

# VILLAGE COURT APARTMENTS

## Rental Application Form

**Office Use Only**  
 Client #: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

The information collected below will be used to determine if you qualify as a resident. It will not be disclosed without your consent. Please call Elsie Hernandez at (717)292-4318 if you have questions.

How much notice must you give your landlord? \_\_\_\_\_

How soon can you move in? \_\_\_\_\_

<b>Household Composition:</b> List the head of your household, all members who live in your home and give the relationship of each family member to head of household.. <b>APPLYING FOR A</b> <input type="checkbox"/> <b>2 BEDROOM</b> <input type="checkbox"/> <b>3 BEDROOM</b>							
Member No.	Full Name	Relationship	Date of Birth	Age	Sex	Social Security #	Full time Student Y/N
Head of Household		Self					
2							
3							
4							
5							
6							

### STUDENT STATUS:

Are **ALL** of the residents full time students?  Yes  No

If Yes: Is every member of the household a single parent and his or her children, neither of whom is a dependent of a third party?

Yes  No

If yes: Is every member of the household married and filing a joint tax Return?

Yes  No

If yes: Is any member of the household enrolled in a job training program Comparable to the Job Training Partnership Act?

Yes  No

If yes: Is any member of the household receiving assistance under Title IV Of the Social Security Act: AFDC or TANF?

Yes  No

<b>Current Housing Status:</b> Provide the name, address, and phone number of all your landlords for the past <b>3 YEARS</b>						
Present Street Address	City	State	Zip Code	Telephone	No. Yrs. at Present Address	
Current Landlord's Name:	Address	City/State	Zip Code	Telephone		
Previous Address	City	State	Zip Code			
Previous Landlord: Name	City	State	Zip Code	Phone: ( )		
Landlords Address:						
<b>Name of Employer (Applicant)</b>	Type of Business			Self Employed?		
Address	City/State	Zip Code	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Business Phone Number	Position/Title	No. Yrs. On Job	Yrs. In This Line of Work			
( )						



<b>Name of Previous Employer</b> (if less than 2 yrs at present position)		Type of Business	Self Employed?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	City/State	Zip code	
Business Phone Number	Position/Title	No. Yrs. On Job	Yrs. In This Line of Work
( )			
<b>Name of Employer (Co-Applicant)</b>		Type of Business	Self Employed?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	City/State	Zip Code	
Phone Number	Position/Title	No. Yrs. On Job	Yrs. In This Line of Work
<b>Name of Previous Employer</b> (if less than 2 yrs at present position)		Type of Business	Self Employed?
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Address	City/State	Zip Code	
Phone Number		No. Yrs. On Job	Yrs. In This Line of Work

<b>ANNUAL INCOME (Earnings per year BEFORE taxes)</b>					
Source	Applicant	Co-Applicant	Other Household Members 18yrs or older		Total
Gross Salary	\$	\$	\$	\$	\$
Overtime Pay	\$	\$	\$	\$	\$
Commissions/Fees/Tips/Bonuses	\$	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$	\$
Workers Compensation, etc.	\$	\$	\$	\$	\$
Social Security/SSI/SSD	\$	\$	\$	\$	\$
Retirement Funds, Pension, etc.	\$	\$	\$	\$	\$
TANF Payments	\$	\$	\$	\$	\$
Child Support and/or Alimony* (Provide Case # & Father's Name)	\$	\$	\$	\$	\$
Recurring Income from Gifts					
Other	\$	\$	\$	\$	\$
			<b>TOTAL</b>		<b>\$</b>



ASSETS	Cash Value	Income from Assets	Name & Address of Financial Institution		Account Number
Checking Account(s)	\$	\$			
Savings Account(s)	\$	\$			
Certificate of Deposit	\$	\$			
Mutual Funds/Stock/Bonds	\$	\$			
401K/IRA/Other Retirement Account					
Real Estate	\$	\$			
Life Insurance	\$	\$			
Net Income From Business	\$	\$	\$	\$	\$
Net Rental Income	\$	\$	\$	\$	\$
Other	\$	\$			
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>			

ARE YOU CURRENTLY A SECTION 8 TENANT?

YES  NO

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

Does any member of your household who is not now working, expect to work for any period during the next twelve months?  Yes  No

Are there any special housing needs or accommodations that the household will require? (such as a unit for the mobility impaired, unit for visually impaired, unit for hearing impaired, grab bars, or wheel-in showers):

Yes  No

If yes, please explain your need:

The information provided above 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 and asset verification related to my/our application for tenancy. **I also understand that changes in household composition, income, or present address are to be reported to Village Court Rental Office in writing immediately.**

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_

If you are in need of special services, please call us at (717) 292-4318.

If you have a grievance complaint regarding this application, you may call:

Executive Director or  
 York Housing Authority  
 (717) 845-2601, ext. 127, TDD (717) 846-9157

Philadelphia HUD  
 (215) 656-0663  
 TDD (215) 656-3450



# VILLAGE COURT APARTMENTS

## Criminal Background Information

**This Form MUST be completed by all household members age 18 or older.** Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, **all household members age 18 or older MUST answer the questions below, and then sign below to consent to a background check.** The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

The York Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you EVER been evicted from a federally assisted site for drug-related criminal activity within the past three years?  YES  NO

2. Do you currently use illegal drugs or abuse alcohol?  YES  NO

3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?  YES  NO

4. Have you EVER been convicted of a drug-related crime?  YES  NO

5. Have you EVER been convicted of a crime? (only omit traffic violations, DUI is a crime) (if yes, please explain below)  YES  NO

---

---

6. Are you currently charged with any of the above criminal activities?  YES  NO

7. Have you been released from jail within the past five (5) years?  YES  NO

8. Are you or any household member now charged with an unresolved crime which has not yet resulted in a plea of guilty, a court trial, or the dropping of charges?  YES  NO

9. Please list all states in which you have lived or have held a license to drive (include license #)

---

10. Have you ever used or been known by any other name?  YES  NO

If yes, please list names used: \_\_\_\_\_

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize the York Housing Authority to verify the above information, and I consent to the release of the necessary information to determine my eligibility. I hereby authorize law enforcement agency to release criminal records and/or sex offender registration information to the York Housing Authority, or to an agency by the York Housing Authority to conduct criminal background checks.

---

Applicants Signature

Date

---

Applicants Name (Please Print)

Social Security Number

Date of Birth



# VILLAGE COURT APARTMENTS

## Criminal Background Information

**This Form MUST be completed by all household members age 18 or older.** Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, **all household members age 18 or older MUST answer the questions below, and then sign below to consent to a background check.** The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

The York Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

1. Have you EVER been evicted from a federally assisted site for drug-related criminal activity within the past three years?  YES  NO

2. Do you currently use illegal drugs or abuse alcohol?  YES  NO

3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program?  YES  NO

4. Have you EVER been convicted of a drug-related crime?  YES  NO

5. Have you EVER been convicted of a crime? (only omit traffic violations, DUI is a crime) (if yes, please explain below)  YES  NO

---

---

6. Are you currently charged with any of the above criminal activities?  YES  NO

7. Have you been released from jail within the past five (5) years?  YES  NO

8. Are you or any household member now charged with an unresolved crime which has not yet resulted in a plea of guilty, a court trial, or the dropping of charges?  YES  NO

9. Please list all states in which you have lived or have held a license to drive (include license #)

10. Have you ever used or been known by any other name?  YES  NO

If yes, please list names used: \_\_\_\_\_

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for rejection or termination of my lease. I authorize the York Housing Authority to verify the above information, and I consent to the release of the necessary information to determine my eligibility. I hereby authorize law enforcement agency to release criminal records and/or sex offender registration information to the York Housing Authority, or to an agency by the York Housing Authority to conduct criminal background checks.

---

Applicants Signature

Date

---

Applicants Name (Please Print)

Social Security Number

Date of Birth



# VILLAGE COURT APARTMENTS

3109 Village Court Drive  
Dover PA 17315

## APPLICANT/RESIDENT INFORMATIONAL RELEASE STATEMENT

I understand that Village Court Apartment is required by law to verify income and information relative to the family members applying for admission.

I hereby authorize the release, without liability to Village Court Apartments, the Pennsylvanian Housing Finance Agency and the Internal Revenue Service of information relative to the application for housing such as income from the Department of Public Welfare, Employment, Social Security, Veteran's Death Benefits, Court Orders for Support, Unemployment Compensations, Disability Income, Insurance Compensation, or any other sources of income and assets including real property. I also authorize release of information concerning financial obligations such as rent, credit accounts, credit records, utilities, or medical expenses and any and all information they may request concerning my application to determine whether I am eligible to occupy the apartment.

I hereby authorize the Village Court Apartments to obtain any record of any criminal history or proceeding where I have pending charges or prior convictions of a crime in any court or jurisdiction.

This authorization will continue in force and effect until terminated in writing by the undersigned.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_



# VILLAGE COURT APARTMENTS

3109 Village Court Drive  
Dover PA 17315

## APPLICANT/RESIDENT INFORMATIONAL RELEASE STATEMENT

I understand that Village Court Apartment is required by law to verify income and information relative to the family members applying for admission.

I hereby authorize the release, without liability to Village Court Apartments, the Pennsylvania Housing Finance Agency and the Internal Revenue Service of information relative to the application for housing such as income from the Department of Public Welfare, Employment, Social Security, Veteran's Death Benefits, Court Orders for Support, Unemployment Compensations, Disability Income, Insurance Compensation, or any other sources of income and assets including real property. I also authorize release of information concerning financial obligations such as rent, credit accounts, credit records, utilities, or medical expenses and any and all information they may request concerning my application to determine whether I am eligible to occupy the apartment.

I hereby authorize the Village Court Apartments to obtain any record of any criminal history or proceeding where I have pending charges or prior convictions of a crime in any court or jurisdiction.

This authorization will continue in force and effect until terminated in writing by the undersigned.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

