

Hand deliver or mail to: Carlisle Opportunity Homes, Inc.
60 W. Penn St.
Carlisle, PA 17013
(717) 245-0516

Updated 2002

Date Received _____

Date Completed _____

Application for Carlisle Opportunity Homes, Incorporated

NOTE: You must provide copies of Birth Certificates and Social Security Cards for each family member at time of application. Failure to do so will delay the application process.

Head of Household Name: _____ SS# _____

Maiden Name if Applicable: _____ Birthdate _____ Age _____ Sex _____

Spouse/Co-Head Name: _____ SS# _____

Maiden Name if Applicable: _____ Birthdate _____ Age _____ Sex _____

Marital Status: ___ Married ___ Separated ___ Divorced ___ Widowed ___ Single

Child's Name: _____ Birthdate _____ Age _____ Sex _____

Child's Name: _____ Birthdate _____ Age _____ Sex _____

Child's Name: _____ Birthdate _____ Age _____ Sex _____

Child's Name: _____ Birthdate _____ Age _____ Sex _____

ADDRESS _____ **Apt. #** _____

CITY _____ **STATE** _____ **ZIP** _____

PHONE (Work) _____ (Home) _____

Will any other adults (other than those listed above) reside in the residence? If so, please complete section below.

Name: _____ Birthdate _____ Age _____

Name: _____ Birthdate _____ Age _____

(TURN PAGE OVER)

Household's Gross Income Per Month: \$ _____

Report all gross income of all family members.

Source of Income : _____

Income includes employment (including tips and commissions); welfare, unemployment, alimony, child support, G.I. death benefits, social security, SSI, pension or from any other source. Failure to complete this section will delay the application process.

Name and address of employers:

Name	Address	Monthly Salary
_____	_____	_____
_____	_____	_____
_____	_____	_____

List name, phone number and addresses of landlords in previous three years:

Name of Landlord	Phone #	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your current rent? _____ Does this include utilities? _____

What is the reason for leaving your last permanent residence?

List all creditors (people or businesses that you owe money to):

Name	Monthly Payments	Total Amount Owed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List the address of any real estate owned:

Have you ever been convicted of a crime? ____ If yes, indicate date, city, state and nature of offence. _____

Emergency Information: Persons to be contacted in case of emergency.

Name	Address	Relationship	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List three (3) persons to whom we can call for references (not relatives)

Name	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you been served with an eviction notice from your current landlord? _____

Have you ever lived in Public Housing or received Section 8 Rental Assistance? _____

If so, When? _____ Where? _____

Additional Comments:

GENERAL RELEASE OF INFORMATION

I/We the undersigned, give the Housing Authority of the County of Cumberland, Managing Agent for Carlisle Opportunity Homes, Incorporated written permission to obtain verification of information from any source given in this application. This information is to be used to determine eligibility for participation in the Carlisle Opportunity Homes Rental Housing.

Signature of Applicant Date

Signature of Co-Applicant Date

(TURN PAGE OVER)

The undersigned understands that this is not a lease but is merely an application to become a tenant of Carlisle Opportunity Homes, Inc. The Board of Carlisle Opportunity Homes, Inc. reserves the right to approve or disapprove this application. Carlisle Opportunity Homes will not be bound by any representations made to the applicant. Terms of any future lease will not be finalized until such lease is executed by all parties involved.

Signature of Applicant

Signature of Co-Applicant

APPLICANT/TENANT CERTIFICATION

APPLICANT(S)/TENANT(S) STATEMENT

I/We certify that the information given to Carlisle Opportunity Homes and the Housing Authority of Cumberland County on household composition, income and assets is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements herein are subject to the criminal penalties of 18 Pa.C.S. 4904, relating to unsworn falsification to authorities and that false statements or information provided herein are grounds for termination of tenancy.

Signature of Applicant

Date

Signature of Co-Applicant

Date

If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-Free Hot Line (800) 424-8590. (Within the Washington, DC Metropolitan Area, call 426-3500).

