



# RENTAL APPLICATION

**Union Aid Society Apartments**  
511 Centennial Avenue  
Sewickley, PA 15143  
412.741.9240

For Office Use Only  
Date Received: \_\_\_\_\_  
Time: \_\_\_\_\_  
Applicant No. \_\_\_\_\_

### **APPLICATION FOR ADMISSION**

Every question on this application must be answered. If any question does not apply, please write: "N.A." Return completed form to Union Aid Society 601 Thorn St., Sewickley, PA 15143

Applicant Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

### **HOUSEHOLD COMPOSITION**

List those who will be living in the unit. Indicate the relationship of each family member.

Member's Full Name	Relationship	Birth Date	Gender M / F	Social Security Number
_____				
_____				

### **INCOME**

Please answer each of the following questions for any member of the household. For each "yes" provide details in the table on the next page. Does any member of your household (circle):

- |  |     |    |
|--|-----|----|
| 1) Work full-time/part-time or seasonally?   | Yes | No |
| 2) Expect to work any period during the next year?<br>If yes, explain: _____   | Yes | No |
| 3) Work for someone who pays in cash?<br>If yes, explain: _____  | Yes | No |
| 4) Now receive or expect to receive Social Security/Retirement or disability benefits?   | Yes | No |
| 5) Now receive or expect to receive an income from a pension or annuity?   | Yes | No |
| 6) Receive income from assets including, but not limited to, interest on checking or savings accounts, interest or dividends from certificates of deposit, stock, bonds, income from rental property, etc? | Yes | No |
| 7) Now receive or expect to receive unemployment benefits?   | Yes | No |
| 8) Now receive or expect to receive worker's compensation or long term/short term disability payments?   | Yes | No |

- 9) Now receive or expect to receive alimony? Yes    No  
 10) Now receive or expect to receive regular contributions from organizations or from a family member not living in the unit? Yes    No

Please attach copies of:            Prior and current year Social Security Income Verification Letter  
    Prior year W-2 Form (if employed)  
    Letter from employer(s) verifying income not reported on W-2 or 1099  
    Prior year Federal Income Tax return (Form 1040)  
    Prior year PA Form 1000  
    All prior year 1099 Forms  
    Verification from Pharmacy and Physician of monthly co-pays

List all sources of income for all household members. Use additional sheet if necessary.

Member	Source of Income / Type of Income	Annual Income

**ASSETS**

For each household member list all assets, the value of those assets, and income, if any, from those assets. Assets include, but are not limited to, checking accounts, savings accounts (including IRA's, Keoghs, certificates of deposit, mutual funds, stocks, bonds, treasury bills, real estate, trusts, whole life insurance, etc.). Use additional sheet if necessary.

Member	Financial Institution / Broker	Type of Account	Account Number	Balance	Income, Interest, Dividends, etc.

- 1) Have you sold or given away any assets in the past two years (including your home)?  
     \_\_\_ Yes      \_\_\_ No

2) If yes, please explain:

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**RENTAL HISTORY**

Provide name, address, and phone number of all landlords for the past three years.

Name and Address of Present Landlord:

Telephone #:

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Length of Residence:

Current Rent:

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Name and Address of Former Landlord:

Telephone #:

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Length of Residence:

Reason for Leaving:

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**EMPLOYMENT HISTORY**

Name and Address of Present Employer:

Telephone #:

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Name of Supervisor:

Length of Employment:

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Name and Address of Former Employer:

Telephone #:

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Name of Supervisor:

Length of Employment:

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How did you hear about us?  Newspaper  Brochure/Flyer  Word of Mouth  
 Current Resident  Other

**What is your current housing situation and why do you want to move to the Union Aid Society apartment building?**

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I/we certify that if selected to move into this property, the unit I/we occupy will be my/our sole residence. I/we understand that the above information is being collected to determine eligibility to reside at Union Aid Apartments. I/we authorize UAS to verify all information provided on this application and to contact previous or current landlords and other sources for credit verification.

By signing this application, I/we also grant UAS the right to obtain all information needed to determine my/our eligibility in accordance with UAS Tenant Selection Criteria. Resident selection may include, but is not limited to, criminal history checks, home visits, ability to pay rent, etc. 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 false statements or information are grounds for rejection of occupancy, or termination of lease if UAS finds later that /we have falsified or omitted information.

All applicants must sign below:

Signature of Head:

Date:

\_\_\_\_\_  
Signature of Co-Head:

\_\_\_\_\_  
Date:

**We do business in accordance with Federal Fair Housing Act. We do not discriminate against any person because of race, color, religion, sex, familial status, national origin or sexual preference.**