



|                                   |
|-----------------------------------|
| Approved _____ Not Approved _____ |
| Date Applicant Notified _____     |
| Authorized By: _____              |

# ARNOLD ADDISON COURT

\$35 Fee per Housing Application  
 120 East Beaver Avenue, State College, PA 16801  
 Phone: (814) 238-0400 Fax: (814) 238-4109

*Thank you for your interest in our housing community. Please complete all requested information.*

Leasing Consultant: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Type and size of unit desired: \_\_\_\_\_ Bedroom \_\_\_\_\_ Bath Desired Occupancy Date \_\_\_\_\_

### PERSONAL INFORMATION

**Applicant #1** Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ : State of Issuance of License: \_\_\_\_\_

**Applicant #2** Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_

Driver's License No. \_\_\_\_\_ : State of Issuance of License: \_\_\_\_\_

List name, relationship, date of birth and social security number of ALL persons to occupy the premises:

| Full Name | Relationship | D.O.B. | S.S.# | Full-Time Student |
|-----------|--------------|--------|-------|-------------------|
| _____     | _____        | _____  | _____ | Yes ___ No ___    |
| _____     | _____        | _____  | _____ | Yes ___ No ___    |
| _____     | _____        | _____  | _____ | Yes ___ No ___    |
| _____     | _____        | _____  | _____ | Yes ___ No ___    |

### RESIDENCE HISTORY – A minimum of 24 consecutive months of residential history is required.

**\*Present Address:** \_\_\_\_\_

Present Telephone: (\_\_\_\_\_) \_\_\_\_\_ ; Move-In Date: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Present Landlord or Mortgage Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount of monthly rent/mortgage: \$ \_\_\_\_\_ per month; Is rent/mortgage payment current? \_\_\_\_\_

Reason for moving: \_\_\_\_\_

**\*Previous Address:** \_\_\_\_\_

Landlord or Mortgage Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount of monthly rent/mortgage: \$ \_\_\_\_\_ per month; Move-In Date: \_\_\_\_\_ ; Move-Out Date: \_\_\_\_\_

Was any rent owed at move-out? \_\_\_\_\_. If so, what amount: \$ \_\_\_\_\_ Has it been paid? \_\_\_\_\_

Was security deposit refunded in full? \_\_\_\_\_. If no, please explain: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

### EMPLOYMENT HISTORY

#### Applicant #1

Present Employer or Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Present Business Address: \_\_\_\_\_

Present Income: \$ \_\_\_\_\_ week/month/year Position Held: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_ Other Sources of Income: \_\_\_\_\_

#### Applicant #2

Present Employer or Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Present Business Address: \_\_\_\_\_

Present Income: \$ \_\_\_\_\_ week/month/year Position Held: \_\_\_\_\_

Date of Hire: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_ Other Sources of Income: \_\_\_\_\_

**MISCELLANEOUS INFORMATION**

Pets: Do you or co-applicant currently have a pet? Yes \_\_\_ No \_\_\_; If so, what type: \_\_\_\_\_

Does anyone in the Household need special features for Mobility or Hearing/Vision impairments? Yes \_\_\_ No \_\_\_

Waterbeds: Do you or co-applicant currently own a waterbed: Yes \_\_\_ No \_\_\_;  
If yes, do you have waterbed insurance? Yes \_\_\_ No \_\_\_

Has either applicant ever been evicted? Yes \_\_\_ No \_\_\_  
If yes, which applicant and when \_\_\_\_\_

Has either applicant ever broken a rental agreement or lease contract? Yes \_\_\_ No \_\_\_  
If yes, which applicant and when \_\_\_\_\_

Has either applicant ever declared bankruptcy? Yes \_\_\_ No \_\_\_  
If yes, which applicant and when? \_\_\_\_\_

Has either applicant ever been sued for nonpayment of rent or damages to rental property? Yes \_\_\_ No \_\_\_  
If yes, which applicant and when? \_\_\_\_\_

Has either applicant ever been convicted of either a misdemeanor or a felony? Yes \_\_\_ \* No \_\_\_  
If yes\*, please indicate the name and explain the conviction: \_\_\_\_\_

Are you or any member of your household a SDN or other Block Person designated by the U.S. government as a person who commits or supports terrorism or is involved in international narcotics trafficking? Yes \_\_\_ No \_\_\_

How did you hear about us? \_\_\_\_\_

**IN CASE OF EMERGENCY**, please contact:

Name of Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Business Hours Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**DISCLOSURE:** I (We) have been informed that Addison Court is a community of affordable homes built under Section 42 of the Internal Revenue Code, a low income housing Tax Credit program, which provides tax credits to investors who build or invest in affordable housing. Income limits and certain other restrictions may apply to the rental of homes at both Addison Court. I (we) will be asked and required to complete forms that request my (our) income level, student status, family size, and financial assets as required under the Low-Income Housing Tax Credit Program. I (We) understand these factors determine my (our) final eligibility to lease a tax credit home at Addison Court. I (We) also understand these same forms must be completed within 120 days of the lease beginning date.

**CONDITIONS OF APPLICATION AND AGREEMENT TO LEASE**

1. All prospective residents will be approved according to the resident selection guidelines.
2. A deposit paid by applicant will be held as an application deposit until a binding lease is signed and applicant takes possession of the leased unit, after that time, the deposit converts to a security deposit and will be held in an escrow account at M&T Bank located in State College, PA as a security deposit until such time as the Lease is terminated and the unit is vacated. The cost of necessary cleaning, repairs or replacements shall be deducted from the security deposit at termination of the Lease. Under no circumstances may applicant apply this deposit to any portion of the rent due under the Lease.

I (we) declare that all statements and information contained within this application are true and accurate. By my (our) signature below, I (we) authorize you to verify any and all information through all available means. If I (we) have not completed this application in its entirety, I (we) understand that you are entitled to reject it. We further understand that if this Application contains any false information, you may reject the application and retain any deposits received as liquidated damages for your time and expense. If I (we) withdraw my (our) application after 3 days of applying, you may retain any deposits as liquidated damages.

By putting a deposit on a selected apartment, I (we) have reserved an apartment in my (our) name. I (we) have not been guaranteed an apartment until the credit application, background check and all income and asset verifications have been approved. I (we) will be notified as to final approval by the property manager.

Applicant #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| <b>CONSENT TO OBTAIN CREDIT REPORT</b>  |             |
|---|-------------|
| I hereby authorize Calibre Residential to order a consumer credit report and verify other credit information, including past and present employment and landlord references. This information obtained by Calibre Residential is only to be used in the processing of my application for residency. |             |
| Applicant #1 Signature: _____   | Date: _____ |
| Applicant #2 Signature: _____   | Date: _____ |

| IMPORTANT: FOR OFFICE USE ONLY: DO NOT WRITE IN THIS AREA   | VERIFICATION FORMS  |
|---|---|
| Application Fee: \$ _____ Date Paid: _____<br>Deposit: \$ _____ Date Paid: _____<br>Amount of Rent: \$ _____ Apt. # _____<br>Move-In Date: _____ Prorated Rent: \$ _____<br>Balance of Deposit Due: \$ _____ Date Paid: _____<br><b>SCREENING CHECK:</b><br>Date: _____ Agency: _____<br>_____ Accepted _____ Rejected<br>Comments: _____ | APX 2 Date Sent: _____ Date Received: _____<br>APX 3 Date Sent: _____ Date Received: _____<br>APX 4 Date Sent: _____ Date Received: _____<br>APX 5 Date Sent: _____ Date Received: _____<br>APX 6 Date Sent: _____ Date Received: _____<br>APX 7 Date Sent: _____ Date Received: _____<br>APX 8 Date Sent: _____ Date Received: _____<br>APX 19 Date Sent: _____ Date Received: _____ |

**ANNUAL INCOME**

| <b>SOURCE</b>  | <b>APPLICANT</b> | <b>CO-APPLICANT</b> | <b>OTHER HOUSEHOLD MEMBERS 18 YRS OR OLDER</b> | <b>TOTAL</b> |
|--|------------------|---------------------|--|--------------|
| 1. Gross Salary  |                  |                     |  |              |
| 2. Overtime Pay  |                  |                     |  |              |
| 3. Commissions/Fees/Tips/Bonuses   |                  |                     |  |              |
| 4. Unemployment Benefits   |                  |                     |  |              |
| 5. Workers Comp, etc.  |                  |                     |  |              |
| 6. Social Security, Pensions, Retirement Funds, etc- Received Periodically |                  |                     |  |              |
| 7. Welfare Payments  |                  |                     |  |              |
| 8. Alimony, Child Support  |                  |                     |  |              |
| 9. Interest and/or Dividends   |                  |                     |  |              |
| 10. Net Income from Business   |                  |                     |  |              |
| 11. Net Rental Income  |                  |                     |  |              |
| 12. Other:   |                  |                     |  |              |
|  |                  |                     | <b>TOTAL:</b>                                  |              |

| <b>ASSETS</b>          | <b>CASH VALUE</b> | <b>INCOME FROM ASSETS</b> | <b>NAME OF FINANCIAL INSTITUTION</b> | <b>ACCOUNT NUMBER</b> |
|------------------------|-------------------|---------------------------|--------------------------------------|-----------------------|
| Checking Account       |                   |                           |                                      |                       |
| Savings                |                   |                           |                                      |                       |
| Certificate of Deposit |                   |                           |                                      |                       |
| Mutual Funds           |                   |                           |                                      |                       |
| Stocks/Bonds           |                   |                           |                                      |                       |
| Other:                 |                   |                           |                                      |                       |
| <b>TOTAL:</b>          | <b>\$</b>         | <b>\$</b>                 |                                      |                       |

Please check one:

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.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.