



## Old Swedes Housing Application

141 High Street Phoenixville, PA 19460  
Office: 610-917-3487 Fax: 610-917-9933

All prospective residents are required to fill out an application. If you meet the eligibility requirements, you will be placed on our waiting list.

Name (First and Last): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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Are you or your spouse a veteran?	<u>You/Your Spouse/Neither</u>
Do you receive Social Security Benefits under another person's Social Security Number?	<u>Yes / No</u>
Are you required to register as a sex offender?	<u>Yes / No</u>

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*Please answer YES or NO to the following questions. A YES answer to any of the following questions will not necessarily result in your being denied housing at Old Swedes. However, if you answer YES to any of the questions below and are accepted for occupancy, you will have to remain drug and alcohol free.*

Have you in the past three years:

- Been arrested for substance abuse and/or possession of drugs? Yes / No
- Received treatment either inpatient or outpatients for drugs and/or alcohol abuse? Yes / No
  - If yes, are you still in program? Yes / No
- Do you have an arrest record or conviction? Yes / No

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Do you have a mental health diagnosis?	<u>Yes / No</u>
Are you currently in a mental health program?	<u>Yes / No</u>
• If yes, what is the name of the program?	_____

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List all sources and amount of your income (per month):

Social Security: \$ \_\_\_\_\_ Earned Income: \$ \_\_\_\_\_  
Pension: \$ \_\_\_\_\_ Other: \_\_\_\_\_  
Balance in Checking Account: \$ \_\_\_\_\_ Savings: \$ \_\_\_\_\_

If you are employed, please provide the following information:

Name of employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Hours worked per week: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_

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