

**PRE APPLICATION FOR HOUSING**

***Moshannon Valley Apartments***

45 Terrace Drive, Houtzdale, PA. 16651

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: \_\_\_\_\_ One 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**



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



### Addendum to Tenant Selection Plan

In conformance with Subpart I of 24 CFR part 5, this Addendum to Tenant Selection Plan 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 Addendum, 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 \_\_\_\_\_

Please list all addresses where you and other household members have previously resided since age 18:

4. 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 \_\_\_\_\_

5. 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 Addendum 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:

6. 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

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Last Name

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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

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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.

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Printed Name

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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