CENTENNIAL PLACE

in order to serve you better please complete.
1. Do you currently have a section 8 voucher?
YESNO
2. Would you like to be placed on the
ASSISTED OR NON ASSISTED waiting list?
ASSISTEDNON 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.?
YESNO
4. Are you a veteran?
YESNO
5. Are you homeless?
YESNO
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				
Present Street Address			Social Security No.	Home Phone
Plesent 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 Yes -AF
				No. Yrs. at Former Address
Current Housing Status: Provide the 3 years.	name, addre	ss, and pho	ne number of all your l	
II Gurrent i andiord: \				andlords for the past
Address:			Phone	
Previous Landlord:				
Previous Landlord:			Phon	9:
Previous Landlord:Address:			Phon	Đ:
_				
Name and Address of Employer				
and the second second			Type of Business	Self Employed?
Business Phone Number				Yes 🗍 No 🗍
	Position/		No. Yrs. on Job	Yrs in this line of
Name and Address of Previous Emp	oloyer (if emplo	ved at	No. of Yrs. with	work
present position less than 2 yrs.)	· · ·	,	Previous Employer	Business Phone
				` '
Co-Applicant's Name			Social Security No.	Home Phone
Present Street Address	014.			
	City .	State	Zip Code	No. Yrs at Present
Former Charles A L.L.				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				
Traine and Address of Employer			Type of Business	Self-employed?
Business Phone Number				Yes
II ()	Position/		No. Yrs. on Job	Yrs. in this line of
Name and Address of Previous Em	ployer (If emplo	yed at	No. of Yrs. with	work Business Phone
present position less than 2 yrs.)		-m 20 000 SI	Previous Employer	()

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SOURCE Gross Salary	- 1	PPLICANT	1	APPLICANT	HOUSEH MEMBER	OLD S 18	A SALASSIA .A.
				TO LICANT	YRS OR O	DER	TOTAL
Overtime Pay							
Commissions/Fees/Tip	19/						
					-		
Unemployment Benefit			-				
Workers Compensation							
Social Security							
Retirement Funds, etc.	ns,		-				
Received Periodically TANF Payments	<u>"</u>						
Alimony, Child Support	-					-	
Interest and/or Dividend	5					-	
Net Income from							
Business Net Rental Income							
Olher:							
				-			
		SPESSESCHEROLES	(Plia Shararan	BUALLER			
((I)): ((ener erkomannerskriget					-	
ASSETS Checking Account	CASH VALUE	l Fr	ROM		FINANCIAL	L:	
	\$	\$	ETS	INSTI	TUTION TUTION	ACC	OUNT
Savings	\$					NUN	MBER
Certificate of Deposit		\$					
Autual	\$	\$					
unds/Stocks/Bond	\$	\$					
leal Estate	-						
Vhole Life Insurance	\$	\$					
	\$	\$					
nnulty, Keogh, IRA, 401k	\$						
lher:	L.	\$				-	
	\$	\$					
TOTAL;	1			WW. W.			- 11

I_____have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the

THE STITLE STREET	nembers full-time stud	ente? Yes N	0	
	GAÇELIT LOTA KAMPILET AT ING SA SALOMETAN KAMPILET K		ANTITRUIN MY TITLE THE	
	THE THE TANK THE COUNTY OF THE			Who live in voi
MEMBER NO.	FULL NAME	RELATIONSHIP	DIKINDATE	SOCIAL
Head of Household		- THE THINGS HIP	M/D/Y	SECURITY NO
2				
3				
4				
5				
6				
7				
8				
lave you or any me	mber of the household e	onable accommodations ever been convicted of a		es No
lave you or any ment f yes explain: The information provingent to the		ever been convicted of a	felony? Ye	es No C
lave you or any ment f yes explain: The information provious onsent to the discussion of the discussi	mber of the household e	ever been convicted of a complete to the best of financial information fit verification related to n	felony? Ye f my/our knowledg fom my/our empl ny/our application	es No C
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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. (SeeHF-807)

	(D- 10
Applicant name		•
Interviewed		
and viewed by		
		Det
1. Will you or arrest	rs of your family require any of the i	Date:
you of any membe	ts of your family record	
A bount of	of the i	following
A barrier free apartment	M	
One level unit	Unit for vision-impaired	
Other modifications to unit		
Tire in the little attentions to unit	Bedroom Houring-Impaired	
	Bedroom and bath on the first	floor
Extra bedroom	The state of the s	MOOF .
2 Can war it as		
TEAT. you and all family memi	pers use the stairs unassisted? Yes [HA should accommodate your	
11 190, please indicate hour the D	ors use the stairs unassisted?	
If No, please indicate how the P	HA should accommodate	JNo □
	Jour :	
3. Will was an	HA should accommodate your	
if you or any of your famil	W mount	
n yes, please explain	y mondons need a live-in-aide to a	9.4
The state of the s	y members need a live-in-aide to ass	ist you? yes I No I
Town of the above	A lighted and	
you need to accommodate works	de la	n. 1 0
needed.	re listed categories of units, please exituation. Attached additional sheets	plain exactly what
	additional sheets	if .
	ituation. Attached additional sheets	
5. What is the name	mily member needing the features ic	
eborro	mily member need	
αυογεγ	in a second record the features in	lentifica
		- CARCITICA .
	mily member needing the features id	
Date	•	•
	Amilian	
	Applicant Signatu	re

MERCER COUNTY HOUSING AUTHORITY REQUEST FOR CRIMINAL RECORD CHECK SCREENING

Last N	ame		•
•		2010	
	•	First Name	M&L41_ 2-
Maiden 1			Middle Name
waiden]	Mame	Other names used or aliases	
		ded or allange	Other names used or aliases
Date of I	Birth -	Soulal Source	American Indian/Alaskan Native Asian Black White Unknown
ı	Cassument A = -	Social Security Number	Race (Circle One)
	Current Address		
			Previous Address
Have you ever lived	outside of Pennsylv		
No Yes	If ven list ar	vania? Hates you have lived in	
Have	Jes, Het all 8	tates you have lived in	
ave you ever been	EVICTED from any	other public housing agency? No _	
ELECTRONICA ELECTRONICA DE LA COMPANSION DE LA COMPA	WEST NEW TOWNS THE TANK THE TA	Papare nousing agency? No _	Yes_
		SELECTION OF THE PROPERTY OF T	
		V. Call D. W. D. Creich P. C. Chemensylassi Lendelan (ediniid).	THE PROPERTY OF THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY
			COMES NATIONAL AND ANALYSIS OF THE PROPERTY OF
Date of Arrest			MES MIGDEMEANORS AND
Date of Arrest			
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Date of Arrest	Crime	Charged Arrest	
Date of Arrest	Crime	Charged Arrest	
Date of Arrest	Crime	Charged Arrest	(CATEMONE) ing Law Enforcement Agency/Court
Date of Arrest Are you now on lif YES, list name and	Crime Crime PROBATION or PAI Phone number of PR	Charged Arrest ROLE? (Circle One) ROBATION / PAROLE Officer:	(CARIMONE) Ing Law Enforcement Agency/Court
Date of Arrest Are you now on lif YES, list name and p	Crime PROBATION or PAI phone number of PR of Probation or Par	Charged Arrest Charged Arrest ROLE? (Circle One) ROBATION / PAROLE Officer:	ICATE MCINE) Ing Law Enforcement Agency/Court YES NO
Are you now on lif YES, list name and p	Crime PROBATION or PAI phone number of PROBATION or Para	Charged Arrest Charged Arrest Charged Arrest ROLE? (Circle One) ROBATION / PAROLE Officer: Die Agent	Ing Law Enforcement Agency/Court YES NO Phone Number (Must be Included)
Are you now on I If YES, list name and I Name	PROBATION or PAI phone number of PR of Probation or Par	Charged Arrest Charged Arrest Charged Arrest ROLE? (Circle One) ROBATION / PAROLE Officer: Die Agent	ICATEMONE) Ing Law Enforcement Agency/Court YES NO Phone Number (Must be Included)
Are you now on I If YES, list name and I Name I hereby authorize Merof Mercer County House	PROBATION or PAI phone number of PR of Probation or Para cer County Housing sing Authority's Pre-	Charged Arrest Charged Arrest ROLE? (Circle One) ROBATION / PAROLE Officer: Die Agent Authority to secure a Criminal Hist Housing Application Research	ICAREMONE) Ing Law Enforcement Agency/Court YES NO Phone Number (Must be Included) Ory Background check, see a see
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Date of Arrest Date of Arrest Are you now on I If YES, list name and I Name I hereby authorize Mero I fine Mero County House I this report will remainstallification to Authorize	PROBATION or PAR phone number of PR of Probation or Para cer County Housing sing Authority's Pre- sing confidential, Und rities, the information	Charged Arrest Charge	ICAREMONE) Ing Law Enforcement Agency/Court YES NO Phone Number (Must be Included) Ory Background check, see a see
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Are you now on I If YES, list name and I Name hereby authorize Mer of Mercer County Flour of this report will rema	PROBATION or PAR phone number of PR of Probation or Para cer County Housing sing Authority's Pre- sing confidential, Und rities, the information	Charged Arrest Charge	ing Law Enforcement Agency/Court YES NO Phone Number (Must be Included) ory Background check, as a necessary pagibility purposes. I understand the resulting Crimes Code, Section 4904, Unswerect to the best of my knowledge.