



## RENTAL APPLICATION & INSTRUCTIONS

Please read all of the following information before you begin the application process.

1. All portions of the rental application must be fully completed and legible to be processed. Please print your information so it can be read easily. If something does not apply to you, please write "N/A".
2. Please make sure that you list all sources of income and amounts. List all hourly wages and hours worked per week for each signer and co-signer (example: disability amounts, Social Security, public assistance, child support, food stamps, WIC, the value of Section 8 voucher, etc.)
3. The application fee is \$50.00 for each single (or \$75 fee for two related lease signers). **A non-refundable payment of \$25.00 (money orders only) is required when the application is submitted. The balance is due at lease signing.**
4. When your application is processed, you will be asked for the following information:
  - four weeks' proof of income from all sources for all signers and co-signers,
  - a letter of reference from your current landlord,
  - a copy of social security cards for all household members, and
  - a copy of all a picture ID or Driver's License for all adults on application.
5. In order to process the application, be certain that all signers and co-signers have signed the application and have provided their date of birth and their Social Security number.

To quickly start the process, please mail (626 Jacksonville Road, Suite 140, Warminster, PA 18974), fax (267-803-6973) or e-mail ([soneil@bchg.org](mailto:soneil@bchg.org)) the completed 3-page rental application to my attention. Your landlord and employer can fax or mail the completed verifications to our office when their portions are completed.

Thanks for your interest in our apartments.

Susan O'Neil, Rental Manager  
Bucks County Housing Group  
215-394-8259 ext. 127





## RENTAL APPLICATION

**A. GENERAL INFORMATION - ALL INFORMATION MUST BE COMPLETED FOR APPLICATION TO BE PROCESSED**

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Co Applicant's Name \_\_\_\_\_

Street \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

What is the best way to reach you? \_\_\_\_\_

List ALL household members who will live in rental unit:

	<i>Name</i>	<i>Birthdate</i>	<i>Social Security Number</i>	<i>Occupation / School</i>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

**B. RENTAL HISTORY - VERIFICATION OF PREVIOUS RENTAL HISTORY WILL BE REQUIRED**

Present Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of Time at Current Address \_\_\_\_\_

Previous Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of Time at Current Address \_\_\_\_\_

**C. EMPLOYMENT/INCOME – VERIFICATION OF EMPLOYMENT HISTORY WILL BE REQUIRED**

**Current Employer** \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Started Work \_\_\_\_\_ Occupation \_\_\_\_\_  
month/year

Length of Time in Position \_\_\_\_\_ Current salary \$ \_\_\_\_\_ per Hour/ per Week/ Bi-weekly/ per Month  
(provide before tax amount) (circle one)

If you used an hourly wage, how many hours do you work every week? \_\_\_\_\_ hours

**Co-Applicant's Current Employer** \_\_\_\_\_ Phone \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Started work \_\_\_\_\_ Occupation \_\_\_\_\_  
Month / Year

Length of Time in Position \_\_\_\_\_ Current salary \$ \_\_\_\_\_ per Hour/ per Week/ Bi-weekly/ per Month  
(provide before tax amount) (circle one)

If you used an hourly wage, how many hours do you work every week? \_\_\_\_\_ hours

List ALL other sources of income & amounts (example: disability, child support, Social Security, public assistance, etc.)

Do you hold a Section 8 certificate? \_\_\_ NO \_\_\_ YES Current amount of voucher (or # of bedrooms) \_\_\_\_\_

Which location(s) are you interested in? \_\_\_ Morrisville (2 & 3 bdrms—no 1 bdrm) \_\_\_ Bristol (1 & 2 bdrms)  
(circle # of bedrooms needed)

\_\_\_ Fountainville (1, 2 & 3 bdrms + 1 eff)

**E. Other Information**

Have you ever been evicted? Yes \_\_\_ No \_\_\_ If "yes," please explain below:

Have you ever filed for bankruptcy? Yes \_\_\_ No \_\_\_ If "yes," please explain below:

**DISCLOSURE / CONSENT AGREEMENT**

I/We understand that Susan O'Neil is an agent of the Landlord and is a paid representative of the Landlord.  
Rental Manager

I/We acknowledge that this written notice was received before I/we received a lease agreement.

I/We authorize you to conduct an employment/credit check concerning my/our application and to verify all references.

I/We declare that all information listed on this application is true and accurate.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Receiving Application

\_\_\_\_\_  
Title

**\*\*NON-REFUNDABLE PAYMENT OF \$25.00 TOWARD APPLICATION FEE DUE  
WHEN APPLICATION IS SUBMITTED\*\* MONEY ORDERS ONLY.**

**Balance is due upon lease signing.**





## **VERIFICATION OF RESIDENCY**

(THE THIS DOCUMENT MUST BE FILLED OUT BY LANDLORD ONLY)

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

PREVIOUS/PRESENT LANDLORD:

APPLICANT NAME: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

PHONE: \_\_\_\_\_

The above named applicant has applied for an apartment in our Community and has given your name as a Landlord or previous Landlord reference. To help us establish a reference, we would appreciate you furnishing the information requested below along with any additional data which may be helpful. The information you provide will be for our confidential use only. You may fax or mail back your response at your earliest convenience. Our fax number is 267-803-6967. Thank you.

I, HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION BY MY LANDLORD:

X \_\_\_\_\_  
APPLICANT SIGNATURE

X \_\_\_\_\_  
APPLICANT SIGNATURE

Length of time in residence: From: \_\_\_\_\_ to \_\_\_\_\_

Number of person(s) on Lease and or in household \_\_\_\_\_ Monthly Rent Amount \$ \_\_\_\_\_

Any returned checks? Yes \_\_\_ or No \_\_\_ Is their account current? Yes \_\_\_ or No \_\_\_

Is the rent paid according to Lease? Yes \_\_\_ or No \_\_\_ Any late payments? Yes \_\_\_ or No \_\_\_

Was proper notice given to vacate? Yes \_\_\_ or No \_\_\_ Any legal action? Yes \_\_\_ or No \_\_\_

If yes, what was the reason? \_\_\_\_\_

Did resident maintain acceptable housekeeping? Yes \_\_\_ or No \_\_\_ If No, please describe below:

Would you rent to this Applicant again? Yes \_\_\_ or No \_\_\_ If No, why? \_\_\_\_\_

COMMENTS: \_\_\_\_\_

PHONE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_