RENTAL APPLICATION

ALL QUESTIONS MUST BE ANSWERED.

FOR MANAGEMENT USE ONLY	
Date & Time Application Received:	
Requested Accessible Unit:	
AMI Set Aside (20%, 30%, 50%, 60%)	
Program (LIHTC, HOME, etc.):	

Finch Towers
424 Wyoming Ave.
Scranton, PA 18503

Unit Size:
Efficiency &
1 bedroom

Phone: (570) 342-6606 Fax: (570) 215-2489
Email: finchtowers@monarchmanage.com

HOUSEHOLD COMPOSITION

List each person who will reside in the unit along with the relationship to the head of household, date of birth and social security number. Do not include minors who will be present less than 50% of the time.

Member No.	Full Name, including middle initial	Relationship to HOH	Gender [M/F]	Date of Birth	Age	Full Time Student [Y/N]***	Social Security Number
1		Head of Household					
2							

****List Full-Time student status for any member who is currently enrolled, expects to become enrolled, or was previously enrolled for any part of 5 months in the calendar year. Include grades K-12, college, university, technical, trade, mechanical, and on-line schools.*

CONTACT INFORMATION

Current Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Are any household changes expected in the next 12 months? [ ] YES [ ] NO
If 'YES' explain: _____

Are any household members currently absent from the home? [ ] YES [ ] NO
If 'YES' explain: _____

Are any student changes expected in the next 12 months? [ ] YES [ ] NO
If 'YES' explain: _____

Bedroom Size (Please check all you are willing to accept; please see top of page for bedroom sizes offered at this property):
☐ Eff ☐ 1 BR

EQUAL HOUSING OPPORTUNITY

RENTAL HISTORY

Address: _____

Rent: $_____ Length of Residency: _____ Landlord's Name: _____

Landlord's Phone#: _____Landlord's Address: _____

If you lived at your current Address <u>LESS</u> than three (3) years, provide previous address:

_____

Rent: $_____ Length of Residency: _____ Previous Landlord's Name: _____

Landlord's Phone#: _____Landlord's Address: _____

STUDENT STATUS

Is every member of the household a Full-Time Student as defined on Pg 1? [ ] Yes [ ] No
Are there any Part-Time adult students in the household? [ ] Yes [ ] No

*If you answered **<u>YES</u>** to either question above, you **<u>MUST</u>** answer the following questions. If you answered, no to both questions above, you may proceed to the next part of the application.*

Are you of legal age in accordance with state law or otherwise legally able to enter into a binding contract under state law? [ ] Yes [ ] No

Is the full-time adult student(s) married and filing a joint tax return? [ ] Yes [ ] No

Does full-time adult student receive assistance under Title IV of the Social Security Act? (i.e, AFDC or TANF, but not SS or SSI)? [ ] Yes [ ] No

Is full-time adult student enrolled in a program funded by the Workforce Investment Act or similar federal/state/local program? [ ] Yes [ ] No

Is the full-time adult student a single parent who is not claimed as a dependent by another individual? [ ] Yes [ ] No

Was the full-time adult student previously a foster child under Part B of E Title IV of the Social Security Act? [ ] Yes [ ] No

Are the minors in the household claimed as a dependent by a parent? [ ] Yes [ ] No

HOUSEHOLD INCOME

INCOME INSTRUCTIONS:

- *List gross amounts anticipated to be received in the 12-month period following effective date of certification.*
- *For minors include unearned income such as benefits, SS, SSI, gifts, child support, income from assets.*
- *For adults include both earned income from jobs and unearned income.*
- *Answer each 'YES' – 'NO' question. For each 'YES' include the gross amount and frequency.*
- ***DO NOT LEAVE ANY UNANSWERED QUESTIONS.***
- *Use an extra copy of pages 2 & 3, as needed, based on number of household members that have income.*

	Head of Household		Co-Head and/or Other Member	
Type of Income	Check One	Yearly Amount	Check one	Yearly Amount
1. Employment	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
2. Overtime or Shift Pay	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
3.Bonus/commission/etc	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
4. Tips	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
5. Cash Pay (under the table)	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
6. Self-Employment	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
7. Do you have a 2nd job?	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
8. Periodic Gift Income	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
9. Non-cash Contributions	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
10. Formal Child Support	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
Is child support awarded but not paid? [ ] YES [ ] NO			[ ] YES [ ] NO	
11. Informal Child Support	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
12. Formal Spousal Support	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
Is spousal support awarded by not paid? [ ] YES [ ] NO			[ ] YES [ ] NO	
13. Informal Spousal Support	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
14. Social Security	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
15. SSI	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
16. SSP	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
17. TANF/AFDC/etc.	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
18. Unemployment	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
19. Severance Pay	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
20. Pension	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
21. Retirement Account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
22. Investment Account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
23. Worker's Comp	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
24. Annuity Account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
25. Trust Account	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
26. Disability/Death Benefits	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
27. Student Financial Aid	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$

28. Military Pay	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
29. Real Estate Rental Income	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
30. Veterans/VA Income	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
31. Other:	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
32. Other:	[ ] YES [ ] NO	$	[ ] YES [ ] NO	$
	TOTAL	**$**	**TOTAL**	$

Are any income changes expected in the next 12 months? [ ] YES [ ] NO
If 'YES', please describe:_____

_____

Does any member of your household who is not now working, expect to work for any period during the next twelve months? [ ] YES [ ] NO

For each source of income on the Income Chart checked 'YES', please complete the following:

Income #	HH Member	Name of Source	Contact Info of Source (Address/Phone/Email)

(If necessary, please use an additional sheet to list additional income sources.)

ASSETS

Assets include cash (wherever held), all bank accounts, stocks, bonds, money market accounts, IRA's, annuities, retirement/pension funds, 401K's, 403B's, cash value of whole or universal life insurance policies, equity in real estate or capital investments, items held as an investment, (jewelry, art, coin or stamp collections, etc), etc. You must also include the value of any assets disposed of in the past 24 months for less than fair market value.

ASSET INSTRUCTIONS:

- *List assets for all household members, including minors.*
- *Cash value is market value minus any costs/penalties/fees required to convert to cash.*

	Head of Household			Co-Head and/or Other Member		
Type of Asset	Check One	Approx Cash Value	Income from Asset	Check one	Approx Cash Value	Income from Asset
1. Checking Acct	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
2. 2nd Checking Acct	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
3. Savings Acct	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
4. 2nd Savings Acct	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
5. Debit/Direct Express/Access Card	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$

6. 2nd Prepaid Debit Card	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
7. Cash on Hand	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
8. Certificate of Deposit(s)	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
9. Other Bank Accts	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
10. Mutual Fund	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
11. Stocks	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
12. Portfolio, Brokerage, Investment Accounts	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
13. IRA/401K/etc.	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
14. 2nd IRA/401K/etc.	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
15. Savings Bonds	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
16. Treasury Bills	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
17. Annuity	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
18. Pension	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
19. Revocable trust	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
20. Life Insurance	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
21. Real estate	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
22. Other asset	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
23. Other asset	[ ] YES [ ] NO	$	$	[ ] YES [ ] NO	$	$
	TOTALS	$	$	**TOTALS**	$	$

Imputed Income. If total assets are more than $5,000 multiply by .06%: $_____

Has anyone received any lump sum amounts in the past 2 years (i.e., lottery/ inheritance)? [ ] YES [ ] NO

Has anyone disposed of any assets for less than fair market value in the past 2 years? [ ] YES [ ] NO

If you answered 'YES' to either question above, please explain:

For each asset on the Asset Chart checked 'YES', please complete the following:

Asset #	HH Member	Name of Source	Contact Info of Source (Address/Phone/Email)

(If necessary, please use an additional sheet to list additional asset sources.)

OTHER INFORMATION

Have eviction charges ever been filed against you at a District Magistrate's office for nonpayment and/or late payment of rent to your landlord or for any other reason? [ ] Yes [ ] No

Have you or any other household member or person you wish to reside with you ever been convicted Of a crime? (Omit only minor Traffic Violations; DUI is considered a crime.) [ ] Yes [ ] No

Have you or any other household member or person you wish to reside with you been released from jail in the past five (5) years? [ ] Yes [ ] No

Do you have a Housing Choice Voucher? [ ] Yes [ ] No

Do you have a pet? If yes, describe: _____ [ ] Yes [ ] No

Are there any special housing needs or reasonable accommodations, (Examples; a unit for mobility impaired, visually-impaired or hearing-impaired person, a live-in aide, etc.), that the household will require to meet the needs of a disabled family member? **[ ] Yes [ ] No**. **If Yes**, please list:

_____

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____

Address: _____

I/We certify that if selected, the unit I/we occupy will be my/our only residence. I/We understand the above information is being collected to determine my/our eligibility. I/We authorize the owner/manager to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information, which may be released to appropriate federal, state, or local agencies. 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 providing false statements or information is punishable under federal law.

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN BELOW

Head of Household Signature: _____ Date: _____

Co-Head or Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

Adult Member: _____ Date: _____

EQUAL HOUSING OPPORTUNITY

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.

Mail Applications to:
Finch Towers
424 Wyoming Avenue
Scranton, PA 18503

Office Phone: (570)-743-6700

EQUAL HOUSING OPPORTUNITY

CONSUMER NOTICE
THIS IS NOT A CONTRACT

CNT

(Licensee) _____ hereby states that with respect to this property (describe property) _____, I am acting in the following capacity: (check one)

- ☐ (i) Owner/Landlord of the Property;
- ☐ (ii) A direct employee of the Owner/Landlord; OR
- ☐ (iii) An agent of the Owner/Landlord pursuant to a property management or exclusive leasing agreement.

I acknowledge that I have received this Notice:

Date: _____

_____	_____
Print (Consumer)	Print (Consumer)
_____	_____
Signed (Consumer)	Signed (Consumer)
_____	_____
Address (Optional)	Address (Optional)
_____	_____
Phone Number (Optional)	Phone Number (Optional)

I certify that I have provided this Notice: _____ _____

(Licensee) (Date)