



TDD: 1-800-654-5894

Fox Hunter Apartments / Countryside Estates

3844 Fox Chase Drive

Dover, PA 17315

717-292-5204 (FAX 717-292-9490)

For Office Use Only: Received: _____

Time: _____

APPLICATION FOR: OCCUPANCY / RECERTIFICATION

(PROJECT NAME)

PART 1: APPLICANT INFORMATION

Applicant's Name: _____

Address: _____

Birthdate: _____

Age: _____

Sex: _____

Marital Status: _____

Social Security Number: _____

Phone: _____

Prior Landlord:

Address: _____

Phone: _____

Applicant's Employer: _____

Employer's Address: _____

Employer's Contact Person: _____

Employer's Phone: _____

Applicant's Occupation: _____

Current Salary: \$_____ Per _____ Average hours per week: _____

Overtime expected: _____ Rate of Overtime Pay: \$_____

Additional Income (itemize interest, Social Security, Dividends, Child Support, etc.)

Source: _____ \$ _____ Per _____

Source: _____ \$ _____ Per _____

Source: _____ \$ _____ Per _____

Assets (include Cash, Savings, Checking, Certificates, Real Estate, etc.)

\$ _____ Type _____ \$ _____ Type _____

\$ _____ Type _____ \$ _____ Type _____

Did you dispose of any assets within the last two (2) years?: _____

(If Yes, Please explain): _____

Credit References:

Bank: _____ Account: _____

Bank: _____ Account: _____

Other: _____ Account: _____

Other: _____ Account: _____

Would you qualify for either a Handicap/Disability adjustment to income, a special handicapped accessible unit or both? _____

PART 2: CO-Applicant's Information

Co-Applicant's Name: _____

Address: _____

Birthdate: _____

Age: _____

Sex: _____

Marital Status: _____

Social Security Number: _____

Phone: _____

Co-Applicant's Employer: _____

Employer's Address: _____

Employer's Contact Person: _____

Employer's Phone: _____

Co-Applicant's Occupation: _____

Current Salary: \$ _____ Per _____ Average hours per week: _____

Overtime expected: _____ Rate of Overtime Pay: \$ _____

Additional Income (itemize interest, Social Security, Dividends, Child Support, etc.)

Source: _____ \$ _____ Per _____

Source: _____ \$ _____ Per _____

Source: _____ \$ _____ Per _____

Assets (include Cash, Savings, Checking, Certificates, Real Estate, etc.)

\$ _____ Type _____ \$ _____ Type _____

\$ _____ Type _____ \$ _____ Type _____

Did you dispose of any assets within the last two (2) years?: _____

(If Yes, Please explain): _____

Credit References:

Bank: _____ Account: _____

Bank: _____ Account: _____

Other: _____ Account: _____

Other: _____ Account: _____

Would you qualify for either a Handicap/Disability adjustment to income, a special handicapped accessible unit or both? _____

PART 3:

Please list all occupants who will reside in the unit:

Name: _____ Age: _____ Birthdate: _____ Sex: _____

Relationship: _____ Social Security Number: _____

Name: _____ Age: _____ Birthdate: _____ Sex: _____

Relationship: _____ Social Security Number: _____

Name: _____ Age: _____ Birthdate: _____ Sex: _____

Relationship: _____ Social Security Number: _____

Automobile(s):

Year: _____ Make: _____ License #: _____

Year: _____ Make: _____ License #: _____

PART 4:

I/We certify that this will be my/our permanent residence. I/We further certify that I/we will not maintain a separate subsidized rental unit in a different location.

Applicant's signature: _____ Date: _____

Co-applicant's signature: _____ Date: _____

PART 5:

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Farmer's Home Administration, that federal laws prohibit discrimination against tenant applicants on the basis of Race, Color, National origin, Religion, Sex, Familial status, Age, and Handicap are complied with. You are not required to furnish this information, but encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the Race/National origin and sex of individual applicants on the basis of visual observation or surname.

Race or Ethnic Group (check one):

- Black, Non-Hispanic
- Hispanic

- White, Non-Hispanic
- Asian, Pacific Islander
- American Indian/Alaskan Native

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Applicant/Resident Informational Release Statement

I understand that Fox Hunter Apartments/Countryside Estates is required by law to verify income and information relative to the family members applying for admission.

I hereby authorize the release, without liability to Fox Hunter Apartments/Countryside Estates, of information relative to the application for housing such as income from the Department of Public Welfare, Employment, Social Security, Veteran's Death Benefits, Court Orders for Support, Unemployment compensations, Disability Income, Insurance Compensation, or any other sources of income and assets including real property. I also authorize release of information concerning financial obligations such as rent, credit accounts, credit records, utilities, or medical expenses and any and all information they may request concerning my application to determine whether I am eligible to occupy the apartment.

I hereby authorize Fox Hunter Apartments/Countryside Estates to obtain any record of any criminal history or proceeding where I have pending charges or prior convictions of a crime in any court or jurisdiction.

This authorization will continue in force and effect until terminated in writing by the undersigned.

Date: _____ Signed: _____

Date: _____ Signed: _____