



A Presbyterian SeniorCare
Network Affiliate

Mt. Nazareth Commons
250 Nazareth Way
Pittsburgh, PA 15229
T: 412.415.0475
F: 412.415.3876
PA Relay 711
MtNazarethCommons@SrCare.org
SrCareNetwork.org

Dear Applicant,

Thank you for your interest in Mt. Nazareth Commons. Enclosed is an application and information regarding our apartment community. To assist us in determining your eligibility for residency at Mt. Nazareth Commons, please complete the application in its entirety and return it to our rental office at your earliest convenience.

Once we determine your eligibility, you will be notified by mail. If you need assistance in filling out the application or have any questions, please feel free to contact me at (412)415-0475.

I look forward to meeting with you and assisting you with your housing needs.

Sincerely,

Deborah McGowan
Community Manager





Mt. Nazareth Commons
250 Nazareth Way
Pittsburgh, PA 15229
412-415-0475

There is a \$25.00 application fee.
 Please make checks or money
 orders payable to Mt. Nazareth
 Commons and return with your
 completed application. Thank you

Rental Application

Applicant Name	Social Security #	Birthdate	Telephone #
Present Street Address	City, State & Zip		
Former Street Address (if at present address for less than 2 yrs.)	City, State & Zip		

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

Current Landlord: _____ Phone: _____

Previous Landlord: _____ Phone: _____

Co-Applicants Name:	Social Security #	Birthdate	Telephone #
Present Street Address	City, State & Zip Code		

Former Street Address (if at present address for less than 2 yrs.) **City State & Zip Code**

ANNUAL INCOME

List income of each person who is applying. Indicate each source and amount on a separate line, e.g., Social Security Benefits, Pension, Interest on Savings and CD, Stocks, Dividends, Annuities, Full or Part time Salary.

Source	Applicant	Co-Applicant	Other Household Members 18 Years or Older	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

ASSETS

List all assets, such as the amount in Checking, Savings, Value of CD, Stocks, Bonds, Real Estate owned and or disposed of within the last two years.

Source	Applicant	Co-Applicant	Other Household Members 18 Years or Older	Total
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Assets	\$	\$	\$	\$

I have _____ have not _____ disposed of any asset(s) valued at \$1000 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 Assets column in the above listing assets.

Are there any full-time or part-time students 18 years of age or older in your household? _____

Yes No

Household Composition: List the head of your household. Indicate all members who will live in your home and their relationship to the head of the household.

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

Have you or any household family member been convicted of a felony or any other criminal activity including a violation of the Controlled Substance Act within the past 7 years?

Yes No If yes, list dates, crimes/violations, locations, jail/prison time served, probation, or parole status: _____

Is the Applicant or any member of the applicant's household subject to a State Life Time Sex Offender Registration in any state? YES _____ NO _____

Are there any special housing needs or reasonable accommodations that the household will require? _____

Do you plan on having a pet: YES _____ NO _____

UNIT SELECTION:

Please select your unit choice (first and second choice)

One Bedroom Standard _____

One Bedroom Handicapped Accessible _____

Two Bedroom _____

Two Bedroom Handicapped Accessible _____

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 employers and financial references for purpose of income and asset verifications related to my/our application for tenancy as well as credit and criminal background check.

We understand the information in this application will be used to determine eligibility for a unit and understand that any false information may make me/us ineligible for a unit.

Signature of Head of Household _____ Date _____

Signature of Spouse or Co-Applicant _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

ALL ADULT HOUSEHOLD MEMBERS MUST SIGN

This section is for office use only

Eligible	Unit Type	Rejected
_____ 20%	_____ 1 Bedroom _____ 1 Bedroom Accessible	_____ Age _____ Income
_____ 50%	_____ 2 Bedroom _____ 2 Bedroom Accessible	
_____ 60%		

CONSUMER NOTICE
THIS IS NOT A CONTRACT

Deborah McGowan hereby states that with respect to this

Property Mt. Nazareth Commons I am acting in the

Following capacity:

(Check one)

_____ (i) owner/landlord of the property;

_____ (ii) direct employee of the owner/landlord;

_____ (iii) an agent of the owner/landlord pursuant to a property
Management or exclusive listing agreement.

I acknowledge that I have received this notice.

Consumer

Date

I certify that I have provided this notice:

Deborah McGowan

Licensee

Date

2/13/01

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.
 1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
 2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
2. The five racial categories to choose from are defined below: You should check as many as apply to you.
 1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
 2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
 3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
 4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

RELEASE OF INFORMATION FORM

Mount Nazareth

In connection with my application for residency with you, I understand that an investigative consumer report may be requested that will include information as to my criminal history from various state, private and insurance sources along with other public records available. Worker's compensation information will only be requested in compliance with ADA.

I voluntarily and knowingly authorize any law enforcement agency, state agency; federal agency; finance bureau/office; credit bureau; collection agency to give records or information they may have concerning my criminal history AND/OR credit history. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid for one year from the date signed and a photographic or faxed copy of this authorization shall be valid as the original.

This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if housing is denied because of information obtained by my prospective landlord from a consumer reporting agency. If so, I will be also advised and be given the name of the agency or source of information.

Applicant Name (please print)

Signature

Date