

CONNELLVILLE TOWERSwww.connellsvilletowers.com120 East Peach Street
Connellsville, PA 15425Phone: 724-628-5650
Fax: 724-628-1543TTY: (800) 643-3769 Spanish (800) 546-7111
Email: connellsvilletowers@winnco.com**RENTAL APPLICATION**NAME: _____
HOME PHONE: _____
CELL PHONE: _____
WORK PHONE: _____
ADDRESS: _____**For Office Use Only**

Management Initials: _____

Date/Time Received: _____

EMAIL: _____

INSTRUCTIONS TO APPLICANT

- ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
- All information must be complete and correct. False, incomplete or misleading information will cause your application to be declined.
- If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.

HOUSEHOLD INFORMATION

Full Name of Household Members as they appear on SS Card	Relationship	Student Y/N		Date of Birth	Social Security No. or Alien Registration No.	SS Benefit Claim Number for anyone receiving benefits from Social Security	Age
		Elementary, Middle or High School	College, University, or Trade School				
1.	Head						
2.							
3.							
4.							
5.							
6.							

1. Will any of the household members listed above live anywhere except in your apartment or be temporarily absent from the apartment? No Yes

If YES, Explain: _____

2. Are any children listed above subject to a shared custody agreement? No Yes

Is YES, explain: _____

3. Is any household member a foster child or foster adult? No Yes

If YES, list member(s): _____

4. Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using? No Yes

If YES, explain _____

5. Is any member of your household enrolled in an Institute of Higher Education, either full or part-time? No Yes

If YES, list member(s): _____

If YES, list school(s): _____

6. Is any household member a U.S. Veteran? No Yes

If YES, list household member (s) _____

7. Have you been displaced from your housing? No Yes

If YES, list reason: Government Action _____ Private Action _____ Natural Disaster _____

If YES, was it a Presidentially Declared Disaster Area? No Yes

8. Do you expect any additions to the household within the next 12 months? No Yes

If YES, list reason: Pregnancy _____ Adoption _____ Foster Care _____ Other _____

9. Is any member of your household an individual's age 62 or older as of January 31, 2010 who was receiving HUD rental assistance on January 31, 2010? These individuals may be exempt from providing Social Security Numbers. No Yes

RESIDENCE HISTORY

You **must** report ALL places you have lived for the past two (2) years. Use an additional sheet if necessary. Periods of homelessness may be explained on a separate sheet of paper.

Present Address	I currently: <input type="checkbox"/> Rent this residence <input type="checkbox"/> Own this residence <input type="checkbox"/> Live with a renter at this residence <input type="checkbox"/> Live with the owner of this residence						
	Street Address:			From: ____/____/____		Landlord Name:	
	City:	State:	Zip:	To: ____/____/____		Landlord Phone:	
	Reason for Moving					Street Address:	
	Was this Federally Assisted Housing? Yes No			Amount of Rent \$		City:	State: Zip:
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence						
	Street Address:			From: ____/____/____		Landlord Name:	
	City:	State:	Zip:	To: ____/____/____		Landlord Phone:	
	Reason for Moving					Street Address:	
	Was this Federally Assisted Housing? Yes No			Amount of Rent \$		City:	State: Zip:
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence						
	Street Address:			From: ____/____/____		Landlord Name:	
	City:	State:	Zip:	To: ____/____/____		Landlord Phone:	
	Reason for Moving					Street Address:	
	Was this Federally Assisted Housing? Yes No			Amount of Rent \$		City:	State: Zip:
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence						
	Street Address:			From: ____/____/____		Landlord Name:	
	City:	State:	Zip:	To: ____/____/____		Landlord Phone:	
	Reason for Moving					Street Address:	
	Was this Federally Assisted Housing? Yes No			Amount of Rent \$		City:	State: Zip:
Previous Address	I: <input type="checkbox"/> Rented this residence <input type="checkbox"/> Owned this residence <input type="checkbox"/> Lived with a renter at this residence <input type="checkbox"/> Lived with the owner of this residence						
	Street Address:			From: ____/____/____		Landlord Name:	
	City:	State:	Zip:	To: ____/____/____		Landlord Phone:	
	Reason for Moving					Street Address:	
	Was this Federally Assisted Housing? Yes No			Amount of Rent \$		City:	State: Zip:

You **must** report All states that All household members have lived in. This includes the District of Columbia.

States	Household Members That Lived There

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	Circle One		If 'Yes' you must answer the following:
1. Have you or any member of your household ever been evicted from federally assisted housing for drug-related activity?	No	Yes	From Where? _____ When? _____
2. Have you or any member of your household been evicted in the last five years? (For any reason)	No	Yes	From Where? _____ When? _____
3. Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord?	No	Yes	To Whom? _____ How much? _____
4. Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs?	No	Yes	Explain: _____ _____
5. Please check any that apply to your current housing: <input type="checkbox"/> Standard <input type="checkbox"/> Substandard <input type="checkbox"/> Conventional Public Housing <input type="checkbox"/> Lacking a fixed nighttime residence <input type="checkbox"/> Without or soon to be without housing			
6. From what source did you hear about this property? <input type="checkbox"/> Resident <input type="checkbox"/> DCHousingSearch.org <input type="checkbox"/> Sign at Property <input type="checkbox"/> Newspaper: _____ <input type="checkbox"/> Agency: _____ <input type="checkbox"/> Website: _____ <input type="checkbox"/> Other _____			

SOURCES OF INCOME

You **must** report income from **ALL** sources. This includes, but is not limited to, Employment, Public Assistance, Social Security, SSI Disability Compensation, SSP, Unemployment Compensation, Workers Compensation, Pension, Annuity, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, Recurring Gifts/Contributions, etc. If anyone outside your household gives you money or pays your bills, you must report it as a source of income. Use additional sheets if necessary.

Name of Employer, Agency or Person providing Income:				Type of Income:	
Household member the income is paid to:			Name of Supervisor or Agency Contact:		Start Date:
Address:			Phone Number:		<u>For Office Use Only</u>
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mo/yr/etc.)		Average Annual Income from this source:
			Number of hours worked per week: _____		\$ _____

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Household member the income is paid to:			Name of Supervisor or Agency Contact:		Start Date:
Address:			Phone Number:		<u>For Office Use Only</u>
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mo/yr/etc.)		Average Annual Income from this source:
			Number of hours worked per week: _____		\$ _____

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			Number of hours worked per week: _____		\$ _____

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Address:			Phone Number:		<u>For Office Use Only</u>
City:	State:	Zip:	\$ _____ per _____ (hr/wk/mo/yr/etc.)		Average Annual Income from this source:
			Number of hours worked per week: _____		\$ _____

ASSET INFORMATION

You *must* report ALL Assets below. Use an additional sheet if necessary. This includes, but is not limited to: Cash; Checking, Savings, Debit, Pay Card, Money Market, and Certificate of Deposit accounts; Stocks; Bonds; Mutual Funds; Trust Funds; Retirement Accounts; Life Insurance; Personal Property held as an investment; Real Estate; etc.

Name of Account Holder:	Name of Bank/Financial Institution:	Current Balance:	Current Interest Rate:
Type of Account:	Bank Address:		
Account No:	City:	State:	Zip
Bank Phone Number:			

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Account No:	City:	State:	Zip
Bank Phone Number:			

Name of Account Holder:	Name of Bank/Financial Institution:	Current Balance:	Current Interest Rate:
Type of Account:	Bank Address:		
Account No:	City:	State:	Zip
Bank Phone Number:			

Circle One

If 'Yes' you must answer the following:

1. Has any household member disposed of (given away or sold) an asset for less than what it was worth (fair market value) in the past two (2) years?

No Yes

Date Disposed of: ____/____/____ Description of Asset: _____
2. Has any household member sold any Real Estate in the last two years?

No Yes

Date Disposed of: ____/____/____ Description of Asset: _____

Sales Price: \$ _____
3. Does any household member have full or partial ownership of any Real Estate, Boat or Mobile Home?

No Yes

Description of Asset: _____

Value: \$ _____

Annual Income from Asset: \$ _____

CHILD CARE EXPENSES

If you pay for Child Care, please list name of provider(s) below. [] This section does not apply to me.

Name of Provider	Street Address:			Check all that apply: This expense allows me to [] work, [] seek employment, [] attend school, or [] none of these. Amount you pay: \$ _____ per _____
Phone:	City:	State:	Zip	
Name of Provider	Street Address:			Check all that apply: This expense allows me to [] work, [] seek employment, [] attend school, or [] none of these. Amount you pay: \$ _____ per _____
Phone:	City:	State:	Zip	

HANDICAP CARE EXPENSES

If you pay for care of Handicapped or Disabled household member, list name of provider(s) below. [] This section does not apply to me.

Name of Provider	Street Address:			Check all that apply: This expense allows me to [] work, [] seek employment, [] attend school, or [] none of these. Amount you pay: \$ _____ per _____
Phone:	City:	State:	Zip	
Name of Provider	Street Address:			Check all that apply: This expense allows me to [] work, [] seek employment, [] attend school, or [] none of these. Amount you pay: \$ _____ per _____
Phone:	City:	State:	Zip	

MEDICAL EXPENSES

If the Head or Spouse is 62+ Years of Age or is Disabled/Handicapped, please fill out the Medical Expenses section below including all family members.
[] This section does not apply to my household.

Name of Provider	Street Address:			Description of Expense: _____
Phone:	Policy No:	City:	State:	Zip
Amount you pay: \$ _____ per _____				
Name of Provider	Street Address:			Description of Expense: _____
Phone:	Policy No:	City:	State:	Zip
Amount you pay: \$ _____ per _____				
Name of Provider	Street Address:			Description of Expense: _____
Phone:	Policy No:	City:	State:	Zip
Amount you pay: \$ _____ per _____				
Name of Provider	Street Address:			Description of Expense: _____
Phone:	Policy No:	City:	State:	Zip
Amount you pay: \$ _____ per _____				

ELDERLY/HANDICAPPED/DISABLED STATUS

We are required by HUD to request the following information for the purpose of determining eligibility for admission to our Section 8 Program and/or to give special considerations with regard to allowances in determining rent. Please review the attached HUD definition of disability*. Check any answer that applies. *Please refer to Definition B on the Rental Application Attachment - Definitions of Disability.

Head of Household is:	<input type="checkbox"/> 62 years of age or older	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled	<input type="checkbox"/> None apply
Co-Head of Household and/or Spouse is:	<input type="checkbox"/> 62 years of age or older	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled	<input type="checkbox"/> None apply
Co-Head of Household is:	<input type="checkbox"/> 62 years of age or older	<input type="checkbox"/> Handicapped	<input type="checkbox"/> Disabled	<input type="checkbox"/> None apply

We are required by HUD to obtain the following information for the purposes of statistical reporting. Response is strictly voluntary.

Does any family member have one of the following disabilities? ☐ Mobility ☐ Visual ☐ Hearing

Circle One

If 'Yes' you must answer the following:

1. Will any member of your household require a unit having handicap accessible features?

No Yes

Type of accessibility required?

2. Are there any special accommodations or modifications that the household will require in order to enjoy equal opportunity to use and enjoy the apartment?

No Yes

Explain:

3. Will the household include a live-in-aide(s)?

No Yes

Name:

WAIT LIST PREFERENCES

Applicants with preferences are selected from the wait list and receive an opportunity for an available unit earlier than those who do not have a preference. Preferences affect only the order of applicants on the wait list. They do not make anyone eligible who was not otherwise eligible, and they do not change the resident screening criteria.

Please review the preferences below and indicate any that you believe apply to your household. Verification of eligibility for the preference will be required for final approval. The preferences will only be granted to applicant households that request them. Applicants can update their preference status at any time. Management requests that you update application and preference information in writing.

VAWA PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for applicants seeking relocation to avoid, remedy, or address harassment based on protected status, or the emergency transfer of a resident due to domestic violence, dating violence, sexual assault or stalking, in accordance with the Violence Against Women Act (VAWA). The Agent shall obtain from the applicant such documentation as specified in 24 CFR 5.2007(b)(i).

Applicants who would like to request this preference or any additional protections under the Violence Against Women Act should complete the attached Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) or provide the alternate documentation listed on that form.

DISPLACED IN A PRESIDENTIALLY DECLARED DISASTER ZONE PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for applicants who have been displaced by government action or a presidentially declared disaster.

- ☐ My household qualifies for this preference because the household has been displaced by:
- ☐ Government Action
 - ☐ A Presidentially Declared Disaster
- ☐ My household does not qualify for this preference

WORKING PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for working families. Working families means a family whose head of household, spouse, co-head of household, or sole member is working full time, 62 years of age or older, or disabled.

- ☐ My household qualifies for this preference because the head of household, co-head of household, spouse, or sole member is:
- ☐ Working full time (minimum of 32 hours per week and employed at the same company for at least six (6) months)
List the number of hours worked per week: _____
 - ☐ 62 years of age or older
 - ☐ Disabled as defined by HUD (See Definition A for Reasonable Accommodations on the Rental Application Attachment)
- ☐ My household does not qualify for this preference

DISABLED HOUSEHOLD PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for households that include a person with a disability.

- ☐ My household qualifies for this preference because the head of household, co-head of household, spouse, or sole member is:
- ☐ Disabled as defined by HUD (See Definition A for Reasonable Accommodations on the Rental Application Attachment)
- ☐ My household does not qualify for this preference

ELDERLY HOUSEHOLD PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for households that include a person who is 62 years of age or older.

- ☐ My household qualifies for this preference because the head of household, co-head of household, spouse, or sole member is 62 years of age or older: _____
- ☐ My household does not qualify for this preference

HOMELESS PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for

- ☐ My household qualifies for this preference because the head of household, co-head of household, spouse, or sole member is:
- ☐
 - ☐
- ☐ My household does not qualify for this preference

LOCAL RESIDENCY AREA PREFERENCE FOR THE WAIT LIST

The Wait List has a preference for

- ☐ My household qualifies for this preference because the head of household, co-head of household, spouse, or sole member is:
- ☐
 - ☐
- ☐ My household does not qualify for this preference

This section is intentionally left blank.

CRIMINAL HISTORY

This property's eligibility criteria excludes housing to individuals and households with specific types of criminal activity in their history. You **must** answer the following questions completely and truthfully. If any of the answers are false, misleading or incomplete your application may be rejected, OR, if move-in has occurred, you may be evicted.

	No	Yes	<u>If 'Yes' you must answer the following:</u>
1. Have you or any member of your household ever been convicted of drug-related criminal activity?	_____	_____	Who? _____ When? _____ Details: _____
2. Have you or any member of your household ever been convicted of violent criminal activity?	_____	_____	Who? _____ When? _____ Details: _____
3. Are you or any member of your household a current, illegal user of or addicted to a controlled substance?	_____	_____	Who? _____ When? _____ Details: _____
4. Do you or any member of your household have a pattern of alcohol abuse?	_____	_____	Who? _____ Details: _____
5. Have you or any member of your household ever been convicted of the illegal manufacture or distribution of a controlled substance?	_____	_____	Who? _____ When? _____ Details: _____
6. Have you or any member of your household ever been on parole or are now on parole?	_____	_____	Who? _____ When? _____ Details: _____
7. Have you or any member of your household currently or in the past used illegal drugs?	_____	_____	Who? _____ When? _____ Details: _____
8. Are you or any member of your household subject to a state sex offender lifetime registration requirement?	_____	_____	Who? _____ When? _____ In What State? _____ County? _____

AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles, owned by or registered to household members. Use additional sheets if necessary.

Make:	License Plate Number:	State	Insurance Agent:	Phone:
Model:	License Expiration Date:		Street Address:	Policy No:
Color:	Year:	Name on Registration:	City:	State Zip Expiration Date:
Make:	License Plate Number:	State	Insurance Agent:	Phone:
Model:	License Expiration Date:		Street Address:	Policy No:
Color:	Year:	Name on Registration:	City:	State Zip Expiration Date:

RENTERS INSURANCE

It is not required, but we recommend that you carry Renters Insurance. **Your personal belongings are not covered by our insurance.** If you have coverage, please provide information below.

Insurance Agent:	Phone:
Street Address:	Policy No:
City:	State: Zip: Expiration Date:

APPLICANT CERTIFICATION

Read each statement below and initial that you understand and agree.

<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	I have read and understand the information in this application, in particular the instructions to Applicant, and agree to comply with all information and instructions.
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	I have read and understand the Tenant Selection Plan, that is posted in the Management Office and summarizes the procedures for processing applications.
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	I certify that all information given in this application is true, complete and accurate. I understand that if any of this information is false, misleading or incomplete, Management may decline my application, OR, if move-in has occurred, terminate my lease and evict me and my household.
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	I understand that ALL CHANGES in the income of any member of the household, as well as any changes in the household members must be reported to Management <u>in writing immediately.</u>
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	If my application is approved and move-in occurs, I certify that only those persons listed in this application will occupy the apartment, and that they will maintain no other place of residence.
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	If this application is approved and move-in occurs, I certify that all household members will accept and comply with all conditions of occupancy as set forth therein, including rules regarding pets, rent, damages, and security deposits.
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	I authorize Management to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, previous and current landlords, law enforcement agencies or other sources of information released to appropriate Federal, State or local agencies. I authorize management to run a credit and criminal background check.
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	I understand that it is a crime to knowingly provide false information for the purpose of obtaining or maintaining occupancy in and/or for the purpose of securing a lower rent in a subsidized housing development.
<div style="border-bottom: 1px solid black; width: 100%;"></div> (Initial)	I understand that the penalty for knowingly providing false information is up to five (5) years in prison and/or up to a \$10,000 fine upon conviction.

<div style="border-bottom: 1px solid black; width: 100%;"></div> APPLICANT SIGNATURE	<div style="border-bottom: 1px solid black; width: 100%;"></div> DATE
<div style="border-bottom: 1px solid black; width: 100%;"></div> CO-APPLICANT SIGNATURE	<div style="border-bottom: 1px solid black; width: 100%;"></div> DATE

WinnResidential does not discriminate on the basis of race, color, religion, national or ethnic origin, citizenship, ancestry, class, sex, sexual orientation, gender identity, familial status, marital status, disability or handicap, military/veteran status, source of income, age, or other basis prohibited by local, state or federal law.

If you feel you have been discriminated against by this company, please call (617) 239-4596.

For Office Use Only

This application is being placed on the following wait lists:

Standard Apartments:

[] 1 Bedroom [] 2 Bedroom [] 3 Bedroom [] Studio

Apartments for Persons with a Mobility Impairment (Wheelchair Accessible):

[] 1 Bedroom [] 2 Bedroom [] 3 Bedroom

Apartments for Persons with a Hearing or Visual Impairment:

[] 1 Bedroom [] 2 Bedroom [] 3 Bedroom