

Community Action Agency/Sharon Hill Commons/Darby Court Apartments
1414 Meetinghouse Road
Boothwyn, PA 19061
610 874-8451

Dear Applicant:

Enclosed is the housing application that you recently requested. Please complete it as soon as possible and return to the address listed above or to our office at the 1414 Meetinghouse Road, Boothwyn, PA 19061. **Be sure to include a \$50 non-refundable money order payable to: Community Action Agency.** This is the fee for processing and running credit reports and must be included in order for us to process your application.

***** Hearing impaired applicant may access our rental office by using the relay service number 711.**

The following information is also required and must be submitted with your application for each member of your household:

- Verification of income (last six pay stubs, letter from employer, Social Security award letter for all household members, Public Assistance award letter for everyone 18 and older, Unemployment award letter, Pension award letter, Child support court order, etc.)
- Copies of Social Security cards and current state issued ID for all household members
- Rent book, rent receipts, or copy of your current lease
- Last six months Bank Account Statements for each bank account. **Please check with your bank for any surcharges for supplying your Account Information.**
- Other All income documentation

Please note: the housing you are applying for has a NO PET policy.

All applicants 18 years and older in the household must sign the final page of the application, which provides consent for us to complete the necessary background checks to process your application. Failure to complete all of the above will delay review and processing of your application until all information, documentation, fees and required signatures have been received.

Applicant must earn at least \$2000 per month or receive a housing voucher/subsidy. Please note until you pay a security deposit a unit cannot be assigned to you.

Sincerely,
Property Management



FOR OFFICE USE ONLY. DO NOT COMPLETE.

Name of Property: _____		Date received _____
Address: _____		
Monthly Rent: \$ _____	Move-In Date: _____	Time received _____
1 st Month's Rent: \$ _____	Rental Assistance _____	
Sec. Dep. Amount \$ _____	Accounting sign-off/date _____	
Lease Start Date: _____	Lease End Date: _____	

APPLICATION FOR HOUSING
CAADC/Sharon Hill Commons /Darby Court Apartments
1414 Meetinghouse Road
Boothwyn, PA 19061
610 874-8451

Note: Hearing impaired applicants may access our rental office by using the relay service number 711 .

CAADC does not own units that will accommodate more than 6 people. Application fees are non-refundable.

Have you ever lived in or applied for residence in any other CAADC property? ☐ Yes ☐ No

If yes, where and when? _____

Desired Property/Unit Address: _____ Desired Move-in Date: _____

APPLICANT INFORMATION:

Head of Household – Last Name: _____ First Name: _____ Middle Init.: _____

Co-Applicant – Last Name: _____ First Name: _____ Middle Init.: _____

Current Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (____) _____ Work #: (____) _____ Mobile/Other #: (____) _____

E-mail Address: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed Household Size: #Adults: ____ Children: ____

VEHICLE INFO:

Type of Vehicle (Year/Make/Model): _____ Color: _____ License Plate#: _____

EMERGENCY CONTACTS:

Name: _____ Name: _____

Address: _____ Address: _____

Phone #: _____ Phone: _____

HOUSEHOLD COMPOSITION: List all persons who will reside in the household. List head of household first.

	Last Name, First Name	Relationship to Head of Household	Gender M/F	Date of Birth	Social Security #	Full-time Student?
Applicant						
Co-Applicant						

Some of CAADC's properties include units that are specially designed to be accessible to persons with mobility impairments. You are NOT required to answer the following question. Your response is voluntary and will help us provide these specially designed units to those people who can make the best use of them.

Do you have a mobility, hearing or vision impairment? ☐ Yes ☐ No If YES, please

describe: _____

CURRENT HOUSING STATUS:

Do you have a Section 8 Certificate in your name? ☐ Yes ☐ No

How many people live in your household now? _____ What is your current rent? \$ _____

CURRENT Landlord's Name: _____ Phone #: _____

Landlord's Address: _____

Date of Move -In: _____ Date Lease Expires: _____

PREVIOUS Landlord's Name: _____ Phone #: _____

Landlord's Address: _____

Dates You Lived There: From: _____ To: _____

OTHER:

Have you or any person on this application ever been evicted? ☐ Yes ☐ No

If YES, what was the reason? _____

Have you or any person on this application ever been convicted of a violent, sexual or drug-related crime? ☐ Yes ☐ No

If YES, please list date and explanation _____

Have you or any person on this application ever been convicted of a felony or misdemeanor of any kind? ☐ Yes ☐ No

If YES, please list date and explanation: _____

Have you or any person on this application ever filed for bankruptcy? ☐ Yes ☐ No

If YES, please list date: _____

INCOME VERIFICATION:

Does any member of your household now receive or expect to receive income from any of the following sources? Check YES or NO for each item listed below. Then, for each YES answer, complete the chart on the next page.

<input type="checkbox"/> Yes <input type="checkbox"/> No	EMPLOYMENT		UNEMPLOYMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	SELF-EMPLOYMENT		PENSION/RETIREMENT	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	SS/SSI		SEVERANCE PAY	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	WELFARE/PUBLIC ASSISTANCE		ARMED FORCES	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	ANNUITIES		INSURANCE POLICY	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	ALIMONY/SUPPORT		SCHOLARSHIP	<input type="checkbox"/> Yes <input type="checkbox"/> No
			OTHER: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

For each source of income checked YES on page 2, list the household member receiving it, the source, and the ANNUAL (yearly) amount that you expect to receive in the next 12 months. **YOU MUST PROVIDE INFORMATION TO VERIFY EACH INCOME SOURCE.**

HOUSEHOLD MEMBER	SOURCE OF INCOME	ANNUAL AMOUNT (GROSS)
		\$
		\$
		\$
		\$
		\$

Present Employer _____ Position: _____

Address _____

Supervisor _____ Telephone# _____ How long? _____

Employer for Spouse/Other Household Member _____

Position _____

Address _____

Supervisor _____ Telephone# _____ How long? _____

ASSETS INFORMATION:

List below all financial account information (checking, savings, retirement, investment, etc.) for all household members:

HOUSEHOLD MEMBER	BANK/INSTITUTION NAME	PHONE #	ACCOUNT #	BALANCE
				\$
				\$
				\$
				\$
				\$

List below all property sold and/or assets disposed of in the past two years.

TYPE OF ASSET SOLD	MARKET VALUE	AMOUNT OF SALE	DATE OF TRANSACTION
	\$	\$	/ /
	\$	\$	/ /
	\$	\$	/ /

APPLICANT CERTIFICATION AND RELEASE (must be signed by all adults in household):

I/we certify that if selected to move into this development, the unit I/we occupy will be my/our only residence. I/we understand that the above information is being collected to determine my/our eligibility for an apartment to rent. I/we understand that I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal law and will lead to cancellation of this application or termination of tenancy after occupancy.

I/we hereby authorize Community Action Agency of Delaware County, Inc. (CAADC) to conduct a complete background check to determine my/our eligibility for housing. I/we understand that this background check will include verification of all information included on my/our application, including:

- Criminal Record Check
- Employment Verification
- Income Verification
- Asset Verification
- Credit History Check
- Landlord Reference Check
- PECO Utility Usage Verification

Please mail verifications to:
Darby Court Apartments or
Sharon Hill Commons
401 Sharon Avenue
Sharon Hill, PA 19079
Or fax to Ms. Lee at 484-494-4703

I/we hereby authorize the release of the information requested above in order to determine my/our eligibility for housing. I/we further authorize future requests of information to determine my suitability for continued housing with CAADC.

I/we release Community Action Agency of Delaware County, Inc., and all parties complying with a request for the above referenced information, from all liability associated with the outcome of this background check. I/we understand that if the results of this background check show that I/we have in any way misrepresented myself/ourselves, it will be sufficient cause to cancel further consideration of my/our application or immediately remove me/us from CAADC's property (if an active tenant).

Applicant Signature

Applicant Name (printed)

Date

Co-Applicant Signature

Co-Applicant Name (printed)

Date

Other Adult Household Member Signature

Other Adult Household Member Name (printed)

Date



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SECURITY DEPOSIT PAID: \$ _____	DATE: _____
MOVE OUT DATE: _____	AMOUNT OF REFUND: \$ _____
APPLY AGAINST RENT \$ _____	
APPLY AGAINST DAMAGES \$ _____	
RETURN BALANCE TO TENANT \$ _____	
DATE COMPLETED & SENT TO ACCOUNTING _____	ACCOUNTING SIGN-OFF/DATE _____

Revised 10/15/2003