

Application for Admission

Name _____ Phone _____ Date _____ Time _____

OAKLAND HEIGHTS DUPLEXES
32 THIRD AVENUE, SUSQUEHANNA PA 18847
RENTAL OFFICE (570) 785-5990 FAX (570) 785-9071

Applicant Household Information:

List below all of the people you expect to live in your household at Move-In.

Full Name	Relationship to Head	Date of Birth	Social Security Number	Telephone Number
	Head of Household			

CURRENT ADDRESS _____

Rental History

Present Landlord/Contact Name	
Address	
Phone	
Move In and Move Out Dates	
Reason for Leaving	
Previous Landlord/Contact Name	
Address	
Phone	
Move In and Move Out Dates	
Reason for Leaving	

Have you or any member of your household ever been evicted? ____YES____NO. If yes, give details:

CREDIT REFERENCES

NAME

ADDRESS

ACCOUNT#

1. _____

2. _____

PERSONAL REFERENCES

1. _____

2. _____

Does anyone in the household require the features of a wheelchair accessible unit?

_____ **YES** _____ **NO** If yes, please list _____

Is any member of your household employed? _____ YES _____ NO If yes, list all employers and contact phone number.

Member _____ Employer _____ Phone # _____

Member _____ Employer _____ Phone # _____

Member _____ Employer _____ Phone # _____

Below list all money earned or received by each member of your household, such as wages, self-employment, unemployment, child support, alimony, family financial support, Social Security, disability payments (SSI), Workman’s Compensation, retirement benefits, pensions, AFDC, Veterans benefits, etc.

Family Member Name	Employment (Rate times hours)	Income from a business/independent income	Monthly Alimony	Monthly SS/SSI/Pension	Income if assets exceed \$5,000	Other
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

Vehicles

Make/model _____ Year _____ Color _____ Tag # _____ State _____

Vehicle registered to _____ Driver’s license number _____

Make/model _____ Year _____ Color _____ Tag # _____ State _____

Vehicle registered to _____ Driver's license number _____

Emergency Contacts

In cases of emergency management requests that you provide the information below. An emergency is broadly defined as a case where management feels a resident's well being is threatened and/or where management feels a resident's actions/conduct appear to be a lease violation. Some examples of this type of emergency are non-payment of rent; perceived criminal activity against persons/property; perceived abuse of an illegal substance; behavior violating the quiet enjoyment of other residents; and, housekeeping that violates safe and sanitary rules. An emergency is also defined as an urgent need for assistance or relief, or when there are unforeseen circumstances that call for immediate action.

In Case of Emergency

First Family Member to Notify Is:

Full Name: _____ Relationship: _____ Phone: _____

Address: _____

Second Family Member to Notify Is:

Full Name: _____ Relationship: _____ Phone: _____

Address: _____

Please describe any other information that will help us to process your application:

CERTIFICATION

By signing this application, I/we certify the accuracy of the following information. The information submitted is true and correct and I/we authorize management to verify any references I/we have listed. I/we authorize management to access any records pertaining to me/us which may be on file with law enforcement and credit bureau authorities. I/we authorize my/our present and prior landlords to release information regarding my/our tenancy. I/we 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. I/we understand that the penalty for knowingly providing false information is up to five years in prison and/or \$10,000 fine upon conviction.

I/we hereby do swear and attest that all of the information above about me/us is true and correct. I/we also understand that all changes in the income of any member of the household as well as any changes in the household composition must be reported to the landlord in writing immediately.

Signed _____ Date _____

Signed _____ Date _____

Signed _____ Date _____

It is the policy of this company to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, color, national origin, sex, age, disability, religion and/or familial status. If you feel you have been discriminated against in the processing of this application, please call the following representative of this company:

Name _____ Title _____ Phone _____