

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



How many rooms are you interested in? Check one of the following:

<input type="checkbox"/>	1 BEDROOM	<input type="checkbox"/>	3 BEDROOM
<input type="checkbox"/>	2 BEDROOM	<input type="checkbox"/>	4 BEDROOM

APPLICANT INFORMATION

FIRST NAME		MIDDLE	LAST		S.S.#
DATE OF BIRTH		MARITAL STATUS		DRIVER'S LICENSE #	STATE
PRIMARY PHONE #		ALTERNATE PHONE #		EMAIL	
PRESENT HOME ADDRESS				CITY, STATE, ZIP	
LENGTH OF TIME	PRESENT LANDLORD		LANDLORD PHONE #	REASON FOR LEAVING	
AMOUNT OF RENT	IS YOUR PRESENT RENT UP TO DATE?				
PREVIOUS HOME ADDRESS				CITY, STATE, ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD		LANDLORD PHONE #	REASON FOR LEAVING	
AMOUNT OF RENT	IS YOUR PRESENT RENT UP TO DATE?				
PREVIOUS HOME ADDRESS				CITY, STATE, ZIP	
LENGTH OF TIME	PREVIOUS LANDLORD		LANDLORD PHONE #	REASON FOR LEAVING	
AMOUNT OF RENT	IS YOUR PRESENT RENT UP TO DATE?				

PROPOSED OCCUPANT(S) other than applicant

NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE
NAME	RELATIONSHIP	OCCUPATION	AGE

VEHICLE(S) INFORMATION

YEAR	MAKE	MODEL	COLOR	PLATE #	STATE
YEAR	MAKE	MODEL	COLOR	PLATE #	STATE

EMPLOYMENT

CURRENT EMPLOYER	OCCUPATION	HOURS PER WEEK
SUPERVISOR	PHONE #	YEARS EMPLOYED
ADDRESS	CITY, STATE, ZIP	
CURRENT EMPLOYER	OCCUPATION	HOURS PER WEEK
SUPERVISOR	PHONE #	YEARS EMPLOYED
ADDRESS	CITY, STATE, ZIP	

INCOME

CURRENT HOUSEHOLD INCOME (MONTHLY)	SOURCE
CURRENT HOUSEHOLD INCOME (MONTHLY)	SOURCE
CURRENT HOUSEHOLD INCOME (MONTHLY)	SOURCE

CREDIT CARD/FINANCIAL INFORMATION

CAR LOAN/LIEN HOLDER	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #
CREDIT CARD COMPANY	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #
CHILD SUPPORT/OTHER CREDIT	BALANCE OWED	MONTHLY PAYMENT	CREDITOR'S PHONE #

EMERGENCY/PERSONAL REFERENCE INFORMATION

EMERGENCY CONTACT	PRIMARY PHONE #	ALTERNATE PHONE #	CITY, STATE, ZIP
RELATION	ADDRESS		
EMERGENCY CONTACT	PRIMARY PHONE #	ALTERNATE PHONE #	CITY, STATE, ZIP
RELATION	ADDRESS		
EMERGENCY CONTACT	PRIMARY PHONE #	ALTERNATE PHONE #	CITY, STATE, ZIP
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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? _____

Are there any other comments you would like to add?



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Gross Income (monthly)

Wages	S.S. #	Disability
Total		

Expenses (monthly)

Rent	Vehicle (gas, payment, insurance etc.)	Phone	Cable	Food	Credit Card
Miscellaneous	Heating (gas)	Electric	Health Care	Child Care	Other
Total					

Take the sum of the totals and subtract them to find out your monthly NSI (Net Spendable Income)