension Name	:		Ac	ldress:		
	Other: (Ur	nemploy	yment, Alimony, C	Chil	d Support, E	TC.)	
	Welfare:				Monthly A	mount: \$	
	Source:				Monthly A	mount: \$	

6b. Bank Reference Adult 2:

Type of Account	Bank Name & Address	Account Number	
			\$
			<u>\$</u>
Vica Mastercard Dis	cover, American Express, ETC.: \$_		<u> </u>
Certificate of Deposits			
•	r Its are in the household, please	 e include the required	<u>.</u>
	ome and Bank Reference for al	-	
separate sheet of p	aper.		
7 Have you ever hee	en evicted from public housing and	/or any other federal h	nousina
program?	in evicted from public flousing and	for any other reactars	lousing
□ Yes □ ľ	No		
Why:			
0 11			
	en evicted from housing?		
☐ Yes ☐ ſ			
Why.			
wny:			
9. Are you currently	using marijuana for recreational or	medicinal purposes?	
☐ Yes ☐	No		
If yes:Recreation	alMedicinal		
10 Have you ever	been convicted of selling illegal dru	igs or a controlled subs	stance?
☐ Yes☐		ags of a controlled subs	starice:
11. Are you current	ly using illegal drugs or any contro	olled substance that has	sn't been
prescribed to you?			
. ☐ Yes ☐	No		
12. Have you ever	been convicted of selling, distributi	ing, or manufacturing i	llegal
drugs or a controll	ed substance?		
□ Yes □	No		
13. Have you ever	been charged, arrested, and/or co	nvicted of any crime?	
☐ Yes ☐ Î		invided of diffy diffile:	
When:			

	egistration Program?	State Sexual
	☐ Yes ☐ No	
If ye	s, which State?	
15.	How did you hear about this housing?	
16.	Will you take an apartment when one is available? □ Yes □	No
17.	Briefly describe your reason for applying	
18.	Other Required Information:	
	Vehicles	
	Do you have any vehicles? ☐ Yes ☐ No	
	If yes, we will need a copy of your registration for each vehicle.	ı
	Pets	
	Do you own any pets? Yes No	
	If yes, describe	
19.	Name of Person to Contact in Emergency:	
	Name	Phone Number

Please Complete for the Head of Household

The following will be required by the Federal Government to monitor the Owner's compliance with Equal Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against based on the information below, or if the information is not provided.

1. Ethni	city:	
	Hispanic or Latino	
	Not Hispanic or Latino	
2. Race	:	
	American Indian or Alaskan Native	
	Asian Black or African American	
	Native Hawaii or Other Pacific Islander	
	White	
	Other	
_	Other	
□ I do i	not wish to provide the above requested inforn	nation.
	by, certify that all information given in this app my/our knowledge.	lication is true and correct to
Signa	iture	Date
Signa	iture	Date

Please sign the following release form(s) so that your references can be verified. When we receive these forms, you will be contacted for a personal interview where more detailed information may be requested. Thank you for your interest in our apartments.

Waiting List Certification for Applicants for Housing

The selection of tenants for vacant units in this housing development is based in part on the position of applicants on the waiting list.

Whenever a housing unit is available, the first person on the waiting list is contacted and so on. Over time, each applicant on the waiting list usually moves up in position, eventually reaching number one.

Because of the large demand for housing units in this development, the amount of time an applicant is on the waiting list before the applicant reaches the number one position can be quite long.

Periodically, it is necessary for the owner to update the waiting list to determine if applicants on it are still eligible or interested in residing in one of Affordable Housing Advocate's properties. If the applicant can no longer be contacted and/or does not respond to requests for current information, that applicant's name will be withdrawn from the waiting list.

For the waiting list to be kept current, the owner requires all applicants to sign the following certification:

I/We certify that I/We will notify owner or its authorized representatives whenever I/We move to a location different than listed on this application as My/Our current place of residence and will provide the owner or it's representative with the address and telephone information needed to contact me/us.

Signature	Date	
Signature	Date	

RELEASE FOR VERIFICATION FORM TO PROCESS CREDIT AND CRIMINAL

	has applied for residency (or is a current cessing and ongoing compliance, it is necessary to mentation including income, assets, credit, and
The information obtained wi eligibility.	Il be used solely for the purpose of determining
to the Agent all information salaries, credit report, crimin	IT of Affordable Housing Advocates without liability they may request concerning my income, wages hal record, and all references in connection with my ether I am eligible to occupy the apartment.
Please have each adult in th	e household complete their own individual release
	the two included copies of the release form, please
print additional copies of application.	this form and include it with your completed
 Date	Signature

RELEASE FOR VERIFICATION FORM TO PROCESS CREDIT AND CRIMINAL

has applied for residency (or	r ic a current
resident), as part of our processing and ongoing compliance, it is no obtain various forms of documentation including income, assets, criminal verification.	ecessary to
The information obtained will be used solely for the purpose of determination.	ermining
I hereby authorize the AGENT of Affordable Housing Advocates wit to the Agent all information they may request concerning my inco- salaries, credit report, criminal record, and all references in connec application to determine whether I am eligible to occupy the apartr	ome, wages, ction with my
Please have each adult in the household complete their own indivi	idual release
form, if you need more than the two included copies of the release	
print additional copies of this form and include it with you application.	
Date Signature	