

**UNDER OUR WING
RENTAL APPLICATION FORM**

Managed by: YWCA of Butler
120 W. Cunningham Street
Butler, PA 16001-5742

The information collected below will be used to determine if you qualify as a resident.
It will not be disclosed without your consent.

1. Applicant's Name		Social Security No.		Home Phone
2. Present Street Address	City	State	Zip Code	No. Yrs. At Present Address
3. Former Street Address (if at present address for less than 2 years)	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: _____

FOR STATISTICAL USE ONLY

4. Head of Household Race (Enter One) 1 = White 2 = Black 3 = American Indian/Alaskan Native 4 = Asian or Pacific Islander	5. Head of Household Ethnicity 1 = Hispanic 2 = Non-Hispanic	6. Head of Household Gender 1 = Male 2 = Female	7. Head of Household Marital Status 1 = Single 2 = Married
8. Name and Address of Employer		Type of Business	Self-Employed <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Phone Number	Position/Title	No. Years on Job	Years in this line of Work

ANNUAL INCOME

SOURCE	APPLICANT PER MONTH	TOTAL ANNUAL		
1. Gross Salary				
2. Overtime Pay				
3. Commissions/Fees/Tips/Bonuses				
4. Unemployment Benefits				
5. Workers Compensation, etc.				
6. Social Security, Pensions, Retirement Funds, etc., Received Periodically				
7. TANF Payments				
8. Alimony, Child Support				
9. Interests and/or Dividends				
10. Net Income from Business				
11. Net Rental Income				
12. Other				
TOTAL:				
ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account				
Savings				
Certificate of Deposit				
Mutual Funds/Stocks/Bonds/IRA's or Investments				
Real Estate				
Other				
TOTAL:				

Have 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 "other" column in the above listing of assets.

Are you a full-time student? Yes No

Are you a part-time student? Yes No

MEMBER NO.	FULL NAME	BIRTH DATE M/D/Y	SOCIAL SECURITY NUMBER
Head of Household			

Name of Nearest Relative: _____

Address: _____

Phone Number: _____

Are there any special housing needs or accommodations that the household will require? Examples are a unit for mobility impaired, a unit for visually impaired, a unit for hearing impaired, or grab bars, wheel-in-showers.

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. By signing this application for rental housing, I/we give consent to run a residential screening of my credit and criminal history.

Applicant: _____ Date: _____

If you are in need of special services, please call us at 724-287-5709.

If you have a grievance complaint regarding this application, you may call:

PHILADELPHIA FIELD
(215) 656-0663
TDD# (215) 656-3450

PITTSBURGH FIELD
(412) 664-6965
TDD# 1-800-927-9275
1-800-669-9777 **Toll-Free Complaints**

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P# 724-287-5709
F# 724-287-0598

**Addendum to
Tenant Income Certification**

(Optional - for Statistical Use Only)

Unit #: _____ Resident Name: _____

In accordance with data collection information requested by the Department of Housing and Urban Development (HUD), please provide the following information for the head of household.

ETHNICITY	GENDER
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> (M) Male <input type="checkbox"/> (F) Female
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	

RACE – (Select all that Apply.)
<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White

RESIDENT SIGNATURE
<input type="checkbox"/> I have provided the above information.
<input type="checkbox"/> I decline to provide this information.
Resident Signature