

Management by:
Delphia Management Corporation
381 W Market St
York, PA 17401
Phone: 717 (846) 5281; TDD: 845-7934



Date: _____
Time: _____
Application No. _____

Preliminary Rental Application

Property(s) Desired: _____ Liberty Apartments, 37 E. Philadelphia St., York, Pa. - ;
_____ King Street Apartments, 312, 314, 334 E. King St., York, Pa.
_____ North George Street, 118 N. George St., York, Pa.

Number of Bedrooms Desired: _____

Request for Interview:

1. Name: _____ Home Phone: _____

Present Address: _____
Street City State Zip

Do you have a Section 8 Certificate? Yes _____ No _____

Length of time at present address: _____

2. Present Landlord/Mortgage Company:

Name: _____ Phone Number: _____

Address: _____
Street City State Zip

Monthly Rent or Mortgage Payment: _____ Average Monthly Utility Cost: _____

If you own your home, state current value: _____ Balance of Mortgage owed: _____

3. Previous Rental Information for the last two landlords:

Name: _____ Phone Number: _____

Address: _____
Street City State Zip

Name: _____ Phone Number: _____

Address: _____
Street City State Zip

4. Household Composition: (List persons who will be living in your home, including yourself.)

<u>Adults</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>SS#</u>

<u>Children</u>	<u>Date of Birth</u>	<u>Relationship</u>	<u>SS#</u>

5. Income: (List below all income for every person occupying the apartment)

a.) Employment #1:

Name of household member who is employed _____

Full Time _____ Part Time _____ Unemployed _____ Retired _____
Employer #1: _____

Name _____ Address _____ Phone Number _____
Name of Supervisor: _____ Dates of Employment: _____
Gross Wage: \$ _____ per _____ \ Hours worked: _____ per _____ \ Time? _____
Employment #2: _____

Name of household member who is employed _____

Full Time _____ Part Time _____ Unemployed _____ Retired _____
Employer #2: _____

Name _____ Address _____ Phone Number _____
Name of Supervisor: _____ Dates of Employment: _____
Gross Wage: \$ _____ per _____ \ Hours worked: _____ per _____ \ Time? _____

c.) Other Sources of Income: (Please state monthly amounts.)

Social Security & SSI Monthly Amount: \$ _____ Claim No.: _____

Veterans Benefits Monthly Amount: \$ _____ Claim No.: _____

Pension Monthly Amount: \$ _____ Claim No.: _____

Pension Name: _____ /Address: _____

Other: (Unemployment, Alimony, Child Support)

Welfare: _____ Monthly Amount: \$ _____

Caseworker Name: _____ Case Number: _____

Source: _____ Monthly Amount: \$ _____

Source: _____ Monthly Amount: \$ _____

6. Bank References:

<u>Type of Account</u>	<u>Bank Name and Address</u>	<u>Account Number</u>	<u>Balance</u>
			\$ _____
			\$ _____
			\$ _____
Visa or Mastercard			\$ _____
Certificate of Deposit			\$ _____

7. Additional Credit References:

- 1. _____
- 2. _____

8. Have you ever been evicted from public housing and/or any other federal housing program?

Yes _____ No _____ If yes, Where _____ When _____

Describe reasons _____

9. Have you ever been evicted from other housing?

Yes _____ No _____ If yes, Where _____ When _____

Describe reasons _____

10. Have you ever been convicted of selling illegal drugs or a controlled substance? Yes _____ No _____

11. Are you currently using illegal drugs or any controlled substance that hasn't been prescribed to you? Yes _____ No _____

12. Have you ever been convicted of selling, distributing, or manufacturing illegal drugs or a controlled substance? Yes _____ No _____

13. Have you ever been charged, arrested, and/or convicted of any crime? Yes _____ No _____
If yes, Where _____ When _____

14. Are you subject to a lifetime registration requirement with any State Sexual Offender Registration Program? Yes _____ No _____ If Yes, which State? _____

15. How did you hear about this housing? _____

16. Will you take an apartment when one is available? Yes _____ No _____

17. Briefly describe your reasons for applying _____

18. Other Required Information:

Vehicles

List any cars, trucks or other vehicles owned. (Parking may be provided for up to two vehicles at some sights)

Type of Vehicle _____ Year/Make _____ Color _____

License Plate No. _____ Driver's License No. _____

Type of Vehicle _____ Year/Make _____ Color _____

License Plate No. _____ Driver's License No. _____

Pets

Do you own any pets? Yes _____ No _____

If yes, describe _____

19. Name of Person to Contact in Emergency:

Name Phone Number

The following will be required by the Federal Government to monitor the Owner's compliance with Equal Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information below, or in the event that the information is not provided.

____ White/Non-minority _____ American Indian _____ Black
____ Spanish American _____ Asian _____ I do not wish to provide
the above requested information.

I/We hereby, certify that all information given in this application is true and correct to the best of my/our knowledge.

Signature of Applicant Date

Signature of Applicant Date

Please sign that attached release form(s) so that your references can be verified. When we receive these forms, you will be contacted for a personal interview where more detailed information may be requested. Thank you for your interest in our apartments.

RELEASE FOR VERIFICATION FORM

_____ has applied for residency (or is resident) . As part of our processing and ongoing compliance, it is necessary to obtain various forms of documentation including income, assets, credit and criminal verification. The information obtained will be used solely for the purpose of determining eligibility.

I hereby authorize the AGENT FOR THE King Street and Liberty Apartments to release, without liability to the Agent any and all information they may request concerning my income, wages, salaries, credit record, criminal record, and all references in connection with my application to determine whether I am eligible to occupy the apartment.

Date

Signature

Print Name

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.



**Delphia
Management
Corporation**

www.yadc.net

118 North George Street, Suite 200
York, PA 17401
717-848-5139
717-854-9494 Fax
1-800-654-5984 TDD

I, _____, hereby consent
(print name)

to be contacted by telephone at my residence with regard
to the availability and acquisition of rental housing with
Delphia Management Corporation.

Cloverfield Apartments
1500 Rodney Road
York, PA 17404
717-764-5464

Delphia House
350 East Philadelphia Street
York, PA 17403
717-843-1064
717-854-0971 Fax

Dutch Kitchen
381 West Market Street
York, PA 17401
717-848-5281
717-854-0343 Fax

Green Meadow Apartments
20 Beaver Street
Dillsburg, PA 17019
717-432-2558
717-502-1886 Fax

Highland Manor Apartments
38 Highland Manor Drive
Stewartstown, PA 17363
717-993-6541

Kingston House Apartments
1243 West King Street
York, PA 17404
717-848-2927
717-848-2716 Fax

Other Projects
Bell Housing
King Street Apartments
Liberty Apartments
Penn Apartments
York Housing Development Corporation

Signature

Date



**Waiting List Certification
For Applicants for Housing**

The selection of tenants for vacant units in this housing development is based in part on the position of applicants on the waiting list.

Whenever a housing unit is available, the first person on the waiting list is contacted and so on. Over time, each applicant on the waiting list usually moves up in position, eventually reaching number one.

Because of the large demand for housing units in this development, the amount of time an applicant is on the waiting list before the applicant reaches the number one position can be quite long.

Periodically, it is necessary for the owner to update the waiting list to determine if applicants on it are still eligible or interested in residing in one of Delphia Management's apartments. If the applicant can no longer be contacted and does not respond to requests for current information, that applicant's name will be withdrawn from the waiting list.

In order for the waiting list to be kept current, the owner requires all applicants to sign the following certification:

I/We certify that I/we will notify the owner or its authorized representatives whenever I/we move to a location different than listed on this application as my/our current place of residence and will provide the owner or its representative with the address and telephone information needed to contact me/us.

Applicant Signature

Date

Applicant Signature

Date