

Dear Applicant:

Applications are being accepted for George Street Commons Properties. Your application will be placed on the processing list in the order it is received. All applications will be numbered, date and time stamped in the order of receipt. For this reason, we encourage you to return your completed application to us as quickly as possible.

This application does not, in any way, obligate you or George Street Commons Properties. It does, however, give us an opportunity to determine preliminary eligibility.

Please supply all the requested information and **sign the application form, Consumer Notice application Fee Policy and Guidelines and the General Release form.** It is important for you to **read all the forms entirely, answer all questions,** and be certain they are all **signed.**

**A non-refundable fee of \$13.00 per person; over the age of 18 years old will be charged once we start to process your application, this is for processing only and is not a deposit on an apartment.**

As part of our preliminary processing we will do a credit check, landlord reference (if applicable), criminal background check and income calculation.

Please return your completed application to the York Area YMCA location at:

George Street Commons  
ATTN: Kathy Duclo  
231 S. George Street  
York, PA 17401

Thanks for your interest in the George Street Commons Properties.

Sincerely,

Kathy Duclo  
Director of Housing



## **APPLICATION FEE POLICY AND GUIDELINES**

Dear Applicant:

In order to process your application and because of rising costs, we find it necessary to charge a processing fee. The fee is **\$13.00 for one applicant and \$26.00 for two applicants, paid by money order only.**

This is a **NON-REFUNDABLE FEE**, even if your application is rejected for any reason (over income, unacceptable credit, unacceptable references, unacceptable home visit or any other reason) or you withdraw your application. The fee is to cover costs of processing such as credit checks, criminal back ground check, home visits, reference checks, income verification and other various clerical procedures involved in placing applicants on the waiting list and processing.

By signing this memo, you are not entering into a contract, only paying a fee. The payment of this fee does not obligate George Street Commons to rent to you. You acknowledge that this fee will not be returned to you for any reason.

Our processing includes a credit check, which you must pass — if you have more than two accounts in collection or with a 4-9 rating (reflects slow payment) excluding medical collections you will be rejected. It is recommended that if you are not sure about your credit, you should check on it before you apply.

If you have questions about processing or the resident selection plan, you are encouraged to ask questions prior to submitting your application.

**By signing this memo, I understand that I will not have the \$13.00 or \$26.00 processing fee returned to me whether I am accepted as an applicant or rejected.**

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Received by: \_\_\_\_\_  
Employee Signature

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### **PLEASE MAKE MONEY ORDER PAYABLE TO:**

George Street Commons, depending on your choice of property.

There is no guarantee that a unit is available in the specific property group you request.

# George Street Commons

Please Complete this Application & Return to: **FOR OFFICE use ONLY**

George Street Commons

231 S. George St

York, PA 17401

(717) 854-7291

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Applicant #: \_\_\_\_\_

Unit Size: 1 2 3 4

The following information is confidential and will not be disclosed without our consent.

Email Address: \_\_\_\_\_ (Email is a quick and easy way to communicate. Please provide an email address for any work, and personal references you may be submitting below.)

|                                                                    |      |       |                     |                          |
|--------------------------------------------------------------------|------|-------|---------------------|--------------------------|
| Applicant's Name                                                   |      |       | Social Security No. | Home Phone               |
| Present Street Address                                             | City | State | Zip code            | Years at Present Address |
| Former Street Address (if at present address for less than 5 yrs.) | City | State | Zip Code            | Years at Former Address  |

Current Housing Status: Provide the name, address, and phone number of all your landlords for the past 3 years.

Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Address: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Address: \_\_\_\_\_

Previous Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Address: \_\_\_\_\_

|                                                                                          |                |                                    |                             |
|------------------------------------------------------------------------------------------|----------------|------------------------------------|-----------------------------|
| Name and Address of Employer                                                             |                | Type of Business                   | Self Employed?<br>Yes<br>No |
| Business Phone Number                                                                    | Position/Title | No. Yrs. on Job                    | Years in this line of work  |
| Name and Address of Previous Employer (if employed at present position less than 5 yrs.) |                | No. of Yrs. with Previous Employer | Business Phone              |
| Co-Applicant's Name                                                                      |                | Social Security No.                | Home Phone                  |
| Present Street Address                                                                   | City           | State                              | Zip Code                    |
| Years at Present Address                                                                 |                |                                    |                             |
| Former Street Address (if at present address for less than 5 yrs.)                       | City           | State                              | Zip Code                    |
| Years at Former Address                                                                  |                |                                    |                             |

|                                                                                          |                |                                    |                                 |
|------------------------------------------------------------------------------------------|----------------|------------------------------------|---------------------------------|
| Name and Address of Employer                                                             |                | Type of Business                   | Self-employed?<br>Yes<br>_____  |
| Business Phone Number                                                                    | Position/Title | No. Yrs. on Job                    | No<br>Yrs. in this line of work |
| Name and Address of Previous Employer (if employed at present position less than 5 yrs.) |                | No. of Yrs. with Previous Employer | Business Phone                  |

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<br>M/D/Y | SOCIAL SECURITY NO. |
|-------------------|-----------|--------------|--------------------|---------------------|
| Head of Household |           |              |                    |                     |
| 2                 |           |              |                    |                     |
| 3                 |           |              |                    |                     |
| 4                 |           |              |                    |                     |
| 5                 |           |              |                    |                     |
| 6                 |           |              |                    |                     |
| 7                 |           |              |                    |                     |

PLEASE LIST MOTHER'S MAIDEN NAME OF ALL ADULT'S

| YOUR FULL NAME | YOUR MOTHER'S MAIDEN NAME |
|----------------|---------------------------|
| 1.             |                           |
| 2.             |                           |
| 3.             |                           |

Have you ever been denied for housing with George Street Commons before?

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

Do you own the home where you currently reside? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you own a home or other property? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you or any member of your household currently using an illegal substance?

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

Are you or any member of your household currently abusing alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any member of your household been convicted of drug use or manufacture or any other felony? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you or any member of your household been convicted of any crime in the past five years?

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

(note: any crime includes ALL crimes, misdemeanor, summary offense & felony)

Have you or any member of your household been convicted of any misdemeanors?

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

Have you or any member of your household ever been evicted from any housing?

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

Are you or any member of your household registered with any State as a Sexual Offender?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which state(s)?

# ANNUAL INCOME

| SOURCE                                                                         | APPLICANT | CO-APPLICANT | OTHER<br>HOUSEHOLD<br>MEMBERS 18<br>YRS OR OLDER | TOTAL |
|--------------------------------------------------------------------------------|-----------|--------------|--------------------------------------------------|-------|
| Gross Salary                                                                   |           |              |                                                  |       |
| Overtime Pay                                                                   |           |              |                                                  |       |
| Commissions/Fees/Tips/<br>Bonuses                                              |           |              |                                                  |       |
| Unemployment Benefits                                                          |           |              |                                                  |       |
| Workers Compensation,<br>etc.                                                  |           |              |                                                  |       |
| Social Security, Pensions,<br>Retirement Funds, etc.,<br>Received Periodically |           |              |                                                  |       |
| TANF Payments                                                                  |           |              |                                                  |       |
| Alimony, Child Support                                                         |           |              |                                                  |       |
| Interest and/or Dividends                                                      |           |              |                                                  |       |
| Net Income from<br>Business                                                    |           |              |                                                  |       |
| Net Rental Income                                                              |           |              |                                                  |       |
| Other:                                                                         |           |              |                                                  |       |

TOTAL:

| ASSETS                    | CASH<br>VALUE | INCOME<br>FROM<br>ASSETS | NAME OF FINANCIAL<br>INSTITUTION | ACCOUNT<br>NUMBER |
|---------------------------|---------------|--------------------------|----------------------------------|-------------------|
| Checking Account          | \$            | \$                       |                                  |                   |
| Savings                   | \$            | \$                       |                                  |                   |
| Certificate of Deposit    | \$            | \$                       |                                  |                   |
| Mutual Funds/Stocks/Bonds | \$            | \$                       |                                  |                   |
| Real Estate               | \$            | \$                       |                                  |                   |
| Whole Life Insurance      | \$            | \$                       |                                  |                   |
| Other:                    | \$            | \$                       |                                  |                   |
| TOTAL:                    | \$            | \$                       |                                  |                   |

Are there any special housing needs or reasonable accommodations that the household will require? If yes, list below:

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Comments or additional information:

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The information provided in this application 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. I/we understand that in order to be considered for housing we must pass all the resident selection criteria including a home visit/inspection, credit check, landlord reference, criminal background check, and income qualification. I / we understand that if information is missing (intentional or not), incomplete, or falsely reported on this rental application I/we shall be immediately rejected for consideration of housing. I/we understand that this application gives George Street Commons permission to verify all the information included within the application and other information requested during the processing of the application. I/we understand that this application is not an approval for housing.

\*\*\*ALL PERSONS AGE 18 AND OLDER MUST SIGN THIS APPLICATION BELOW

Applicant (Head of Household): \_\_\_\_\_ Date: \_\_\_\_\_

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

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

In accordance with the data collection information required by the Department of Housing and Urban Development (HUD), please provide the following information for the head of household. It is for data collection only. Please report the head of household statistics only at this time.

**Race**

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Other / Multi Racial

**Ethnicity**

- ☐ Hispanic o Latino
- ☐ Not Hispanic or Latino

**Gender**

- ☐ Male
- ☐ Female

**CONSENT:** I authorize and direct any business; individual; federal, state or local agency, department or organization to release to GSC any information or materials needed to complete and verify my application for tenancy, my eligibility and continued eligibility for tenancy, and my certification and recertification for assistance, if applicable. I give my consent for the release of such information about the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by any federal, state, or local housing assistance agency and the owner and management agent in administering and enforcing program and owner and management agent rules and policies. **INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

|                                |                                 |                              |
|--------------------------------|---------------------------------|------------------------------|
| Identity and marital status    | Employment income and assets    | Credit and criminal Activity |
| Residences and rental activity | Medical or childcare allowances | Social Security number       |
| Sexual Offender Status         | Criminal history                |                              |

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** the groups or individuals that may be asked to release the above information (depending upon program requirements) include but are not limited to:

|                                                                                                |                                 |
|------------------------------------------------------------------------------------------------|---------------------------------|
| Previous landlords, including public housing agencies                                          | Past and present employers      |
| Veteran's Administration                                                                       | Welfare Agencies                |
| Retirement systems                                                                             | Post Offices                    |
| State unemployment agencies                                                                    | Schools and colleges            |
| Support and alimony providers                                                                  | Utility companies               |
| Police departments and agencies which retain criminal histories and sexual offender registries | Medical and childcare providers |

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or a public Housing Authority (PHA) may conduct matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other federal, state, or local agencies, including but not limited to: State employment security agencies, Department of Defense, Office of Personnel Management, United States Post Office, Social Security Administration, State welfare and food stamp agencies

**CONDITIONS:** I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

**SIGNATURES:**

|                            |                     |               |
|----------------------------|---------------------|---------------|
| _____<br>Head of Household | _____<br>Print Name | _____<br>Date |
| _____<br>Spouse            | _____<br>Print Name | _____<br>Date |
| _____<br>Adult Member      | _____<br>Print Name | _____<br>Date |

I hereby certify that the following minor children are living with me: \_\_\_\_\_

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX FORM" MUST BE PREPARED AND SIGNED SEPERATELY.