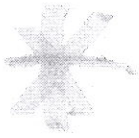


COMMUNITY ACTION IN CLEARFIELD COUNTY, INC.

 PLEASE KEEP THIS LETTER FOR YOUR RECORDS
TO GET IN TOUCH WITH US IF NEEDED 

Dear Applicant:

You must provide a complete mailing address. If a complete mailing address is not provided, your application will be rejected.

If your address, telephone number, income or family size changes before you have been offered a unit, please call 814-765-2375 to report changes.

Failure to do so may cause your name to be removed from the waiting list.

Thank you,



Karen Rollin
Manager
Lawrence Park Village

LAWRENCE PARK VILLAGE

1053 PARK AVENUE EXT., APT #2E – CLEARFIELD, PA. 16830
PHONE: 800-822-2610 or 814-765-2375 FAX: 814-765-3529 TTY: 711



Central PA Development Corporation
P.O. Box 792
207 East Cherry Street
Clearfield, PA. 16830
(814)765-1551 or (800) 822-2610

NOTICE TO RENTAL APPLICANTS

The rental applicant hereby authorizes the landlord to investigate their suitability as potential tenants.

Such investigation may include the questioning of current/former landlords, employers, neighbors, or other individuals able to assess the applicants' tenant-worthiness.

The landlord is hereby given the right to examine the applicants' rental histories [including any current/prior eviction proceedings], credit records, criminal histories, any other information deemed necessary by the landlord.

The applicants' understand that any negative information found may result in the rejection of their rental application by the landlord.

Date

Signed

Signed



PRE APPLICATION FOR HOUSING

LAWRENCE PARK VILLAGE

(814) 765-2375

1053 Park Ave. Ext. Clearfield, PA 16830

List Each Household member who would be living in the unit, including yourself.

Name	Date of Birth	Sex	Social Security #	Relationship to you
				Head

Total Annual Household Income: \$ _____

Current Address:

Street : _____

City : _____

State : _____ Zip : _____

Daytime Phone : _____

Previous Address:

Street : _____

City : _____

State : _____ Zip : _____

Evening Phone : _____

Current Landlord: _____

Street : _____

City : _____

State : _____ Zip : _____

Phone # : _____

Move in date : _____

Previous Landlord: _____

Street : _____

City : _____

State : _____ Zip : _____

Phone # : _____

Lived here from _____ to _____

Have you ever lived in Subsidized Housing? YES _____ NO _____

Unit Size requested: _____ Two Bedroom _____ Three Bedroom

How did you hear about us? _____

After reading the following certification, please sign to indicate that you understand and agree to it.

CERTIFICATION: The information provided on this pre-application form is complete and true to the best of my knowledge. I understand that providing false information may lead to denial of this application, to eviction [if the falsehood is discovered after move-in], or to criminal prosecution. I understand that admission to this site is conditioned upon eligibility criteria set by federal law, rules set by this site's resident select plan, and my payment of any applicable security deposit in advance of move-in. I understand that should I be accepted for admission, I must not maintain any other residence anywhere after I move in.

Head of Household Signature: _____ Date: _____

Co-Head of Household Signature: _____ Date: _____

CENTRAL PA DEVELOPMENT CORP.

207 E. Cherry Street

P.O. Box 792

Clearfield, PA. 16830

(814) 765-1551 (800) 822-2610 TTY: 711



Attachment to pre-application

In conformance with Subpart I of 24 CFR part 5, this Attachment to the Pre-Application supersedes and amends any other language in the Tenant Selection Plan with regard to screening applicants for criminal activity and drug/alcohol abuse. In implementing this Attachment, all owner actions will be in compliance with Fair Housing and Equal Opportunity provisions.

1. The owner MUST prohibit admission of applicants if any household member was evicted from federally-assisted housing for drug-related criminal activity.

Have you or any member of the applicant family ever been evicted from federally-assisted housing for drug-related criminal activity?

YES _____

NO _____

If "YES" the owner MAY admit such household if the family member has successfully completed an approved supervised drug rehabilitation program or the circumstances leading to the eviction no longer exist. Please explain:

2. The owner MUST prohibit admission of applicants if any household member is engaged in the illegal use of drugs, or if the owner has reasonable cause to believe that a household member's illegal use of a drug or pattern of illegal use may interfere with health, safety and right to peaceful enjoyment of other residents.

Are you or any member of your household currently engaged in the use of illegal drugs?

YES _____

NO _____

3. The owner MUST prohibit the admission of persons subject to lifetime registration requirements under a State sex Offender program.

Are you or any member of your household subject to lifetime registration requirements under a State sex Offender program?

YES _____

NO _____

4. Please list all **STATES** where you and other household members have previously resided:

5. An owner **MUST** prohibit admission if there is reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol interferes with the health, safety or peaceful enjoyment of the premises by other residents.

Do you or any member of your household abuse alcohol?

YES _____

NO _____

6. An owner **MAY** prohibit admission for 1) drug-related criminal activity; 2) violent criminal activity; 3) other criminal activity that would threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or, 4) other criminal activity that would threaten the health and safety of the owner or any employee, contractor, subcontractor, or agent of the owner who is involved in the housing operations. An owner **MAY** establish a set period of "reasonable time" in which the applicant must not have engaged in these activities before admission. The owner's criteria:

Note: The Basis for Rejection for all other screening requirements should already be part of the Tenant Selection Plan. This Attachment only covers screening for drugs and criminal activity.

Basis of Rejection (one or more of the following)

- *Crimes against persons: conviction within the past seven (7) years;*
- *Crimes against property: conviction within the past five (5) years;*
- *Drug-related criminal activity: conviction for the manufacture, sale or distribution, or for possession with the intent to manufacture, sell, or distribute, a controlled substance within the past five (5) years;*
- *Illegal firearms: conviction for possession of an unregistered firearm or an illegal weapon within the past five (5) years or*
- *Pattern of criminal behavior; as evidenced by reports of repeated disturbances involving the police.*

Note: Drug-related criminal activity does not include the use or possession of a controlled substance if the applicant can demonstrate:

- *Applicant has an addiction, a record of such an impairment, or is regarded as having such an impairment: AND,*
- *Has evidence of recovery via proof of completion of an accredited rehabilitation program;*
- *Has not used or possessed a controlled substance for at least one (1) year; AND*

- Does not currently use or possess a controlled substance.

Do you or any member of your household have a record of criminal activity?

YES _____

NO _____

If so, please explain:

7. An owner MAY admit an applicant who was previously denied admission for criminal activities but now has sufficient evidence that the household member was not involved in criminal activity for a reasonable length of time.

Have you or any member of your household been previously denied admission for criminal activity that has ceased to continue?

YES _____

NO _____

If yes, please explain: _____

The applicant hereby certified that the above information is true and correct.

The owner hereby certifies that all selection criteria is within the Final Rule on Screening and Eviction for Drug Abuse and Other Criminal Activity, as found in 24 CFR Part 5 et al, published May 24, 2001, and is consistent with Fair Housing and Equal Opportunity provisions.

Date _____

Owner _____

Date _____ ✓

Applicant _____ ✓

Date _____

Applicant _____

Date _____

Applicant _____

Date _____

Applicant _____

DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS

FOR TENANT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for tenancy and, if you are selected, in considering you for continued housing **Central Pennsylvania Development Corporation / Landlord** (“the Company”) may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from consumer reporting agency, such as TenantReportX llc.

TenantReportX llc can be contacted by mail at 370 Reed Road, Suite 101, Broomall, PA 19008 or phone: 1-855-244-2400 or website <https://tenantreports.instascreen.net>

For Explanation purposes:

- A “consumer report” is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making a tenant-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- An “investigative consumer report” is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employer, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”)

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for tenant purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided the name, address, and telephone number of the consumer reporting agency and a summary of your rights under FCRA.

PERSONAL DATA

Last Name

First Name

Middle Name

Current Address

Dates Lived Here

Date of Birth

Other Names Used (including maiden name)

Years used

Social Security Number

Driver's License #

DL State

Email address (may be used for official correspondence)

I have the right to make a request to TenantReportX llc upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which TenantReportX llc has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

Printed Name

Applicant Signature

Date

AUTHORIZATION

I have read and understand foregoing Disclosure, and authorize **Central Pennsylvania Development Corporation** ("the Company") to obtain and rely upon consumer reports or investigative consumer reports concerning me obtained from TenantReportX llc.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

I do _____ do not _____ authorize you to contact, through TenantReportX llc my current employer or Employment and Reference Verifications.

(Checking "I do" will authorize inquiries to the Human Resources Department and to any listed supervisors.)

Printed Name

Applicant Signature

Date

Parent or Legal Guarding Signature
(for searches conducted on minors
under the age of 18)

Date