

DAVE WRIGHT APARTMENTS
1842 Washington Street
Heidelberg, PA 15106



Smoke Free Environment

HOUSING APPLICATION

Mail Applications to: Supportive Housing Management Services
803 East Pittsburgh Plaza, East Pittsburgh, PA 15112

Inquires Call: 1-800-238-7555 or (412) 829-3910

APPLICATIONS MUST BE POSTMARKED NO EARLIER THAN MAY 2, 2016

How did you learn about this property? _____

Bedroom size needed: One _____ Two _____

Owner has established waiting list preference for half the apartments in this Apartment Building for person's who have been diagnosed as being on the Autism Spectrum. Are you applying for this owner preference: _____ YES _____ NO

INCOME CANNOT EXCEED \$29,940-FOR ONE PERSON, \$34,200-FOR TWO PEOPLE

Name _____ Social Security Number: _____

Home Phone No: _____ Drivers License No: _____ State Issued: _____

Address _____ City _____ State _____ Zip _____

PLEASE NOTE: It is your responsibility to notify us if your address changes. Failure to respond to any correspondence regarding this application could result in being removed from the waiting list.

Present Landlord's Name _____ Phone No: _____

Address _____ City _____ State _____ Zip _____

How long there? _____ Reason for moving _____

Previous Address _____

Previous Landlord's Name _____ Phone No: _____

Address _____ City _____ State _____ Zip _____

How long there? _____ Reason for Moving _____

Non-Subsidized- Section 8 Vouchers Welcome.

Are you currently a holder of a Section 8 Voucher: Yes _____ No _____

Is there another responsible party with whom we should correspond (i.e., family member, agency, caseworker, etc.):

Name _____ Phone Number: _____

Address _____

Is there any accommodation you or a member of your household need (e.g. wheel-in shower; accommodations for a mobility impairment, visual impairment, or hearing impairment; grab bars, etc...)

Names of Household Members Who will occupy Unit	Social Security Number	Relationship to Head of Household	Gender (optional)	Date of Birth
1) _____ Applicant Name		Head of Household		
2) _____ Co-Applicant's Name				

Wages, Salaries, Etc.	Social Security/Pension	Public Assistance	Other	Total Income
\$	\$	\$	\$	\$

Net Family Assets: (Include property, collectibles, C.D.'s, stocks, bonds, etc.)	Approximate Value
1)	\$
2)	\$
3)	\$
4)	\$

Please circle Yes or No to the following questions:

*Was any member of the household enrolled as a student during the Current Calendar Year OR plans on attending school during the next Calendar year? YES/ NO If YES what are the names of the household members:

* Have you or any household members ever been convicted of a felony or drug related activity? YES/NO

*Are you currently or have you ever been an abuser of illegal substances? YES/NO

*Are you or any household member(s) subject to a State Lifetime Sex Offender Registration? YES/NO

I certify that the above information is true and complete to the best of my knowledge. I understand and authorize inquires to be made to verify any the above statements and that credit and criminal background checks will be processed for every adult member of my household. Failure to meet the Tenant Selection Criteria will result in rejection of this application.

Applicant

Co-Applicant

Date



Equal Housing Opportunity

