



## HOMES AT RIVERSIDE 1029 Weiser Street Reading, PA 19601

Phone 484-709-2106 Fax 484-926-2187

App#:_	
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## **Pre-Application for Housing**

1. List each household member who would be living in the unit, including you. (Only persons listed below will be permitted to reside in the unit)

Name	Date of Birth	Sex M/F	Relationship To You	Social Security Number	Full Time Student Yes/No	Annual Income		
			Self					
2. Current Address: Str	eet:			, Apt.#	·			
City:	City:							
Daytime Phone: Evening Phone:								
I have lived at this ac	ddress for	yea	rmonths					
Landlord Name:			Ph	one:				
Applicant Employer I Phone #:	nformation: N	ame of I	Employer_ ength of Employment	:		<del></del>		
	Co-Applicant Employer Information: Name:Phone#:Length of Employment:							
Other Income Source Received From:			t, Business, Pension					
4. Are you currently in Lease? Number of Days for Lease Termination Notice?								
5. How many bedrooms	are you apply	ring for_						
6. Do you have a Sectio	n-8 Voucher o	r Certifi	cate:					
•								
7. Ethnicity /Race:								
8. Special Needs Unit (if any): How did you hear about us?								
MANAGEMENT USE ONLY Appointment Scheduled:		Date:	Put or Time:	n Wait List:	Received by:_			
Comments, Special Needs, e						<del> </del>		