

# TWIN SPRUCE APARTMENTS

## RENTAL APPLICATION FORM

The information collected below will be used to determine if you qualify as a resident. It will not be disclosed without your consent.

1. APPLICANT'S NAME		SOCIAL SECURITY NO.		HOME PHONE (    )	
2. Present Street Address		City		State	Zip Code
3. Former Street Address (if at present address for less than 2 years)		City		State	Zip Code
<b>Current Housing Status:</b> Provide the name, address and phone number of all your landlords for the past 3 years.					
Current Landlord: Address:				Phone: (    )	
Previous Landlord: Address:				Phone: (    )	
Previous Landlord: Address:				Phone: (    )	
<b>FOR STATISTICAL USE ONLY</b>					
4. Head of Household Race: (Enter One) 1 = White 2 = Black 3 = American Indian/Alaskan Native 4 = Asian or Pacific Islander		5. Head of Household Ethnicity:  1 = Hispanic 2 = Non-Hispanic		6. Head of Household Gender:  1 = Female 2 = Male	
				7. Head of Household Marital Status:  1 = Single 2 = Married	
8. Name and Address of Employer			Type of Business		Self Employed? Yes _____ No _____
Business Phone Number: (    )			Position/Title		Years in this line of work
9. Name and Address of Previous Employer (if employed at present position for less than 2 years)			Number of Years with Previous Employer		Business Phone: (    )
1. CO-APPLICANT'S NAME		SOCIAL SECURITY NO.		HOME PHONE: (    )	
2. Present Address		City		State	Zip Code
3. Former Street Address (if at present address for less than 2 years)		City		State	Zip Code
4. Name and Address of Employer:			Type of Business		Self-Employed? Yes _____ No _____
Business Phone Number (    )		Position/Title		No. Years on Job	
5. Name and Address of Previous Employer (if employed at present position less than 2 years)			No. of Years with Previous Employer		Business Phone: (    )

**ANNUAL INCOME**

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 YEARS OR OLDER	TOTAL
1. Gross Salary				
2. Overtime Pay				
3. Commissions/Fees/Tips/ Bonuses				
4. Unemployment Benefits				
5. Workers Compensation, etc.				
6. Social Security, Pensions, Retirement Funds, etc., Received Periodically				
7. TANF Payments				
8. Alimony, Child Support				
9. Interest and/or Dividends				
10. Net Income from Business				
11. Net Rental Income				
12. Other:				
			<b>TOTAL:</b>	\$
ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account	\$	\$		
Savings	\$	\$		
Certificate of Deposit	\$	\$		
Mutual Funds/Stocks/Bonds	\$	\$		
Real Estate	\$	\$		
Life Insurance	\$	\$		
Other	\$	\$		
<b>TOTAL:</b>	\$	\$		

**HOUSEHOLD COMPOSITION:** list the head of your household and all members who live in your home. Give the relationship of each family member to the head.

MEMBER NO.	FULL NAME	RELATIONSHIP	BIRTHDATE M/D/Y	SOCIAL SECURITY #
Head of Household				
2				
3				
4				

Are there any special housing needs or accommodations that the household will require? Examples are a unit for mobility impaired, a unit for visually impaired, a unit for hearing impaired, or grab bars, wheel-in-showers.

---

---

Does any family member have a police record?      Yes \_\_\_\_\_      No \_\_\_\_\_

The information provided is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income asset verification related to my, our application for tenancy.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

If you are in need of special services, please call us at (570) 638-2151 or TDD (570) 638-2227.

Please return completed application to:

Tioga County Housing Authority  
112 Dorsett Heights  
Mansfield, PA 16933

