

Rental Application & Authorization Form

THINGS YOU SHOULD KNOW

1. There is no cost to file this application
2. We do not accept any money to move applicants up on the waiting list
3. We do not accept cash for any reason
4. Checks or money orders will be accepted at the time of lease signing

Telephone: 215-843-9823
215-849-1510
Fax: 215-843-5497

NEWHALL MANOR APARTMENTS
5323 NEWHALL STREET
PHILADELPHIA, PA 19144

Applicant's First Name _____ M _____ Last _____

Current Address _____ City/State _____ Zip _____

List the names, addresses and phone numbers of two relatives or friends who generally know how to contact you

- | | |
|----------------|----------------|
| 1. Name: _____ | 2. Name: _____ |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

List the name, social security number and birth date of each person intended to live in the unit. (#1 is the applicant)

FULL NAME	SOCIAL SECURITY NUMBER	BIRTH DATE
_____	_____	_____/_____/_____
_____	_____	_____/_____/_____
_____	_____	_____/_____/_____

Do you plan to have anyone living with you in the future who is not listed above?

Yes No If yes please explain:

This question is asked for the purpose of determining whether the applicant is qualified for a dwelling available only to person(s) with a particular type of handicap, or to person(s) with a particular disability.

Is the applicant or co-applicant handicapped/disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is anyone else in the household handicapped/disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any special accommodations required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes please explain:

ASSET INFORMATION:

List all Checking and Saving Account(s), including Certificates of Deposits

Bank Name & Address	Asset Type (C, S, CD)	Account Number(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____

HOUSEHOLD MEMBER ASSETS:

Name	Address	Account Number(s)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Have you sold or given away any real estate property or other assets in the past two years? Yes No

If yes, what is the current fair market value of the asset(s)? _____

Have you ever been convicted of a crime? Yes No If yes, please explain: _____

RENTAL HISTORY:

Present Landlord: _____ Telephone number: _____

Address: _____ How long at this address: _____

_____ Rental amount: \$ _____

Previous Landlord: _____ Telephone number: _____

Address: _____ How long at this address: _____

_____ Rental amount: \$ _____

It will be necessary to provide proof of citizenship status for all adult household members and dependents six (6) years and older in order to be eligible for assisted housing. This is the responsibility of the applicant. Management will provide a list of acceptable documentation.

LIST ALL INCOME FOR EACH PERSON WHO WILL OCCUPY THE APARTMENT:

Employment: Head of Household

Name of Employer: _____

Address: _____

Telephone Number: _____

Length of Employment: _____ Annual Gross Wages: \$ _____

Employment: Co-Head/Spouse

Name of Employer: _____

Address: _____

Telephone Number: _____

Length of Employment: _____ Annual Gross Wages: \$ _____

Other Sources of Income:

Social Security: Monthly Amount: \$ _____ Claim # _____

SSI: Monthly Amount: \$ _____ Claim # _____

Veterans Benefits: Monthly Amount: \$ _____ Claim # _____

Pension Name: _____

Pension(s) Monthly Amount: \$ _____ Claim # _____

Other: (Unemployment, Disability, Welfare, Alimony)

Source: _____ Monthly Amount: \$ _____

Source: _____ Monthly Amount: \$ _____

Source: _____ Monthly Amount: \$ _____

Source: _____ Monthly Amount: \$ _____

RACE/NATIONAL ORIGIN:

The following information will be required by the U.S. Government to monitor the Owner's compliance with the Equal Housing Opportunity and Fair Housing Laws. The law states that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished:

Applicant Screening Authorization Form Applicant Information

Last Name	First Name	Middle Initial	
Date of Birth / /	Social Security Number - -		
Current Street Address	City	State	Zip Code
Previous Street Address	City	State	Zip Code
Current Employer	Position	Length of employment	Salary <input type="checkbox"/> month <input type="checkbox"/> year

Co-Applicant Information

Last Name	First Name	Middle Initial	
Date of Birth / /	Social Security Number - -		
Current Street Address	City	State	Zip Code
Previous Street Address	City	State	Zip Code
Current Employer	Position	Length of employment	Salary <input type="checkbox"/> month <input type="checkbox"/> year

Applicant Signature(s)

By signing below, I/we authorize that the above information is correct and complete and hereby authorize Landlord to obtain information it deems desirable in the processing of my application, including: credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records, and any other relevant information. If I rent the unit, I understand the information on this form may be maintained in a tenant database for up to 5 (five) years after I vacate the premises.

Applicant: _____ Date: _____

Co-Applicant: _____ Date: _____

<i>OFFICE USE ONLY</i>		
NTN Access Number	Address/Unit Applied for	Monthly Rent Amount for unit applicant is applying for \$

Submit above information to NTN

Phone: (800)422-8299 Fax: (888)885-7528
www.ntnnet.com E-mail: philly@ntnnet.com