



Carson Towers Apartments

2117 E Carson St. Pittsburgh, PA 15203

Ph: 412-431-8232 Fax: 412-431-3673



RENTAL APPLICATION
SECTION 8- SECTION 8/236 SECTION 8/RD515- SECTION 8/ TAX CREDIT
RENTAL SUPPLEMENT-RAP
AFFORDABLE COMMUNITES

Application No: _____

Date: _____

Time: _____

Carson Towers Apartments: This community does not discriminate based on race, color, creed, religion, sex, national origin, ancestry, age handicap or disability of any person, familial status, the use of a guide or support animal because of the physical handicap of the user or because the user is a handler or trainer of support of guide animals or because of the handicap or disability of an individual with whom the person is known to have a relationship or associate.

Carson Towers Apartments strictly adheres to these anti-discrimination laws and the Owner agrees that this property will be listed, shown, leased and managed in accordance with these laws.

INSTRUCTIONS FOR HEAD OF HOUSEHOLD

- 1. Please do the following while completing this application:
- Complete all sections in ink (please print)
- Please do not leave any section blank (including sections that do not apply to you)
- When making corrections:
 - Put one line through incorrect information
 - Write the correct information
 - Initial the change
2. As Head of Household, you will complete this Rental Application form on behalf of your entire household. However, each additional adult household member 18 years of age and older which is expected to live in the apartment must sign this Rental Application.
3. False, incomplete or misleading information will cause your household's application to be declined.
4. As long as your active application is on file with us, it is your responsibility to contact us whenever your address, telephone number, or income situation changes, and whenever you need to add a person to your application or remove a person from your application.

Application Processing

- 1. All applications will be processed in accordance with the procedures outlined in the Community Resident Selection Criteria. A copy of the Resident Selection Criteria is available upon request; otherwise a copy is available for viewing in the management office.
2. A preliminary determination of your household's eligibility will be established, after your application is accepted. If your household meets the preliminary eligibility requirements, your application will be placed on our Community Waiting List. However, this does not guarantee that your household will be offered an apartment.
3. IN the event you fail to respond to an application update request within the specified time frame, your application will be removed from the Community Waiting List, and determined inactive. The reactivating of applications may be granted if the households meet the exceptions outlined in the community Resident Selection Criteria.
4. When management anticipates and expected vacancy, applicants with active applications on file will be contacted in order of date and time for an in person eligibility interview. In the event your household does not meet the final eligibility requirements, your application will be declined.

CONTACT INFORMATION (Current):

Table with contact information for Head of Household and Co-Head, including fields for First Name, Last Name, MI, Home Phone No., Cell Phone No., Work/Message Phone No., and Current Street Address.

HOUSEHOLD COMPOSITION:

List all persons, including yourself, and who are expected to reside in the unit. NOTE: The number to the left indicates the "Family Member Number" and is the Number requested in the remaining sections of this application.

- Enter "E" for Elderly or AU for Accessible Unit needed.
- Enter "M" for Married, "S" for Single, "D" for Divorced, "SEP" for Separated, or "W" for Widowed.

Table for household composition with columns: Full Name, Relationship, E/AU, Sex (M/F), Marital Status, Age, Birthdate MM/DD/YY, Social Security No., Occupation, Student Status Full/Part Time.



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HOUSEHOLD COMPOSITION CONTINUED

The Department of Housing and Urban Development requires that for statistical purposes only, we report the race and ethnicity of the Head of Household for applicants and residents. You are not required to answer the questions below, nor does your answer affect your position on our waiting list or your eligibility for housing. At this time we are requesting this information for the Head of Household only. However, at the time of eligibility interview (if app.) this information will be requested for each household member.

Ethnic Categories Select One

(head of household only)

Hispanic or Latino

Non-Hispanic

Racial Categories Select all that apply

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Other

- Is any member of your household a member of the Armed Forces or Reserves?
Is any member of your household in the process of enlisting into the Armed Forces or Reserves?
Is there anyone not listed on your rental application living, in your unit or residing in your Household on a temporary basis?
If not, do you expect anyone to move-in on a regular or temporary basis in the future?

DOMESTIC, DATING, AND/OR STALKING VIOLENCE:

- Are you or any members of your household victims of domestic, dating, and/or stalking violence?
If so, please consult with an authorized Agent to discuss federal protections for victims of domestic, date, and/or stalking violence.

PROGRAM ELIGIBILITY:

- Does any member of your household currently live in Federally Assisted Housing?
If yes, are the member and/or your household receiving subsidy assistance?
If yes, what is your current rent portion \$_____, and what is the effective date of your most recent Annual Recertification?

UNIT SIZE REQUESTED:

- Unit size request: _____ 2nd choice: _____
Why are you requesting this unit size _____
Are there any special accommodations that the household will require (e.g. unit for mobility/impaired, Unit for visually impaired, unit for hearing impaired, live-in aid, grab bars, etc.) _____
Will any of the above household members live anywhere except in the apartment? _____
If yes, where and why (provide address) _____
Are there any other persons who will live in the apartment on a less than full-time basis? _____
If yes, where and why (provide address) _____

WAITING LIST PRIORITY:

- Does your household meet any of the following owner adopted preferences?
[] No owner preference applicable at this community
Does your household meet the following Working Family Preference?
The head, co-head, or spouse (household member) is employed full time (32 hours per week or more), and has been employed at least six (6) months at the time of application or during the eligibility interview.
Is your household displaced?
Displaced Family:
Displaced Person:

MISCELLANEOUS:

- Do you have a pet? Cat _____ Dog _____ Other _____
How did you hear about our apartment community? [] Newspaper [] Apartment Guide [] Friend/Family [] Billboard [] Other - specify _____

EMERGENCY CONTACT:

Table with 4 columns: NAME, RELATIONSHIP, ADDRESS, PHONE



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IMMIGRATION STATUS:

NOTE: Use family member numbers from Page 1. If you need more space, please use a blank sheet of paper.

FAMILY NUMBER	MEMBERS NAME	STATUS
		<input type="checkbox"/> 1. Citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain)
		<input type="checkbox"/> 1. Citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain)
		<input type="checkbox"/> 1. Citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain)
		<input type="checkbox"/> 1. Citizen or national of the United States <input type="checkbox"/> 2. A non-citizen with eligible immigration status <input type="checkbox"/> 3. Other (explain)

STUDENT STATUS:

Under section 8 of the U.S Housing act of 1937, certain households with students are ineligible for occupancy at our community. We therefore require all applicants and residents upon certification/recertification, to answer the following questions, regarding student status.

Example #1 – The HUD student rule is only applicable to applicants applying to communities for which they are requesting Section 8 (subsidy) assistance.

Exemption #2- Students with disabilities that were receiving Section 8 (subsidy) assistance as of November 30, 2005 are exempt from the Student Status requirements under Section 8. However, students with disabilities receiving assistance as of December 1, 2005 are subject to the following Student Status requirements under the Section 8 program.

Answer the questions below for all adult household members, 18 years of age or older.

	Yes	No
1. How long have you and/or any other adult household members established a household separate from your/their parents or guardians?		
2. Are you or any other adult household member a Full-Time or Part Time student?		
3. Are you or any other adult household member currently a student of an institution of higher education?		
4. Are you or any other adult household member under the age of 24?		
5. Are you or any other adult household member a veteran?		
6. Are you or any other adult household member married?		
7. Do you or any other adult household member have a dependent child(ren)?		
8. Is one or both of your parents, or any other adult household member's part(s) currently receiving Section 8 assistance?		
9. Are you or any other adult household member claimed as a dependent by your/their parents or guardian pursuant to IRS regulations?		
10. Please provide the name and address of the educational institution or agency that can confirm your current student status:		
Name	Address (street, city, state, zip)	Phone

1. Mother's Name/ Guardian: _____
 Address: _____ Phone: _____

2. Father's Name/ Guardian: _____
 Address: _____ Phone: _____

RENTAL HISTORY:

List landlord/rental history for the past two (2) years. History must include all places where you and/or any adult (18 years of age or older) household members lives, lived, and places where you, and/or other adult household members did not appear on the lease. Also include places where you or other adult household members used a different name.

NOTE: Use family member numbers from Page 1. If you need more space, please use a blank sheet of paper.

Family Member No.	Current/Previous Landlord & Landlord address	Families Previous Address /Addresses	Phone Number	Monthly Rental Payment	Reason for Leaving (relocation/eviction, etc.)	Date of Residency	
						From:	To:
				\$			
				\$			
				\$			
				\$			

- If any household member has used a different name during residency of a current or prior landlord, list names used _____



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OUT-OF-STATE RENTAL HISTORY:

List all out-of-state landlords and addresses where you, and/or any other adult (18 years of age or older) household members have resided, or currently reside (lives), and places where you and/or other adult household members did not appear on the lease. Also include Places where you or other adult household members used different names.

NOTE: Use family member numbers from Page 1. If you need more space, please us a blank sheet of paper.

Table with 7 columns: Family Member No., Current/Previous Landlord & Landlord address, Families Previous Address /Addresses, Phone Number, Monthly Rental Payment, Reason for Leaving (relocation/eviction, eat.), Date of Residency (From: To:)

- If any household member has used a different name during residency of a current or prior landlord, list names used _____

INCOME:

EMPLOYMENT ONLY: List all full-time, part-time, and/or seasonal employment for ALL household members including self-employment earnings. If you have income from "other sources" see next section of rental application.

NOTE: Use family member numbers from Page 1. If you need more space, please us a blank sheet of paper.

Table with 6 columns: Family Member No., Place of Employment, Employment Address, Employer's Phone No., Supervisor, Annual Income (yearly total)

INCOME FROM ALL OTHER SOURCES:

List ALL income from sources other than employments for ALL household members. This includes but is not limited to Public Assistance, Social Security, SSI, Disability Compensation, Unemployment Compensation, Alimony, Child Support, Educational Grants or Scholarships, etc.

NOTE: Use family member numbers from Page 1. If you need more space, please us a blank sheet of paper.

Table with 4 columns: Family Member No., Source of Income, Address of Source of Income/Contact Person and Telephone Number, Estimate of Annual Income (Yearly total)

ASSETS:

NOTE: Use family member numbers from Page 1. If you need more space, please us a blank sheet of paper.

CHECKING ACCOUNTS:

Table with 6 columns: Family Member No., Account Number, Bank Name, Bank Address, Avg. 6 Mo. Balance, Current Interest Rate

CASH ON HAND:

Please indicate amount of cash your household currently has on hand: Current Amount of Cash on Hand \$ _____

SAVINGS ACCOUNTS:

Table with 6 columns: Family Member No., Account Number, Bank Name, Bank Address, Current Balance, Current Interest Rate

STOCKS, BONDS, CREDIT UNION SHARES, C.D'S, LIFE INSURANCE POLICIES SURRENDER VALUES, ECT.

Table with 4 columns: Family Member No., Description of Assets/Account Number, Current Value of Asset, Annual Income from Asset

- NOTE: If more space is needed, please list on separate sheet of paper and attach to this application.

Do you have any life insurance policies that have a surrender value?

() Yes () No

If so, what is the total surrender value of the policies? \$ _____

REAL ESTATE:

Do you now own real estate?

() Yes () No

If yes, are you receiving any income from this property?

() Yes () No



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If yes, complete the following:

Location of Property(ies)

Annual Income from Property(ies)

Have you or any member of your household sold or given away any real estate property or other assets in the past two years?

() Yes () No

If yes, explain: _____

AUTOMOBILES AND OTHER VEHICLES:

List all motor vehicles, including motorcycles, owned by or registered to household members.

Family Member No.	Vehicle Make and Model	Year	License Tag Number	State	Color of Vehicle

MEDICAL EXPENSES:

NOTE: Medical expenses **only** apply to households where the head of household, spouse or co-head is 62 years of age or older, or handicapped, or disabled.

List all applicable medical expenses, including outstanding insurance premiums, prescriptions, co-payments, dental cost (not covered by insurance), payments to a provider for disabled adult care cost, etc. (If more space is needed, please list on separate sheet and attach to this application)

Family Member No.	Description of Expense	Paid To	Address	Cost Per Month

ELDERLY AND/OR HANDICAPPED HOUSEHOLDS ONLY: (HEAD, SPOUSE, OR CO-HEAD)

Please answer the following questions about yourself and all members of your household who will occupy the unit

- Do you have Medicare?
If yes, what is your monthly payment? \$ _____
If yes, what Medicare Plan do you have? _____
If yes, what is your annual deductible? _____
- Do you have any other kind of medical insurance?
If yes, provide the following information:
Policy Number: _____
Company Name: _____
Agent's Name: _____
Premium Amount: \$ _____ [] Week [] Month [] Other _____
- Do you receive medial assistance through the Public Assistance Program? () Yes () No
- Do you have any outstanding medical bill son which you are currently paying? () Yes () No
- Do you expect to have any medical expense during the next twelve (12) months? () Yes () No
If yes, state the type and amounts of these medical expenses anticipated:

CHILDCARE/ATTENDANT CARE EXPENSES:

List all household members that require child or attendant care. Indicate out of pocket cost per month.

Family Member No.	Age	Name of Care Provider	Providers Address & Phone No.	List Hours per Day per Person							Cost per Month
				Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	

- Is the child or attendant care paid by an agency or individual other than an adult household member of the household? () Yes () No
- Is the childcare/attendant care expenses paid out of pocket on a weekly or monthly basis? (circle one) Weekly Monthly



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CRIMINAL SCREENING

(These questions apply to ALL HOUSEHOLD MEMBERS)

Table with 3 columns: Question, YES, NO. Contains 14 screening questions regarding criminal history, substance use, and housing violations.

WARNING:

Title 18 Section 1001 of the U.S. code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

STATEMENTS BY ALL ADULT HOUSEHOLD MEMBERS

- 1. We certify that all information given in this application and any attached there to be true, complete, and accurate.
2. We authorize Westwind Tower Apartments to make any and all inquiries to verify rental history, credit history, and/or criminal background information now or anything in the future including on a regular recurring basis.

FAIR CREDIT REPORTING ACT:

THIS IS TO INFORM YOU THAT AS PART OF OUR PROCEDURE FOR PROCESSING YOUR APPLICATION, AN INVESTIGATIVE REPORT MAY BE MADE WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH THRID PARTIES-SUCH AS FAMILY MEMBERS, BUSINESS ASSOCIATES, FINANCIAL SOURCES, FRIENDS, NEIGHBORS OR OTHERS WHO ARE ACQUAINTED WITH YOU.

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, NATIONAL ORGIIN, COLOR, CREED, AGE, SEX, HANDICAP, OR FAMILIAL STATUS.

BY SIGNING THIS APPLICATION, YOU DECLARE THAT ALL OF YOUR RESPONSES ARE TRUE AND COMPLETE AND AUTHORIZE THE OWNER/MANAGER TO VERIFY THIS INFORMATION THROUGH ANY SOURCE THAT IT DEEMS APPROPRIATE.

I/WE HAVE READ AND UNDERSTAND THE ABOVE.

Signature lines for Date, Applicant's Name (Print), and Applicant's Signature, repeated three times.



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DATE

APPLICANT'S NAME (PRINT)

APPLICANT'S SIGNATURE

DO NOT WRITE BELOW THIS LINE-MANAGEMENT USE ONLY

APPLICATION DISPOSITION:

Approved: _____ Approved by: _____
 Date Signature Title

Disapproved: _____ Approved by: _____
 Date Signature Title

Reason for disapproval: _____

Applicant notified in writing on: _____
 Applicant appealed decision on: _____
 Appliance appeal reviewed by: _____
 Signature Title Date

Appeal Decision: Date approved: _____ Date denied: _____
 Applicant notified in writing on: _____
 Date