



Date/Time: _____
Initials: _____

RENTAL APPLICATION FORM

The following information is confidential and will not be disclosed without your consent.

Applicant's Name		Social Security No.		Home Phone ()
Co-Applicant's Name				
Present Street Address	City	State	Zip Code	No. Yrs. at Present Address
Former Street Address (if at present address for less than 2 yrs.)	City	State	Zip Code	No. Yrs. at Former Address
Email Address			Preferred Unit Size	
(REQUIRED) Please list all STATES in which any household member has resided throughout his/her lifetime:				
<u>Current Housing Status:</u> Provide the name, address, and phone number of all your landlords for the past 3 years.				
Current Landlord: _____ Phone: _____				
Address: _____				
Previous Landlord: _____ Phone: _____				
Address: _____				
Previous Landlord: _____ Phone: _____				
Co-Applicant's Name		Social Security No.		Home Phone ()
Present Street Address	City	State	Zip Code	No. Yrs. at Present Address
Former Street Address (if at present address for less than 2 yrs.)	City	State	Zip Code	No. Yrs. at Former Address



**HANDICAPPED ACCESSIBLE
EQUAL HOUSING OPPORTUNITY
SMOKE-FEE COMMUNITY**

**RETURN FORM TO:
BARTLETT GARDENS
257 S. MAIN STREET
CAMBRIDGE SPRINGS, PA 16403**

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	FULL NAME	RELATIONSHIP	BIRTHDATE M/D/Y	SOCIAL SECURITY NO.
Head of Household				
2				
3				
4				
5				
6				
7				

(REQUIRED) I am applying for the \$400 for the disability/handicap annual income adjustment _____. If yes, you will need to bring in proof that you are disabled (Note from your doctor).

I will _____ will not _____ need reasonable accommodations for my disability/handicap.

(REQUIRED) Are there any special housing needs or reasonable accommodations that the household will require?

Yes No

If yes, please explain _____

ANNUAL INCOME

SOURCE	GROSS MONTHLY APPLICANT	GROSS MONTHLY CO-APPLICANT	OTHER HOUSEHOLD MEMBER 18+	GROSS MONTHLY TOTAL
Gross Salary				
Overtime Pay				
Commissions/Fees/Tips/ Bonuses				
Unemployment Benefits				
Workers Compensation, etc.				
Disability, SSI, Social Security, Pensions, Retirement Funds, etc, received periodically				
Public Assistance, TANF Payments				
Alimony, Child Support				
Interest and /or Dividends				
Net Income from Business				
Net Rental Income				
Other				
ANNUAL:				TOTAL:

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Total:	\$	\$		

(REQUIRED) I ____ have ____ have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the "other" column in the above listing of assets.

(REQUIRED) Are all household members full-time students? Yes ____ No ____

(REQUIRED) VETERAN (or spouse of deceased veteran)? Yes ____ No ____

If "Yes", form DD-214 must be attached for determination of eligibility for admission preference

Have you or any member of the household ever been convicted of a felony? Yes ____ No ____

If yes explain: _____

Are any members of the household subject to a lifetime sex offender registration requirement in any state?

Yes ____ No ____

The information provided above 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 and asset verification related to my/our application for tenancy as well as credit and criminal background checks.

Applicant

Date

Co-Applicant

Date

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN

If a portion or all of the application is completed by someone other than the applicant, the following statement must be completed.

I/We have completed all or part of this application at the request of the applicant(s):

Signature

Date

Signature

Date

Documents/Property Management/Community Forms/Applications/Bartlett Gardens 9/23/2021



**HANDICAPPED ACCESSIBLE
 EQUAL HOUSING OPPORTUNITY 3
 SMOKE-FREE COMMUNITY**

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 257 S. MAIN STREET
 CAMBRIDGE SPRINGS, PA 16403**