



Thank you for requesting information about the Union Aid Society affordable apartments.

Please complete and return the enclosed Application form. When a vacancy occurs, I will contact you to discuss your application, answer your questions and schedule a home visit.

Please review the following information regarding eligibility:

1. Tenants will provide all income verification information including but not limited to: W-2 form, 1099 forms, Social Security/SSDI income verification letter and most recent Income Tax form (1040) with application
2. Leases and income are reviewed annually
3. No pets are allowed
4. No smoking on property
5. One month's security deposit required

If you have any questions, do not hesitate to call the Union Aid Society office at 412-741-9240.

Sincerely

Sherri Leifman MSW LSW

Executive Director

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: _____

Email: _____

HOUSEHOLD COMPOSITION

List those who will be living in the unit **including yourself.**

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? | Yes | No |
| If yes, explain: _____ | | |
| 3) Work for someone who pays in cash? | Yes | No |
| If yes, explain: _____ | | |
| 4) Now receive or expect to receive Social Security/Retirement or disability benefits? | Yes | No |
| 5) Now receive or expect to receive 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:

3) Do you own a vehicle? _____

RENTAL HISTORY

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

Name and Address of Present Landlord:

Telephone #:

Length of Residence:

Current Rent:

Name and Address of Former Landlord:

Telephone #:

Length of Residence:

Reason for Leaving:

EMPLOYMENT HISTORY

Name and Address of Present Employer:

Telephone #:

Name of Supervisor:

Length of Employment:

Name and Address of Former Employer:

Telephone #:

Name of Supervisor:

Length of Employment:

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?

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.