



**The Village at Laurelbrooke Landing**  
**Brookville PA 15825**



**RENTAL APPLICATION FORM**

(Please check which you are applying for)

- Village I Apartments
- Village II Apartments
- Village III Apartments (washer & dryer hookup)

**Office Use Only:**

Date/Time Application Received: \_\_\_\_\_

Date of Application Review: \_\_\_\_\_

Eligible: YES/NO Notification: \_\_\_\_\_

Reason: Age Income Other: \_\_\_\_\_

Verification Appointment: \_\_\_\_\_

*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 <small>(If at present address for less than 2 years)</small>	City	State	Zip Code	No Yrs. at Former Address

**Housing Status:** Provide the following information for your previous landlords for the past 3 years.

Current Landlord: Address: How long have you lived at this address:	Phone:
Previous Landlord: Address: How long have you lived at this address: Reason for leaving: Did you owe any money when you left or do you currently have any outstanding balances owed to this landlord? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone:
Previous Landlord: Address: How long have you lived at this address: Reason for leaving: Did you owe any money when you left or do you currently have any outstanding balances owed to this landlord? Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone:

**Work Status:** Provide the name, address, and phone number for your current/past employers.

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
Name and Address of Previous Employer <small>(if employed at present position less than 2 yrs.)</small>	No. of Yrs. with Previous employer	Yrs. in this line of work

Co-Applicant's Name		Social Security No.		Home Phone
Present Street Address	City	State	Zip Code	No. Yrs. at Present Address
Former Street Address <small>(If at present address for less than 2 yrs.)</small>	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 <small>(if employed at present position less than 2 yrs.)</small>	No. of Yrs. with Previous Employer	Business Phone		

ANNUAL INCOME				
Source	Applicant	Co-Applicant	Other Household Members 18 Yrs. or older	Total
Gross Salary				
Overtime Pay				
Commissions/Fees/Tips/Bonuses				
Unemployment Benefits				
Workers Compensation, Etc.				
Social Security, Pensions Retirement Funds, etc., Received Periodically				
TANF Payments				
Alimony, Child Support				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Other:				
<b>TOTAL:</b>				

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account	\$	\$		
Savings	\$	\$		
Certificate of Deposit	\$	\$		
Mutual Funds/Stocks/Bonds	\$	\$		
Real Estate	\$	\$		
Whole Life Insurance	\$	\$		
Annuity, Keogh, IRA, 401K	\$	\$		
<b>TOTAL:</b>	\$	\$		

I \_\_\_ have \_\_\_ have not disposed 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.

Have you given any money to charities in the past two years? Yes  No   
 Are any benefits deposited into a Direct Express Debit Card account? Yes  No

Do you have a checking account?

Yes  No

If yes, you will be required to provide the most recent six months' bank statements so that we may estimate the value of the asset in accordance with requirements. Please save your bank statements.

Do you have a savings account?

Yes  No

Current Balance – Please write in NA if the value is zero

\$ \_\_\_\_\_

Do you have a 401K or other employment savings account?

Yes  No

Current value – Please write in NA if the value is zero

\$ \_\_\_\_\_

Do any of your retirement accounts have a Required Minimum Distribution?  
Amount

Yes  No   
\$ \_\_\_\_\_

Do you own a home or other property?

Yes  No

Current Value – Please write NA if the asset value is zero

\$ \_\_\_\_\_

Do you have business income?

Yes  No

Current Value of Business - Please write NA if the asset value is zero

\$ \_\_\_\_\_

Do you own stocks/bonds/certificates of deposit (CD)?

Yes  No

Current Value - Please write NA if the asset value is zero

\$ \_\_\_\_\_

Do you own a life insurance policy?

Yes  No

Current Value - Please write NA if the asset value is zero

\$ \_\_\_\_\_

Is there a trust fund in your name or have you established a trust fund for someone else?

Yes  No

Current Value - Please write NA if the asset value is zero

\$ \_\_\_\_\_

Do you have a safety deposit box?

Yes  No

Are assets stored in the safety deposit box such as US Savings Bonds, cash, Stocks, etc.?

Yes  No

Do you have access to any other assets, property, insurance policies, Businesses, etc.?

Yes  No

If yes, please provide a description of the asset(s) and the current asset value below:

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

Member No.	Full Name	Relationship	Birthdate M/D/Y	Social Security No.
Head of Household				
2				
3				
4				
5				

**PETS & ASSISTANCE/COMPANION ANIMALS:** Please review the property pet/assistance animal rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Is this animal required to live in the unit to alleviate the symptom(s) of a disability for a household member (e.g. companion animal or service animal)?

Yes  No

Do you plan to house an animal in the unit?

Yes  No

If No, please move on to the next section. If yes, please provide the following information:

Animal Type (I.E. dog, cat, etc.)	Breed (if applicable)	Height	Weight

Do you or any household member require the need of Limited English Proficiency (LEP)? Yes  or No

Do you or any household member require the use of LEP documents such as I Speak Cards? Yes  or No

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: \_\_\_\_\_  
\_\_\_\_\_

Are all household members full-time students? Yes  No

Will another individual guarantee payment for rent and other fees on your behalf if you are unable?  
If yes, who? \_\_\_\_\_ Yes  No

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_

Are you or any household member subject to a lifetime sex offender registration requirement in any state?  
If yes, please list state: \_\_\_\_\_ Yes  No

Size of unit desired: \_\_\_\_ One Bedroom \_\_\_\_ Two Bedroom

Were you ever asked to allow or participate in extermination of pests other than regularly scheduled pest control?  
(Includes roaches, bed bugs, rodents, etc.) Yes  No

This facility has a limited number of units that have been made accessible for the mobility impaired (e.g. roll-in showers, lowered kitchen cabinets and work area, wheelchair accessible doorways, etc.) Do you have a mobility impairment and believe you could benefit from the special features of those units? Yes  No

Do you currently require or anticipate the need of assistance from a live-in aide: Yes  No   
(All live-in aides are subject to all screenings as stated in the Village Tenant Selection Plan.)

Have you or any other person who plans to reside at the Village ever been evicted from or asked to leave any type of housing over the past five years? Yes  No

(Optional) Race/ethnicity of each applicant: (write number of applicants that qualify under each category)

\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic  
\_\_\_\_ African American \_\_\_\_\_ Asian or Pacific Islanders  
\_\_\_\_ Native American \_\_\_\_\_ Alaskan Natives

Please place a check next to each state where you have lived.  
Please include Washington, D. C. if you have lived in Washington, D.C.

- |   |  |                                    |                                      |  |                                       |                                       |
|---|--|------------------------------------|--------------------------------------|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alabama        | <input type="checkbox"/> Alaska        | <input type="checkbox"/> Arizona   | <input type="checkbox"/> Arkansas    | <input type="checkbox"/> California      | <input type="checkbox"/> Colorado     | <input type="checkbox"/> Connecticut  |
| <input type="checkbox"/> Delaware       | <input type="checkbox"/> Florida       | <input type="checkbox"/> Georgia   | <input type="checkbox"/> Hawaii      | <input type="checkbox"/> Idaho           | <input type="checkbox"/> Illinois     | <input type="checkbox"/> Indiana      |
| <input type="checkbox"/> Iowa           | <input type="checkbox"/> Kansas        | <input type="checkbox"/> Kentucky  | <input type="checkbox"/> Louisiana   | <input type="checkbox"/> Maine           | <input type="checkbox"/> Maryland     |                                       |
| <input type="checkbox"/> Massachusetts  | <input type="checkbox"/> Michigan      | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Mississippi | <input type="checkbox"/> Missouri        | <input type="checkbox"/> Montana      | <input type="checkbox"/> Nebraska     |
| <input type="checkbox"/> Nevada         | <input type="checkbox"/> New Hampshire |                                    | <input type="checkbox"/> New Jersey  | <input type="checkbox"/> New Mexico      | <input type="checkbox"/> New York     |                                       |
| <input type="checkbox"/> North Carolina | <input type="checkbox"/> North Dakota  | <input type="checkbox"/> Ohio      | <input type="checkbox"/> Oklahoma    | <input type="checkbox"/> Oregon          | <input type="checkbox"/> Pennsylvania | <input type="checkbox"/> Rhode Island |
| <input type="checkbox"/> South Carolina | <input type="checkbox"/> South Dakota  | <input type="checkbox"/> Tennessee | <input type="checkbox"/> Texas       | <input type="checkbox"/> Utah            | <input type="checkbox"/> Vermont      | <input type="checkbox"/> Virginia     |
| <input type="checkbox"/> Washington     | <input type="checkbox"/> West Virginia | <input type="checkbox"/> Wisconsin | <input type="checkbox"/> Wyoming     | <input type="checkbox"/> Washington D.C. |                                       |                                       |

Do you or any household member require the need of Limited English Proficiency (LEP)? Yes  No

Do you or any household member require the use of LEP documents such as I Speak Cards? Yes  No

How did you hear about the housing complex?

Newspaper  Radio  Brochure  Other

Referred to the Villages at Laurelbrooke by: \_\_\_\_\_

*I also understand that a Credit Check, Criminal Background Check and Sex Offender check will be completed prior to tenancy as stated in the Village at Laurelbrooke Tenant Selection Plan. Criminal Background Checks will be performed in the state in which the housing is located and for states where the applicant and members of the applicant's household have resided.*

\_\_\_\_\_  
Applicant Date

\_\_\_\_\_  
Co-Applicant Date

*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.*

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Co-Applicant Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALL ADULT HOUSEHOLD MEMBERS MUST SIGN**

*We do business in Accordance with the Federal Fair Housing Law. We will not discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin, (The Fair Housing Amendment Act of 1988). In compliance with Section 504 regulations, we do not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in, our federally assisted programs and activities. Management will consider requests from individuals with disabling conditions or mobility impairments for reasonable accommodations in policies, practices or facilities.*

## The Village at Laurelbrooke Landing

985 Route 28, Brookville PA 15825  
Phone: 814-849-0814  
Fax: 814-849-8799  
[www.wrc.org](http://www.wrc.org)

TTY/TDD – 7-1-1  
Voice Only – TT – 1-800-855-115



Equal  
Opportunity  
Employer