FOR OFFICE USE ONLY
RECEIVED DATE ___/___/____
RECEIVED TIME _____ AM/ PM

APPLICATION FOR OCCUPANCY

Please return completed application to:
White Valley Apartments
6362 Old William Penn Highway
Delmont, Pennsylvania 15626

Phone: (724)468-4119 Fax: (724)468-4119 TTY: 711

INSTRUCTIONS FOR HEAD OF HOUSEHOLD:
Please complete all sections in ink (please print) and do not leave any section blank. If the section does not apply to you, it may be completed with "N/A". When making corrections please put one line through the incorrect information, write the correct information, and initial the change. As Head of Household, you will complete this Rental Application form on behalf of your entire household. However, each household member 18 years of age or older is expected to live in the apartment must sign this Rental Application. False, incomplete or misleading information will cause your household's application to be declined. As long as your active application is on file with us, it is your responsibility to contact us whenever your address, telephone number, or income situation changes, and whenever you need to add or remove a person from your application.

Contact Information (Current):

First Name (Head of Household)	Last Name (Head of Household)	M.I.	Home Phone Phone No.	Cell Phone Phone No.	Work/ Message Phone No.
Current Street Address			City	State	Zip Code
First Name (Co-Head)	Last Name (Co-Head)	M.I.	Home Phone Phone No.	Cell Phone Phone No.	Work/ Message Phone No.
Current Street Address			City	State	Zip Code

Household Composition:

List all persons, including yourself, who are expected to reside in the unit.

Full Name	Relationship	Elderly/ Accessible Unit *	Sex (M/F)	Birth Date	Social Security Number	Student Status Full/Part	
	Head of Household			/ /		Yes	No

* Enter "E" for Elderly or "AU" for Accessible Unit Needed. Enter "M" for Married, "S" for Single, "D" for Divorced, "SEP" for Separated, or "W" for Widowed.

Unit Size Requested:

- Unit size requested:_____ 2nd Choice:_____
- Are there any special accommodations that the household will require (e.g. unit for mobility impaired, unit for visually impaired, unit for hearing impaired, live-in aide, grab bars, etc.)_____
  _____

Miscellaneous:

- Do you own a pet? Cat_____ Dog_____ Other_____ If this property has a NO PETS Policy, would you be willing to give up your pet(s) to reside here? _____
- How did you hear about our apartment community? [ ] newspaper; [ ] apartment guide; [ ] friend/ family; [ ] website; [ ] other-specify _____
- Have you ever been convicted for the possession, use or distribution of drugs? [ ] Yes [ ] No
- Have you ever been served with a Protection from abuse (PFA)? [ ]Yes [ ] No

Emergency Contact:

Name	Relationship	Address	Phone/ Cell Number

Rental History:

List Landlord/Rental History for the past (5) years. History must include all places where you and/ or any adult (18 years of age or older) household member lives, lived, or places where you, and/or other adult household members did not appear on the lease. Also include places where you or other adult household member used a different name. If you need more space, please use a blank sheet of paper.

Family Member Name	Families Previous Address/ Addresses	Current/ Previous Landlord & Landlord's Address	Landlord Phone Number	Reason For Leaving	Dates of Residency	
					From:	To:

Have you ever been evicted? [ ] Yes [ ] No If yes, give details (When, Where & Why)

_____

Income:

EMPLOYMENT ONLY: List all full-time, part-time, and/or seasonal employment for ALL household members including self-employed earnings. If you have income from "Other Sources", see next section of Rental Application.

Family Member Name	Place Of Employment	Employment Address	Employer's Telephone	Supervisor	Annual Income (Yearly Total)

Income From Other Sources:

List ALL income from sources other than employment for ALL household members. This includes but is not limited to Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Alimony, Child Support, Educational Grants or Scholarships, Pensions, Annuities, Welfare, VA Benefits, etc.

Family Member Name	Source of Income	Address of Source of Income/ Contact Person and Telephone Number	Estimate of Annual Income (Yearly Total)

Assets:

CHECKING ACCOUNTS:

Family Member Name	Account Number	Bank Name	Bank Address	Avg. 6 Month Balance

SAVINGS ACCOUNTS:

Family Member Name	Account Number	Bank Name	Bank Address	Current Balance

STOCKS, BONDS, CREDIT UNION SHARES, C.D.'S, LIFE INSURANCE POLICIES SURRENDER VALUES, ETC.

Family Member Name	Description of Asset/ Account Number (i.e., C.D. -#004561020	Current Value of Asset	Annual Income from Asset

Current Amount of Cash on Hand: $_____

Assets Continued:

Do you have any life insurance policies that have a surrender value? [ ] Yes [ ] No
If so, what is the total surrender value of the policies? $_____

Real Estate:

Do you now own Real Estate? [ ] Yes [ ] No
If Yes, are you receiving any income from this property? [ ] Yes [ ] No
If Yes, complete the following:
Location of Property (ies) Annual Income from Property (ies)

_____

_____

Have you or any member of your household sold or given away any real estate property or other assets in the past two (2) years? [ ] Yes [ ] No
If Yes, explain_____

Automobiles and Other Vehicles:

List all motor vehicles, including motorcycles, owned by or registered to household members.

Family Member Name	Make and Model Number	Year	License Tag Number	State	Color of Vehicle

Certification:

I/We hereby certify that I/We do not or will not maintain a separate subsidized rental unit in another location. I/We further certify that the apartment will be my/our permanent address. I/We understand that a security deposit must be paid prior to occupancy of the apartment. I/We understand that eligibility for housing is based on RECDS (formerly FmHA) income/occupancy limits and by Arbors Management, Inc.(Management Company) selection criteria. I/We certify that all information on this application is true to the best of my/our knowledge and understand that false statements or information is punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

APPLICANT'S SIGNATURE: _____ DATE ___/___/_____

CO-APPLICANT'S SIGNATURE: _____ DATE ___/___/_____

Authorization

I/We hereby authorize Arbors Management, Inc. and its' staff or authorized representative to contact any agency, office, group or organization to obtain and verify information or materials, including but not limited to credit checks, criminal background checks, and landlord references, which are deemed necessary to complete my/our application for housing in programs administered/managed by Arbors Management, Inc.

APPLICANT'S SIGNATURE: _____ DATE: ___/___/____

CO – APPLICANT'S SIGNATURE: _____ DATE: ___/___/____

Anti-Discrimination:

The information regarding race, national origin and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural, Economic & Community Development Services (formerly Farmers Home Administration), that we comply with Federal Laws prohibiting discrimination against applicants or residents on the basis of race, color, national origin, religion, sex, familial status, age and/or disability. You are not required to furnish this information, but are encouraged to do so. This information will NOT be used in evaluating your application or to discriminate against you in anyway. However, if you choose not to furnish this information, the owner or its' representative is required to note the race, national origin and sex of applicants on the basis of visual observation or surname.

ETHNICITY:	**RACE: (Check one or more)**
☐ Hispanic or Latino	☐ American Indian/Alaska Native
☐ Not Hispanic or Latino	☐ Asian
	☐ Black or African American
GENDER:	☐ Native Hawaiian or Other Pacific Islander
☐ Male	☐ White
☐ Female	

Application is _____ Approved _____ Disapproved By _____ Date _____
If not, approved indicate reason: _____
_____

Written Notification Mailed? _____ Yes _____ No Date Mailed _____

Arbors Management Inc.

CONSUMER NOTICE

THIS IS NOT A CONTRACT

Arbors Management Inc. hereby acknowledges that with respect to this property:

White Valley Apartments, 6349 Old William Penn Hwy., Delmont, PA 15632,
(Property)

I am acting in the following capacity:

_____ Owner/Landlord of this Property

_____ A direct employee of the owner/landlord

_X_ An agent of the owner/landlord pursuant to a property management or exclusive leasing agreement.

I acknowledge that I have received this notice: _____.
(Consumer Signature) *(Date)*

I acknowledge that I have received this notice: _____.
(Consumer Signature) *(Date)*

I certify that I have provided this notice: _____.
(Licensee) *(Date)*