



Roosevelt Arms Apartments
 Property Manager: Dorothy Jarosz
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 www.rooseveltarmsapartments.com

**APPLICATION FOR ADMISSION AND RENTAL ASSISTANCE
 EQUAL HOUSING OPPORTUNITY**

INSTRUCTIONS FOR HEAD OF HOUSEHOLD

1. Please complete all sections by printing in ink. Please do not leave any section blank, even sections that do not apply to you. For instance, if a section asks for a driver's license number and you do not have a driver's license, you may write "NONE" or "NA" (not applicable). If you need to make a correction, put one line through the incorrect information, write the correct information above and initial the change.
2. As Head of Household, you will complete this Rental Application form. Each additional adult 18 years of age and older who live in the apartment must sign the Rental Application also.
3. It is important that all information on this form be complete and correct. False, incomplete or misleading information will cause your household's application to be declined.
4. As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes and whenever you need to add a person to your application or remove a person from your application.
5. After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List; but this does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible or not actually qualified for housing, your application will be declined. We will process your application according to your standard procedures, which are summarized in the Resident Selection Criteria posted in the Management Office.

HEAD OF HOUSHOLD/SPOUSE/CO-RESIDENT

HEAD OF HOUSEHOLD _____
 LAST NAME FIRST NAME MI

DRIVERS LICENSE STATE & NUMBER _____
 (Please provide a copy of your photo ID with this application)

CURRENT ADDRESS _____

CITY, STATE, ZIPCODE _____

HOME # _____ WORK # _____ CELL # _____

SPOUSE/CO-RESIDENT _____
 LAST NAME FIRST NAME MI

DRIVERS LICENSE STATE & NUMBER _____
 (Please provide a copy of your photo ID with this application)

HOME # _____ WORK # _____ CELL # _____

HOUSEHOLD COMPSOSITION AND CHARACTERISTICS

1. List the Head of Household and all members who will be living in the unit. Give the relations of each family member to the head

Member no.	Full Name	Relationship	Birth date	Age	Sex	Social Security No.
1						
2						
3						
4						
5						
6						

2. Race of Head of Household (check one) (for statistical purposes only)

White Black American Indian/Alaskan Native Asian/Pacific Islander

3. Ethnicity of Head of Household (for statistical purposes only)

Hispanic Non-Hispanic

4. Does anyone live with you now who is not listed above? Yes No

5. Do you expect a change in your household composition? Yes No

6. Is head of household or spouse handicapped or disabled? Yes No

7. Please identify any special housing needs you household has.

8. Are you now living in a subsidized unit? Yes No

9. Name of Complex: _____

10. Name of Manager: _____

11. Managers Telephone Number: _____

12. Is there another person we may contact if we are unable to reach you?

Name: _____ Phone: _____

Relationship: _____

ASSETS

1. List all checking and savings accounts (Including IRA's, Keogh accounts and Certificates of Deposit) of all household members.

Member No.	Bank Name	Type of Account	Account Number	Balance

2. List all stocks, bonds, trusts, pensions or other assets and their value owned by any household member.

3. List any assets disposed of for less than their fair market value during the past two years.

EXPENSES

Yes No Do you have expenses for child care of a child aged 12 or younger?
If yes, provide the name, address and telephone number of the care provider.

What is the weekly cost to you of the childcare? _____

Yes No Do you pay a care attendant or for any equipment for any disable household member necessary to permit that person or someone else in the household to work?

What is the cost to you for the care attendant and/or the equipment?

ELDERLY FAMILIES ONLY

Yes No Do you have Medicare?
If yes, what is your monthly premium? _____

Yes No Do you have any other kind of Medical Insurance? If yes, provide the name and address of carrier, policy number and premium amount.

Yes No Do you have outstanding medical bills? If yes, list them below.

What medical expenses do you expect to incur in the next twelve months? _____

If you use the same pharmacy regularly, please provide the name and address: _____

PREVIOUS RENTAL HISTORY

Name and Address of your Present Landlord:

Telephone No. _____

Move In Date: _____

Reason for Leaving? _____

Name and Address of your Previous Landlord:

Telephone No. _____

Move In Date: _____

Reason for Leaving? _____

EMPLOYMENT HISTORY

Name and Address of Head's Present Employer:

Telephone No. _____

Supervisor _____

Employed Since _____

Name and Address of Spouse's or Co-Head's Present Employer:

Telephone No. _____

Supervisor _____

Employed Since _____

WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING A FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT. HUD, THE PHA, AND ANY OWNER (OR ANY EMPLOYEE OF HUD, THE PHA OR THE OWNER) MAY BE SUBJECT TO PENELTIES FOR UNAUTHORIZED DISCLOSURES OR IMPROPER USES OF INFORMATION COLLECTED BASED ON THE CONSENT FORM. USE OF THE INFORMATION COLLECTED BASED ON THE VERIFICATION FORMS IS RESTRICTED TO THE PURPOSES CITED THEREON. ANY PERSON WHO KNOWINGLY OR WILLFULLY REQUESTS, OBTAINS OR DISCLOSES ANY INFORMATION UNDER FALSE PRETENSES CONCERNING AN APPLICANT OR PARTICIPANT MAY BE SUBJECT TO A MISDEMEANOR AND FINED NOT MORE THAN \$5000. ANY APPLICANT OR PARTICIPANT AFFECTED BY NEGLIGIENT DISCLOSURE OF INFORMMATION MAY BRING CIVIL ACTION FOR DANGERS, AND SEEK OTHER RELIEF, AS MAY BE APPROPRIATE, AGAINST THE OFFICER OR EMPLOYEE OF HUD, THE PHA OR THE OWNER RESPONSIBLE FOR THE UNAUTHORIZED DISCLOSUREE OR IMPROPER USE.

APPLICANT CERTIFICATION

1. We certify that all information given in this application and any addenda thereto is true, complete and accurate. We understand that if any of this information is false, misleading or incomplete, management may decline our application or if move-in has occurred, terminate or Rental Agreement.
2. We authorize _____ to make any and all inquires to verify this information, either directly or indirectly or through information exchanged now or later with rental and credit screening services, and to contact previous and current landlords or other sources for credit and verification confirmation which may be released to appropriate Federal, State or local agencies.
3. If our application is approved and move-in occurs, we certify that only those persons listed in this application will occupy the apartment, that they will maintain no other place of residence and that there are no other persons for whom we have or expect to have, responsibility to provide housing.
4. We agree to notify management in writing immediately regarding any changes in household address, telephone numbers, income, and household composition.
5. We have read and understand the information in this application, in particular the information contained in the Instructions for Head of Household; and we agree to comply with such information.
6. We have been notified that the Resident Selection Criteria which summarizes the procedures for processing applications is posted in the management office.
7. We understand that if this application is placed on a Waiting List, we may request sample copies of the Rental Agreement and House Rules. If this application is approved and move-in occurs, we certify that we will accept and comply with all conditions of occupancy as set forth therein, including specifically all conditions regarding pets, rent, damages and Security Deposits.
8. We authorize management to obtain one or more "consumer reports" as defined in the Fair Credit Reporting Act, 15U.S.C. Section 1681a (d), seeking information on our credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living.

FAIR CREDIT REPORTING ACT

THIS IS TO INFORM YOU THAT AS PART OF PROCEDURE FOR PROCESSING YOUR APPLICATION, AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THIRD PARTIES-SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU. THIS INQUIRY INCLUDES INFORMATION AS TO YOUR CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, MODE OF LIVING, INCOME AND CREDIT BACKGROUND AND ALSO POLICE RECORDS. ALL INFORMATION YOU AND OTHERS GIVE US WILL BE HELD IN STRICT CONFIDENCE.

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORIGIN, COLOR, CREED, AGE, SEX, HANDICAP OR FAMILIAL STATUS.

PLEASE BE ADVISED THAT ANY INFORMATION GIVEN TO THIS OFFICE THAT IS FALSIFIED IN ANY WAY WILL AUTOMATICALLY RESULT IN THE DENIAL OF YOUR APPLICATION.

APPLICANT/TENANT CONSENT TO OBTAIN CONSUMER REPORT

APPLICANT/TENANT CONSENT TO OBTAIN CRIMINAL HISTORY

The undersigned applicant(s) and co-signer(s) hereby consent to allow the property listed on the application and The Rubinoff Company through its designated agents or employees, to obtain a consumer report on each of us and to obtain and verify each of our credit and employment information for the purpose of determining whether to lease an apartment of house to me/us. We also agree and understand that the owner and its agents and employees may obtain additional consumer reports on each of us in the future to update or review our account. Upon my/our request, owner will tell me/us whether consumer reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

The undersigned applicant(s) and co-signer(s) hereby consent to allow the property listed on the application and Property Management Corp. through its designated agents or employees, to obtain a consumer report and criminal record on each of us. Upon my/our request, owner will tell me/us whether consumer reports or criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

I/WE HAVE READ AND UNDERSTAND THE ABOVE.

Signature of Head _____ Date _____

Signature of Spouse/Co-Head _____ Date _____

Signature of Co-Applicant _____ Date _____