

CENTENNIAL PLACE

In order to serve you better please complete.

1. Do you currently have a section 8 voucher?

_____ **YES** _____ **NO**

**2. Would you like to be placed on the
ASSISTED OR NON ASSISTED waiting list?**

_____ **ASSISTED** _____ **NON ASSISTED**

Based on your Income **Not based on your Income**
(or If you have Sec. 8)

3. Are you employed or do you have income, such as SS., child support, pension, etc.?

_____ **YES** _____ **NO**

4. Are you a veteran?

_____ **YES** _____ **NO**

5. Are you homeless?

_____ **YES** _____ **NO**

Please include a copy of the birth certificate and social security card for each family member with the application.

You will be placed on the appropriate waiting list.

Please be sure to update your information if it changes by calling 724-704-7219.

Centennial Place.

RENTAL APPLICATION FORM



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

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
Current Housing Status: 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: _____				
Address: _____				
-				
Name and Address of Employer			Type of Business	Self Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Business Phone Number ()	Position/Title		No. Yrs. on Job	Yrs in this line of work
Name and Address of Previous Employer (If employed at present position less than 2 yrs.)			No. of Yrs. with Previous Employer	Business 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
Name and Address of Employer			Type of Business	Self-employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Business Phone Number ()	Position/Title		No. Yrs. on Job	Yrs. in this line of work
Name and Address of Previous Employer (If employed at present position less than 2 yrs.)			No. of Yrs. with Previous Employer	Business Phone ()

"other" column in the above listing of assets.

Are all household members full-time students? Yes No

HOUSEHOLD COMPOSITION
Home: Give the relationship of each family member to the head of household and all members who live in your home.

MEMBER NO. Head of Household	FULL NAME	RELATIONSHIP	BIRTHDATE M/D/Y	SOCIAL SECURITY NO.
2				
3				
4				
5				
6				
7				
8				

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

Have you or any member of the household ever been convicted of a felony? Yes No
If yes explain: _____

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 _____
_____	Date _____
_____	Date _____
_____	Date _____

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN



MERCER COUNTY HOUSING AUTHORITY

SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

This questionnaire is to be administered to every applicant for public housing at the Mercer County Housing Authority. It is used to determine whether an applicant family needs special features in their housing unit. The need for special adaptations must be verified in order to assure that the limited number of units with special features go to families that actually need the features. (See HF-807)

Applicant name _____
Interviewed by _____ Date: _____

1. Will you or any members of your family require any of the following:

- A barrier free apartment
- One level unit
- Other modifications to unit
- Live in attendant
- Extra bedroom
- Unit for vision-impaired
- Unit for hearing-impaired
- Bedroom and bath on the first floor

2. Can you and all family members use the stairs unassisted? Yes No
If No, please indicate how the PHA should accommodate your family. _____

3. Will you or any of your family members need a live-in-aide to assist you? yes No
if yes, please explain _____

4. If you checked any of the above listed categories of units, please explain exactly what you need to accommodate your situation. Attached additional sheets if needed. _____

5. What is the name of the family member needing the features identified above? _____

Date _____

Applicant Signature _____

MERCER COUNTY HOUSING AUTHORITY

REQUEST FOR CRIMINAL RECORD CHECK SCREENING

Last Name _____ First Name _____ Middle Name _____
 Maiden Name _____ Other names used or aliases _____ Other names used or aliases _____
 Date of Birth _____ Social Security Number _____
 Current Address _____ Previous Address _____

Have you ever lived outside of Pennsylvania?
 No _____ Yes _____ If yes, list all states you have lived in _____
 Have you ever been EVICTED from any other public housing agency? No _____ Yes _____

WARNING

THIS INFORMATION IS FOR OFFICIAL USE ONLY. IT IS NOT TO BE RELEASED TO THE PUBLIC OR USED FOR ANY OTHER PURPOSE.

Date of Arrest	Crime Charged	Arresting Law Enforcement Agency/Court

Are you now on PROBATION or PAROLE? (Circle One) YBS NO
 If YES, list name and phone number of PROBATION / PAROLE Officer: _____
 Name of Probation or Parole Agent _____ Phone Number (Must be Included) _____

I hereby authorize Mercer County Housing Authority to secure a Criminal History Background check, as a necessary part of Mercer County Housing Authority's Pre-Housing Application Process for eligibility purposes. I understand the results of this report will remain confidential. Under the provisions of the Pennsylvania Crimes Code, Section 4904, Unsworn Falsification to Authorities, the information contained herein is true and correct to the best of my knowledge.

Applicant's Signature _____ Date _____
 ACCEPT REJECT
 Signature of MCHA Employee receiving application: _____ Date _____