

# 115 Lynd Street

## RENTAL APPLICATION FORM

The information collected below will be used to determine if you qualify as a resident. It will not be disclosed without your consent.

1. APPLICANT'S NAME		SOCIAL SECURITY NO.		HOME PHONE (    )	
2. Present Street Address		City		State	Zip Code
3. Former Street Address (if at present address for less than 2 years)		City		State	Zip Code
<b>Current Housing Status:</b> Provide the name, address and phone number of all your landlords for the past 3 years.					
Current Landlord: Address:				Phone: (    )	
Previous Landlord: Address:				Phone: (    )	
Previous Landlord: Address:				Phone: (    )	
<b>FOR STATISTICAL USE ONLY</b>					
4. Head of Household Race: (Enter One) 1 = White 2 = Black 3 = American Indian/Alaskan Native 4 = Asian or Pacific Islander		5. Head of Household Ethnicity:  1 = Hispanic 2 = Non-Hispanic		6. Head of Household Gender:  1 = Female 2 = Male	
				7. Head of Household Marital Status:  1 = Single 2 = Married	
8. Name and Address of Employer			Type of Business		Self Employed? Yes _____ No _____
Business Phone Number: (    )			Position/Title		Years in this line of work
9. Name and Address of Previous Employer (if employed at present position for less than 2 years)			Number of Years with Previous Employer		Business Phone: (    )
1. CO-APPLICANT'S NAME			SOCIAL SECURITY NO.		HOME PHONE: (    )
2. Present Address		City		State	Zip Code
3. Former Street Address (if at present address for less than 2 years)		City		State	Zip Code
4. Name and Address of Employer:			Type of Business		Self-Employed? Yes _____ No _____
Business Phone Number (    )		Position/Title		No. Years on Job	
5. Name and Address of Previous Employer (if employed at present position less than 2 years)			No. of Years with Previous Employer		Business Phone: (    )

**ANNUAL INCOME**

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 YEARS OR OLDER	TOTAL
1. Gross Salary				
2. Overtime Pay				
3. Commissions/Fees/Tips/Bonuses				
4. Unemployment Benefits				
5. Workers Compensation, etc.				
6. Social Security, Pensions, Retirement Funds, etc., Received Periodically				
7. TANF Payments				
8. Alimony, Child Support				
9. Interest and/or Dividends				
10. Net Income from Business				
11. Net Rental Income				
12. Other:				

**TOTAL:** \$

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account	\$	\$		
Savings	\$	\$		
Certificate of Deposit	\$	\$		
Mutual Funds/Stocks/Bonds	\$	\$		
Real Estate	\$	\$		
Life Insurance	\$	\$		
Other	\$	\$		
<b>TOTAL:</b>	\$	\$		

I \_\_\_\_\_ have \_\_\_\_\_ have not disposed of any asset(s) value at \$1,000 or more in the past two years for less than fair market value of the item. If yes, please list the asset value under the "other" column in the above listing of assets.

Are all adults full-time students? Yes \_\_\_\_\_ No \_\_\_\_\_

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

MEMBER NO.	FULL NAME	RELATIONSHIP	BIRTHDATE M/D/Y	SOCIAL SECURITY #
Head of Household				
2				
3				
4				

Are there any special housing needs or accommodations that the household will require? Examples are a unit for mobility impaired, a unit for visually impaired, a unit for hearing impaired, or grab bars, wheel-in-showers.

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Does any family member have a police record?      Yes \_\_\_\_\_      No \_\_\_\_\_

The information provided is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income asset verification related to my, our application for tenancy.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

If you are in need of special services, please call us at (570) 638-2151 or TDD (570) 638-2227.

Please return completed application to:

Tioga County Housing Authority  
4 Riverside Plaza  
Blossburg, PA 16912

