

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:		
Are you or your spouse a veteran?		You/Your	Spouse/Neither
Do you receive Social Security Benefi	ts under another person's Social Secur	rity Number?	Yes / No

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.

Yes / No

Yes / No

Have you in the past three years:

٠	Been arrested for substance abuse and/or possession of drugs?	Yes / No
٠	Received treatment either inpatient or outpatients for drugs and/or alcohol abuse?	Yes / No
	• If yes, are you still in program?	Yes / No
٠	Do you have an arrest record or conviction?	<u>Yes / No</u>
	u have a mental health diagnosis?	Yes / No

Do y

Are you currently in a mental health program?

Are you required to register as a sex offender?

• If yes, what is the name of the program?

Social Security: \$	Earned Income: \$	
Pension: \$	Other:	
Balance in Checking Account: \$	Savings: \$	
If you are employed place provide	the following information:	
II vou ale employed, please provide l		
If you are employed, please provide t Name of employer:	the following information.	

Hours worked per week: ______ Hourly rate: \$_____



Who do we contact in case of emergency?						
Name:		_ Relationship:				
Phone:	Address:					

Please note that this does not guarantee occupancy. Additional information will be requested to complete certifications prior to offering occupancy.

I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I authorize Old Swedes to verify all information provided on this application, run a criminal background check and to contact my landlord or other sources for credit and verification information which may be released to appropriate federal, state and local agencies. False statements on your application will result in denial of occupancy.

Signature of Applicant:

Date:	

We are pledged to the letter of the policy of achievement of equal housing opportunity. We encourage and support affirmative advertising and a marketing program in which there are no barriers to obtaining housing on the basis of race, color, religion, national origin, sex, or familial status.

If you would like to add additional comments:

Signature

Date

