



*Glenshaw
Gardens, Inc.*

500 Amity Street, Homestead PA 15120

APPLICATION INSTRUCTIONS

date and time

PLEASE READ CAREFULLY. INCOMPLETED APPLICATION WILL NOT BE ACCEPTED.

1. **COMPLETE ALL AREAS.** If an item does not apply to you, answer “NO” on that question or mark with a “0” if it is a dollar amount line or section.
 - a) All sources of earned income must be reported for all household members 18 years and older.
 - b) All unearned income and assets must be reported for all household members, including minors.
2. **SIGNATURES are required** by all adult applicants (18 and older).
3. **Copies Of The Following for all Members:**
 - Photo ID - All Adult members 18 and older
 - Social Security Cards- ALL
 - Birth Certificates-ALL
 - Proof of Household Income for all members
 - 6 consecutive paystubs, award letters from source, W2 forms
4. **RETURN YOUR APPLICATION TO:**

**Glenshaw Gardens Inc
500 Amity Street
Homestead, PA 15120
glenshawmanagement@achousing.org**

Your application is being returned because:

- o **You did not complete all areas, or all adult members did not sign the application, or if required documentation is missing.**

Please return your application along with the information that was missing if you want to be considered for housing. **APPLICATION FEE - \$25.00 (money order only) per ADULT over the age of 18.** THIS IS USED TO PERFORM A CREDIT AND CRIMINAL BACKGROUND CHECK FOR ALL APPLICANTS OVER THE AGE OF 18.

Ph: 412-402-2545 Fax: 412-355-2175 Email: glenshawmanagement@achousing.org



APPLICATION FOR HOUSING

Please Print Clearly

This is an application for housing at:	Location Preference: _____
Please complete this application and return to:	Glenshaw Gardens Inc 500 Amity Street Homestead, PA 15120

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Email Address: _____

Address: _____
 Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: Studio One BR Two BR Three BR Handicap BR size

Do you have a Section 8 Voucher or any other type of voucher? Yes _____ No _____

Do you currently own a PET? Yes , No . If yes, do you plan on moving the pet in to the apartment? List the type of PET _____ -

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status M-married D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							

Do you anticipate any additions to the household in the next twelve months? Yes No

If yes, explain

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS: (circle)

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
Are any full-time student(s) a TANF or a title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?	Yes	No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Employment Income	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source: Bank, Annuity, CD, etc)	\$

Real Estate Property: <i>Do you own any property?</i> (circle)	Yes	No
<i>If yes,</i> Type of property		
Location of property		
Appraised Market Value	\$	
Mortgage or outstanding loans balance due	\$	
Amount of annual insurance premium	\$	
Amount of most recent tax bill	\$	

Have you sold/disposed of any property in the last 2 years? (Circle)	Yes	No
<i>If yes,</i> Type of property		
Market value when sold/disposed	\$	
Amount sold/disposed for	\$	
Date of transaction		

Household Member Name	Source of Income	Monthly Amount	
	Employment amount	\$	
	Employer:		
	Position Held		
	How long employed:		
	Employment amount	\$	
	Employer:		
	Position Held		
	How long employed:		
	Employment amount	\$	
	Employer:		
	Position Held		
	How long employed:		
	Alimony		
	Are you <i>entitled</i> to receive alimony?	Yes	No
	If yes, list the amount you are <i>entitled</i> to receive.	\$	
	Do you receive alimony?	Yes	No
	If yes list amount you receive.	\$	
	Child Support		
	Are you <i>entitled</i> to receive child support?	Yes	No
	If yes list the amount you are <i>entitled</i> to receive.	\$	
	Do you receive child support?	Yes	No
	If yes, list the amount you receive.	\$	
	Other Income	\$	
	Other Income	\$	
	Other Income	\$	
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$	
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$	
Do you anticipate any changes in this income in the next 12 months?		Yes	No
If yes, explain:			

D. ASSETS

If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NA.

Checking Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Savings Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
Trust Account	#	Bank	Balance \$	
Certificates	#	Bank	Balance \$	
	#	Bank	Balance \$	
Credit Union	#	Bank	Balance \$	
Savings Bonds	#	Maturity Date	Value \$	
Life Insurance Policy	#		Cash Value \$	
Life Insurance Policy	#		Cash Value \$	
Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
Investment Property				Appraised Value \$

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?		Yes	No
<i>If yes, describe the asset</i>			
Date of disposition			
Amount disposed			\$

Do you have any other assets not listed above (excluding personal property)?		Yes	No
<i>If yes, please list:</i>			

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance?	Yes	No
Have you or any member of your family ever been convicted of a felony?	Yes	No
<i>If yes, describe</i>		
Have you or any member of your family ever been evicted from any housing?	Yes	No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	Yes	No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	Yes	No
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION

Landlord References will be contacted to provide rental history.

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone #:
Credit Reference #2:		
Address:		
Account #:		Phone #:
Personal Reference #1:		
Address:		
Relationship:		Phone #:
Personal Reference #2:		
Address:		
Relationship:		Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
Do you own any pets?	Yes	No	
<i>If yes, describe:</i>			

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 this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We authorize the owner/manager to obtain and verify credit/criminal/previous landlord background information necessary to process this application. 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. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date