Connecting neighbors and resources

to build sustainable communities

RENTAL APPLICATION

513-515 W. Chew St. Allentown, PA 18102

Phone: 610-432-6336 Fax: 610-432-5745

HADC	

How many rooms are you			1 BEDROOM			3 BEDROOM			
inter	ested in? C	heck one of	f				·········		
the fo	ollowing:				2 BE	DROOM			4 BEDROOM
APPL	ICANT INF	ORMATION		S a Sa assa		en e			
FIRST I	NAME		MIDDLE		LAST			S.S.#	
DATE C	OF BIRTH		MARITAL S	STATUS			DRIVER'S	LICENSE #	STATE
PRIMAR	RY PHONE #			ALTERNAT	E PHONE #			EMAIL	
PRESE	NT HOME ADD	RESS				CITY, STA	TE, ZIP	1	
LENGTI	H OF TIME	PRESENT L	ANDLORD		LANDLORI	PHONE #	REASON FO	OR LEAVING	
AMOUN	T OF RENT	IS YOUR PR	ESENT REN	T UP TO					
PREVIO	US HOME ADD	PRESS			1	CITY, STAT	TE, ZIP		
LENGTH	OF TIME	PREVIOUS I	ANDLORD		LANDLORD PHONE #		REASON FOR LEAVING		
AMOUN'	AMOUNT OF RENT IS YOUR PRESENT RENT DATE?			T UP TO	-				
PREVIO	US HOME ADD	RESS				CITY, STAT	E, ZIP		
LENGTH	OF TIME	PREVIOUS L	ANDLORD		LANDLORD	PHONE #	REASON FO	OR LEAVING	
CNUOMA	OF RENT	IS YOUR PRI DATE?	ESENT RENT	UP TO					,
PROPC	DSED OCC	UPANT(S) o	tner tna	n applicat			OCCUPATIO	N	AGE
(47.114112				RELETTIONS			OCCOIMIO		NGB
NAME				RELATIONSHIP		OCCUPATION A		AGE	
NAME			RELATIONSHIP		OCCUPATION		AGE		
NAME				RELATIONSF	HIP		OCCUPATIO	N	AGE
					177				
/EHIC	LE(S) INFO	RMATION							
EAR	MAKE		MODEL			COLOR		PLATE #	STATE
ÆAR	MAKE	1	MODEL			COLOR		PLATE #	STATE

EMPLOYMENT						
CURRENT EMPLOYER		OCCUPATI	OCCUPATION			HOURS PER WEEK
SUPERVISOR			PHONE #			YEARS EMPLOYED
ADDRESS			CITY, STA	TE, ZIP		
CURRENT EMPLOYER		OCCUPATION	ON			HOURS PER WEEK
SUPERVISOR		l	PHONE #			YEARS EMPLOYED
ADDRESS			CITY, STA	TE, ZIP		
INCOME						SELECTION SELECT
CURRENT HOUSEHOLD INCOME (M	IONTHLY)		SOURCE			
CURRENT HOUSEHOLD INCOME (M	IONTHLY)		SOURCE			
CURRENT HOUSEHOLD INCOME (M	IONTHLY)		SOURCE			
ODEDIT CADD /FINANCIAI	INECDMA	TION.				
CREDIT CARD/FINANCIAI CAR LOAN/LIEN HOLDER	BALANCE OV		MONTHLY	PAYMENT	CREDITOR'S	PHONE #
CREDIT CARD COMPANY	BALANCE OV	WED	MONTHLY	PAYMENT	CREDITOR'S	PHONE #
CHILD SUPPORT/OTHER CREDIT	BALANCE OV	WED	MONTHLY	PAYMENT	CREDITOR'S	PHONE #
EMERGENCY/PERSONAL	REFERENC	E INEOR	PMATION			A Control of the Cont
EMERGENCY CONTACT	PRIMARY PHO			ALTERNATE PHONE #		CITY, STATE, ZIP
RELATION		ADDRESS				
EMERGENCY CONTACT PRIMARY PHONE #		ONE #	ALTERNATE PHONE #		CITY, STATE, ZIP	
RELATION	1	ADDRESS				
EMERGENCY CONTACT	PRIMARY PHO	ONE #		ALTERNATE PHONE #	C	CITY, STATE, ZIP
ELATION	I F	ADDRESS		1		
MERGENCY CONTACT	PRIMARY PHO	ONE #		ALTERNATE PHONE #	C	EITY, STATE, ZIP
ELATION	I A	ADDRESS				

APPLICANT QUESTIONNAIRE/AUTHORIZATION								
Has applicant ever been sued for bills? (Circle one)	YES	NO	Has applicant ever been locked out of their apartment by the sheriff? (Circle one)	YES	NO			
Has applicant ever been bankrupt? (Circle one)	YES	NO	Has applicant ever been brought to court by another landlord? (Circle one)	YES	NO			
Has applicant ever been guilty of a felony? (Circle one)	YES	NO	Has applicant ever moved owing rent or damaged an apartment? (Circle one)	YES	NO			
Has applicant ever broken a lease? (Circle one)	YES	NO	Is the total move-in amount available now? Rent and deposit	YES	NO			

Applicant authorizes HADC to contact past and present landlords, employers, creditors, credit bureaus, neighbors and other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented. ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME.

DATE

APPLICANT SIGNATURE

OFFICE USE ONLY			
NOTES:			
		William Control	

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REFERENCE FROM FORMER LANDLORD (to be completed by HADC office personnel)

Address of rental unit	Date:
Name of property owner or manager	
Questions: When did the tenant rent from you?	
What was the monthly rent?	
Did the tenant pay on time?	
Was the tenant considerate to his/her surrounding neighbors?	
Did the tenant have any pets?	
If so, were there any problems with the pets?	
Did the tenant make any unreasonable demands or complaints?	
What is the reason for the tenant leaving?	
Was the unit left in good condition?	
Was the security deposit used to cover damages?	
Were there any particular problems with the tenant?	
Would you rent again to the tenant?	
re there any other comments you would like to add?	

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		Gross Income	e (monthly)					
Wages		S.S. #		Disab	ility			
		Total						
		Expenses (n	nonthly)					
Rent	Vehicle (gas, payment, insurance etc.)	Phone	Cable	Food	Credit Card			
Miscellaneous	Heating (gas)	Electric	Health Care	Child Care	Other			
Total								
Take the si	um of the totals and si	abtract them to find	out your monthly NS	I (Net Spendable Inc	ome)			

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