



ARCHWAY HOUSING & SERVICES INC, INITIAL APPLICATION

This is a rental application for properties owned and/or managed by Archway Housing & Services Inc. If you are applying as a potential tenant, we will confirm to the best of our ability all information given on this application with third party verifications (verified directly in writing with your employer or landlord).

The information you provide on this application will be treated as confidential. It includes information necessary for determining your preliminary housing eligibility.

Please answer each question by filling in the blank spaces provided. Answer each question as completely as possible. An incomplete application may prevent or delay us from processing your application for rental housing.

I. APPLICANT INFORMATION

Name of Applicant: _____
 Phone #: _____ (home) _____ (cell) _____
 Current Address: _____ City: _____ State: _____ Zip: _____

Size of unit I am interested in: _____ (# of Bedrooms)
 I need a handicapped-accessible unit: Yes _____ No _____

Name of Co-Applicant/Spouse (if applicable): _____
 Phone #: _____ (home) _____ (cell) _____
 Current Address: _____ City: _____ State: _____ Zip: _____
 (If the same address/phone as applicant please write in same as above)

LIST EVERYONE WHO WILL LIVE IN YOUR HOUSEHOLD (Include yourself as Head of Household)

Name	Relationship (Spouse, child etc.)	Social Security Number	Birth Date	Sex M/F
1.	Head of Household			
2.				
3.				
4.				
5.				
6.				
7.				
8.				



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II. EMPLOYMENT INFORMATION

Name of Employer for Head of Household: _____

Contact Name for Verification of Employment: _____

Phone #: _____ / Fax #: _____

Address: _____ City: _____ State: _____ Zip: _____

Length of Employment from: _____ to: _____

Salary:

1- Hourly wages: \$ _____

2- Number of hours you work per week: _____

3- Number of weeks you work per year: _____

4- Do you work overtime on an ongoing basis? Yes: ___ No: ___
If yes, # of hours overtime per week: _____

OR

5- Monthly salary: \$ _____

6- Biweekly salary: \$ _____

7- Semi-monthly salary: \$ _____

Name of Employer for Co-Applicant: _____

Contact Name for Verification of Employment: _____

Phone #: _____ / Fax #: _____

Address: _____ City: _____ State: _____ Zip: _____

Length of Employment from: _____ to: _____

Salary:

1- Hourly wages: \$ _____

2- Number of hours you work per week: _____

3- Number of weeks you work per year: _____

4- Do you work overtime on an ongoing basis? Yes: ___ No: ___
If yes, # of hours overtime per week: _____

OR

5- Monthly salary: \$ _____

6- Biweekly salary: \$ _____

7- Semi-monthly salary: \$ _____

III. BENEFITS INFORMATION

LIST ALL SOURCES OF INCOME FROM ANY BENEFITS PAYMENTS

Name of Household Member	Type of Income	Monthly Amount
	<i>Social Security</i>	\$
	<i>Social Security</i>	\$
	<i>SSI</i>	\$
	<i>SSDI</i>	\$
	<i>AND</i>	\$
	<i>TANF</i>	\$
	<i>Child Support</i>	\$
	<i>Maintenance (Alimony)</i>	\$
	<i>Pension</i>	\$
	<i>OAP</i>	\$



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	Unemployment	\$
	Other (Please specify)	\$

IV. ASSETS AND INCOME FROM ASSETS

LIST ANY ASSETS YOU OR THE CO-APPLICANT HAVE (FOR EXAMPLE: CHECKING ACCOUNTS, SAVINGS ACCOUNTS, STOCKS, MUTUAL FUNDS, PENSIONS, 401 PLANS, IRA'S, ETC.—EXCLUDE PERSONAL PROPERTY SUCH AS AUTOMOBILES)

Type of Asset	Name of Financial Institution	Location of Institution	Account #	Balance	Interest Rate (if any)

V. CURRENT HOUSING

Do you currently? Rent _____ Own _____

If you rent, please skip to the next section

If you own, do you have a mortgage? Yes _____ No _____

Name of Mortgage Company: _____

If yes, what is the approximate balance? \$ _____

Are you in arrears on your mortgage? Yes _____ No _____

VI. LANDLORD INFORMATION

Name of current landlord: _____

Landlord Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Monthly rent amount: _____

How long at this address? _____ Date of move in: _____

Date of move out: _____ Do you have pets? Yes: ___ No: ___

Are you currently in arrears on your rent? Yes: _____ No: _____

If you have lived at this address less than two years complete the following:

Name of previous landlord: _____

Landlord Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Monthly rent amount: _____



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How long at this address? _____ Date of move in: _____
Date of move out: _____ Did you have pets? Yes: ___ No: ___
Did you owe the landlord money after the move out? Yes: _____ No: _____

LANDLORD INFORMATION FOR CO-APPLICANT (If same as APPLICANT, mark "SAME")

Name of current landlord: _____
Landlord Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Monthly rent amount: _____
How long at this address? _____ Date of move in: _____
Date of move out: _____ Do you have pets? Yes: ___ No: ___
Are you currently in arrears on your rent? Yes: ___ No: _____

If you have lived at this address less than two years complete the following:

Name of previous landlord: _____
Landlord Address: _____
City: _____ State: _____ Zip code: _____
Phone: _____ Monthly rent amount: _____
How long at this address? _____ Date moved in: _____
Date you moved out: _____ Did you have pets? Yes: ___ No: ___
Did you owe the landlord money after move out? Yes: _____ No: _____

VII. ADDITIONAL INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR HEAD OF HOUSEHOLD & CO-APPLICANT/SPOUSE

Answer Yes or No—please explain all "Yes" answers below

	Applicant	Co-Applicant
1. Are you a full-time/part-time student? (Circle one)	Yes ___ No ___	Yes ___ No ___
2. Do you own a business?	Yes ___ No ___	Yes ___ No ___
3. Do you own real estate other than your home?	Yes ___ No ___	Yes ___ No ___
4. Are you currently receiving Section 8 assistance?	Yes ___ No ___	Yes ___ No ___
5. Do you own a pet?	Yes ___ No ___	Yes ___ No ___
6. Have you ever used another Social Security Number?	Yes ___ No ___	Yes ___ No ___
7. Have you ever filed bankruptcy?	Yes ___ No ___	Yes ___ No ___
8. Have you ever been evicted from an apartment?	Yes ___ No ___	Yes ___ No ___
9. Have you disposed of assets for less than market value in the last two years?	Yes ___ No ___	Yes ___ No ___
10. Do you own a vehicle(s)?	Yes ___ No ___	Yes ___ No ___

Make of vehicle: _____ Year _____ License Plate # _____

Make of vehicle: _____ Year _____ License Plate # _____



Explanation to any above responses:

VIII. EMERGENCY CONTACT INFORMATION

IN CASE OF EMERGENCY, WHOM SHOULD WE CALL?

Name: _____ Relationship: _____ Phone: _____

Address: _____

Name: _____ Relationship: _____ Phone: _____

Address: _____

APPLICATION FEE: \$27.00 - no cash, please. Applications are not processed without receipt of an application fee.

Your application fee is used to pay for a credit check, a criminal background check, an employment verification, and a landlord check. We reserve the right to authorize a third-party agency to do verifications.

Please return your completed application to: _____

A phone number to the management office is: _____

AUTHORIZATION OF RELEASE OF INFORMATION AND CERTIFICATION – I HEREBY GIVE MY PERMISSION TO ARCHWAY HOUSING & SERVICES, INC AND THEIR AUTHORIZED AGENTS TO OBTAIN A CONSUMER CREDIT REPORT ON MYSELF. GENERAL INFORMATION MAY BE SHARED BETWEEN PROFESSIONAL STAFF ON A NEED-TO-KNOW BASIS, AT THE DISCRETION OF THE AGENT.

I AM/WE ARE APPLYING FOR HOUSING AND STATE THAT ALL INFORMATION PROVIDED HEREIN IS TRUE, ACCURATE, AND COMPLETE. THE INFORMATION OBTAINED WILL BE USED FOR MANAGEMENT PURPOSES ONLY AND WILL BE HELD IN CONFIDENCE.

ARCHWAY HOUSING & SERVICES INC DOES NOT DISCRIMINATE IN HOUSING ON THE BASIS OF RACE, CREED, COLOR, NATIONAL ORIGIN, ETHNICITY, SEXUAL ORIENTATION, SEX, DISABILITY, OR FAMILIAL STATUS. ALL APPLICABLE FAIR HOUSING LAWS, BOTH STATE, FEDERAL, AND ANY OTHER APPLICABLE MUNICIPALITIES ARE FOLLOWED BY THIS ORGANIZATION IN THE SELECTION OF RESIDENTS FOR HOUSING.

APPLICANT SIGNATURE

DATE

CO-APPLICANT SIGNATURE

DATE