



**WILLOW GROVE
COMMUNITY DEVELOPMENT CORPORATION
PROVIDING AFFORDABLE RENTAL HOUSING**

Dear Applicant:

Thank you for your interest in our affordable rental-housing program.

Our program is an income-qualifying program. As such, it is extremely important that you be very detailed and accurate with the income and expense information that you provide to us. Please do not estimate your income/expenses as this could disqualify you.

When completing the income information please include how many hours you work per week and your hourly rate. If you have different rates because of different shifts or multiple jobs, please include that information also. You can put this information on a separate piece of paper or at the bottom of page 3.

If you have any questions about the program or need assistance completing the application, please do not hesitate to contact our office.

Thank you.

Willow Grove Community Development Corporation





WILLOW GROVE CDC RENTAL APPLICATION

Date: _____ Need: 1 Bedroom 2 Bedrooms 3 Bedrooms 4 or more Bedrooms

Personal Information

Name: _____ Social Security Number: _____

Address: _____ City: _____

County: _____ Township: _____ State: _____ Zip Code: _____

Birth Date: _____ Age: _____ Gender: Male Female

Home Phone: _____ Cell Phone: _____ Work Phone: _____ Ext: _____

Email: _____

Marital Status: Single Married Divorced/Separated Widow/Widower

Household Information

Spouse Name: _____ Social Security Number: _____

Birth Date: _____ Age: _____ Gender: Male Female

Child Name: _____ Social Security Number: _____

Birth Date: _____ Age: _____ Foster Child: Gender: Male Female

Child Name: _____ Social Security Number: _____

Birth Date: _____ Age: _____ Foster Child: Gender: Male Female

Child Name: _____ Social Security Number: _____

Birth Date: _____ Age: _____ Foster Child: Gender: Male Female

Child Name: _____ Social Security Number: _____

Birth Date: _____ Age: _____ Foster Child: Gender: Male Female

Other Persons Living at Residence (not listed on page 1)

Name: _____ Social Security Number: _____

Birth Date: _____ Age: _____ Gender: Male Female

Name: _____ Social Security Number: _____

Birth Date: _____ Age: _____ Gender: Male Female

Any handicap facilities required? Yes No Explanation: _____

Employment Information

Head of Household

Employer #1: _____ Full Time Part Time

Address: _____

Length of Time at Job: _____ Job Description: _____

Supervisor Name: _____ Phone Number: _____

Employer #2: _____ Full Time Part Time

Address: _____

Length of Time at Job: _____ Job Description: _____

Supervisor Name: _____ Phone Number: _____

Spouse or Other Adult

Employer: _____ Full Time Part Time

Address: _____

Length of Time at Job: _____ Job Description: _____

Supervisor Name: _____ Phone Number: _____

Gross Income

Monthly Household Expenses

Employment Income:

		MO	BW*	WK
Gross Income Applicant:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Income Spouse:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross Income Other:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Income:

Disability:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welfare (DPA):	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support (Court Ordered):	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Income:	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rent: \$ _____

Utilities: \$ _____

Credit Cards: \$ _____

Car Payment: \$ _____

Car Insurance: \$ _____

Child Care: \$ _____

Medical: \$ _____

Food: \$ _____

Loan Payments: \$ _____

Other: \$ _____

Total Household Monthly Expenses: \$ _____

*BW = Paid Bi-Weekly

Montgomery County Housing Authority Voucher Choice (Section 8) Yes No

If yes, fill in information below

Number of Bedrooms: _____ Expiration Date: _____

Total Rent: \$ _____, Section 8 portion of rent: \$ _____, tenant portion of rent: \$ _____

Total Utilities: \$ _____, Section 8 allowance for utilities paid to tenant: \$ _____

Current Lease: (circle one) Month-to-Month Yearly Renewal Date _____

How much notice do you have to give to terminate your lease? (circle one) 30-day 60-day Immediately Available

In the Past (5) Years Have You:

1. Been delinquent in any rental payments? Yes No

2. Been evicted? Yes No

If yes to question #1 and/or #2, please provide written explanation on separate sheet.

Personal References: (must include one landlord - do not include relatives)

Reference 1:

Name: _____ Occupation: _____

Address: _____ Phone: _____

Reference 2:

Name: _____ Occupation: _____

Address: _____ Phone: _____

Reference 3:

Name: _____ Occupation: _____

Address: _____ Phone: _____

I/We certify that all information in this application, and all information furnished in support of this application, is given for the purpose of obtaining eligibility for rental of a home through the Willow Grove Community Development Corporation, and this information is **true and complete** to the best of my knowledge and belief.

Rental Requirements: No water beds, animals, pets, or space heaters are permitted in the leased premises. Applicant is responsible for insuring against liability and personal property loss. Applicant will be required to submit copies of at least 3 pay stubs, last year's W-2 (provided by employer), and last year's IRS-1040 Federal Tax Returns upon request. Applicant accepts that if their income exceeds a maximum income level they may be required to vacate the premises. Signing this rental application specifically affirms that you will comply with our no tolerance policy concerning any and all drug related activity, and with regular inspections.

Applicant Signature: _____ **Date:** _____

THIS PAGE MUST BE SIGNED BY THE APPLICANT

RELEASE OF INFORMATION

I, _____, do hereby authorize the
(PRINT APPLICANT'S NAME)

WILLOW GROVE COMMUNITY DEVELOPMENT CORPORATION, its staff and its agents, including Hatboro Federal Savings, to contact any agencies including, but not limited to, law enforcement agencies, offices, groups, or organizations to obtain any information, credit reports, or other documentation deemed necessary to complete my application or to verify information for my continued occupancy.

Signed: _____

Date: _____

Witness: _____

**PLEASE SEND COMPLETED APPLICATION TO:
P.O. BOX 1097
WILLOW GROVE, PA 19090**