

When returning your Application please bring:

- Identification cards for everyone over 18
- Social Security cards for everyone in the household
- Birth certificates for everyone in household
- ALL income information you have (4 pay stubs, social security ward letter, TANF printout, 4 months child support, ECT.)
- Any bank information you may have (6 months statements for checking account, current balance for savings)

Everyone over the age of 18 must sign application

PRELIMINARY APPLICATION FOR HOUSING

OFFICE USE ONLY:

Date: _____ Time: _____

Apartment size applying for: _____

1. List each person in your household starting with yourself. Information will be added to the property's waiting list. **Incomplete applications will not be processed.**

LAST NAME	FIRST NAME	BIRTH DATE	SEX	RELATIONSHIP TO YOU	ANNUAL INCOME	SOCIAL SECURITY NO.	STUDENT STATUS F or P/T
				Head			

2. Does anyone live with you now who is not listed above? ☐ Yes ☐ No
3. Do you expect any change in your household composition? ☐ Yes ☐ No
4. If you answered yes to either # 2 or # 3, please explain: _____
5. What type of income do you have: ☐ Employment, ☐ Social Security or SSI, ☐ Welfare, ☐ Unemployment, ☐ Child Support, ☐ Other
6. Current Address Street Address _____
- City _____ State _____ Zip Code _____ Apt. No _____
- Day Phone _____ Evening Phone _____ Email _____
7. Are you a US Citizen? ☐ Yes ☐ No
8. Please identify any special housing needs that may be required by you or any of the members in your Household _____
9. Are you currently residing in subsidized housing, or do you have a Section 8 voucher?
- ☐ Yes ☐ No



CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for the apartment prior to occupancy. I/We understand that our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge, and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We further consent to have the Owner/Management Agent verify all of the information contained in this Rental Application as well as my/our credit, landlord, criminal background and personal references.

Any changes in family household income or student status changes are required to be reported to the management office within 10 days of the change.

All adult applicants, 18 or older, are required to sign application.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date



Oak Leaf Gardens Estates
1139 Pin Oak Dr.
New Castle, PA 16101
PH: 724-652-6632 FAX: 724-498-0428

TENANT HISTORY REQUEST

Name: _____

Address: _____

Landlord to Complete and return to Oakleaf Gardens
We are writing for a verification of residency on the above-named individual.

1. # of persons on lease: _____ Monthly rental amount: _____ Utilities included: _____

2. Date lease began: _____ Date lease expires: _____ Evicted, if so when: _____

3. Was eviction for: Non pay _____ Violations _____ Criminal _____ Money owed _____

4. Is/was the tenant current on his/her rent? _____ If not, how late/times late? _____

5. Have there been any pets found on the premises? _____

6. Has this tenant been responsible for any property damage? _____ If yes please

explain: _____

7. Have there been any lease violations? _____ If yes please explain:

8. Has this tenant kept the premises clean? _____ Would you rent to this tenant again? _____

Additional Comments: _____

Landlord Print Name: _____

Landlord Signautre: _____

Phone Number: _____

I hereby grant permission for release of information from credit agencies, banks, and present and prior landlords which is necessary to process the lease.

Signature: _____ Date: _____



Criminal/Credit Consent Release Form

I/we, by signature below, authorize the Owner/Agent to request a complete criminal, sex offender, credit, employment, and landlord investigation through the use of an outside independent background service company to secure a written report of all information pertaining to my/our application request.

Applicant's Signature

Co-Applicant Signature

Other Family Member
(over 18) Signature