



Approved _____ Not Approved _____
Date Applicant Notified _____
Authorized By: _____

CALIBRE RESIDENTIAL

\$35 Fee per Application

P.O. Box 215, State College, PA 16804

Phone: (814) 234-5244 Fax: (814) 234-9561

Thank you for your interest in our housing community. Please complete all requested information.

Leasing Consultant: _____ Date Completed: _____

Type and size of unit desired: _____ Bedroom(s) _____ Bath _____ Desired Occupancy Date _____

PERSONAL INFORMATION

Applicant #1 Full Name _____ Date of Birth _____ SS# _____

Marital Status: Single _____ Married: _____ Divorced: _____ Separated: _____

Driver's License No. _____ : State of Issuance of License: _____

Applicant #2 Full Name _____ Date of Birth _____ SS# _____

Marital Status: Single _____ Married: _____ Divorced: _____ Separated: _____

Driver's License No. _____ : State of Issuance of License: _____

List name, relationship, date of birth and social security number of ALL persons to occupy the premises:

Full Name	Relationship	D.O.B.	S.S.#	Full-Time Student	
				Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

RESIDENCE HISTORY – A minimum of 24 consecutive months of residential history is required.

***Present Address:** _____

Present Telephone: (_____) _____ ; Move-In Date: _____

E-mail Address: _____

Present Landlord or Mortgage Company: _____ Phone: _____

Amount of monthly rent/mortgage: \$ _____ per month; Is rent/mortgage payment current? _____

Reason for moving: _____

***Previous Address:** _____

Landlord or Mortgage Company: _____ Phone: _____

Amount of monthly rent/mortgage: \$ _____ per month; Move-In Date: _____ ; Move-Out Date: _____

Was any rent owed at move-out? _____. If so, what amount: \$ _____ Has it been paid? _____

Was security deposit refunded in full? _____. If no, please explain: _____

Reason for moving: _____

EMPLOYMENT HISTORY

Applicant #1

Present Employer or Business: _____ Phone: _____

Present Business Address: _____

Present Income: \$ _____ week/month/year Position Held: _____

Date of Hire: _____ Immediate Supervisor: _____

Supervisor Title: _____ Other Sources of Income: _____

Applicant #2

Present Employer or Business: _____ Phone: _____

Present Business Address: _____

Present Income: \$ _____ week/month/year Position Held: _____

Date of Hire: _____ Immediate Supervisor: _____

Supervisor Title: _____ Other Sources of Income: _____

MISCELLANEOUS INFORMATION

Pets: Do you or co-applicant currently have a pet? Yes ___ No ___; If so, what type: _____

Does anyone in the household need special accommodations for mobility or vision/hearing impairment? Yes ___ No ___

Waterbeds: Do you or co-applicant currently own a waterbed: Yes ___ No ___;
if Yes, do you have waterbed insurance? Yes ___ No ___

Has either applicant ever been evicted? Yes ___ No ___
If yes, which applicant and when? _____

Has either applicant ever broken a rental agreement or lease contract? Yes ___ No ___
If yes, which applicant and when? _____

Has either applicant ever declared bankruptcy? Yes ___ No ___
If yes, which applicant and when? _____

Has either applicant ever been sued for nonpayment of rent or damages to rental property? Yes ___ No ___
If yes, which applicant and when? _____

Has either applicant ever been convicted of either a misdemeanor or a felony? Yes ___ * No ___
If Yes*, please indicate the name and explain the conviction: _____

Are you or any member of your household a SDN or other Block Person designated by the U.S. government as a person who commits or supports terrorism or is involved in international narcotics trafficking? Yes ___ No ___

How did you hear about us? _____

IN CASE OF EMERGENCY, please contact:

Name of Person: _____ Relationship: _____

Business Hours Address: _____ Phone: _____

Home Address: _____ Phone: _____

DISCLOSURE: I (We) have been informed that Ashworth Woods/Sylvan View Estates is a community of affordable homes built under Section 42 of the Internal Revenue Code, a low income housing Tax Credit program, which provides tax credits to investors who build or invest in affordable housing. Income limits and certain other restrictions may apply to the rental of homes at both Ashworth Woods and Sylvan View Estates. I (we) will be asked and required to complete forms that request my (our) income level, student status, family size, and financial assets as required under the Low-Income Housing Tax Credit Program. I (We) understand these factors determine my (our) final eligibility to lease a tax credit home at Ashworth Woods/Sylvan View Estates. I (We) also understand these same forms must be completed within 120 days of the lease beginning date.

CONDITIONS OF APPLICATION AND AGREEMENT TO LEASE

- All prospective residents will be approved according to the resident selection guidelines.
- A deposit paid by applicant will be held as an application deposit until a binding lease is signed and applicant takes possession of the leased unit, after that time, the deposit converts to a security deposit and will be held in an escrow account at M&T Bank located in State College, PA as a security deposit until such time as the Lease is terminated and the unit is vacated. The cost of necessary cleaning, repairs or replacements shall be deducted from the security deposit at termination of the Lease. Under no circumstances may applicant apply this deposit to any portion of the rent due under the Lease.

I (we) declare that all statements and information contained within this application are true and accurate. By my (our) signature below, I (we) authorize you to verify any and all information through all available means. If I (we) have not completed this application in its entirety, I (we) understand that you are entitled to reject it. We further understand that if this Application contains any false information, you may reject the application and retain any deposits received as liquidated damages for your time and expense. If I (we) withdraw my (our) application after 3 days of applying, you may retain any deposits as liquidated damages.

By putting a deposit on a selected apartment, I (we) have reserved an apartment in my (our) name. I (we) have not been guaranteed an apartment until the credit application, background check and all income and asset verifications have been approved. I (we) will be notified as to final approval by the property manager.

Applicant #1 Signature: _____ Date: _____

Applicant #2 Signature: _____ Date: _____

CONSENT TO OBTAIN CREDIT REPORT

I hereby authorize Calibre Residential to order a consumer credit report and verify other credit information, including past and present employment and landlord references. This information obtained by Calibre Residential is only to be used in the processing of my application for residency.

Applicant #1 Signature: _____ Date: _____

Applicant #2 Signature: _____ Date: _____

IMPORTANT: FOR OFFICE USE ONLY: DO NOT WRITE IN THIS AREA	VERIFICATION FORMS
Application Fee: \$ _____ Date Paid: _____ Deposit: \$ _____ Date Paid: _____ Amount of Rent: \$ _____ Apt. # _____ Move-In Date: _____ Prorated Rent: \$ _____ Balance of Deposit Due: \$ _____ Date Paid: _____ SCREENING CHECK: Date: _____ Agency: _____ _____ Accepted _____ Rejected Comments: _____	APX 2 Date Sent: _____ Date Received: _____ APX 3 Date Sent: _____ Date Received: _____ APX 4 Date Sent: _____ Date Received: _____ APX 5 Date Sent: _____ Date Received: _____ APX 6 Date Sent: _____ Date Received: _____ APX 7 Date Sent: _____ Date Received: _____ APX 8 Date Sent: _____ Date Received: _____ APX 9 Date Sent: _____ Date Received: _____

ANNUAL INCOME

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 YRS OR OLDER	TOTAL
1. Gross Salary				
2. Overtime Pay				
3. Commissions/Fees/ Tips/Bonuses				
4. Unemployment Benefits				
5. Workers Comp, etc.				
6. Social Security, Pensions, Retirement Funds, etc- Received Periodically				
7. Welfare Payments				
8. Alimony, Child Support				
9. Interest and/or Dividends				
10. Net Income from Business				
11. Net Rental Income				
12. Other:				
			TOTAL:	

ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account				
Savings				
Certificate of Deposit				
Mutual Funds				
Stocks/Bonds				
Other:				
TOTAL:	\$	\$		

Please check one:

I _____ have _____ have not disposed of 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.

Applicant

Date

Applicant

Date

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.