

**IMPORTANT- Application is not considered complete and eligible for waitlist or processing unless we receive:**

- **Valid Photo ID**
- **Social Security Card**
- **Proof of Income**

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time of Application: \_\_\_\_:\_\_\_\_ am / pm

Background Check Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Added to Waitlist: \_\_\_\_

## PAID ROOM RENTAL APPLICATION

Check All Properties you are applying. Must meet minimum income standards for property. All properties maintain a waitlist. Waitlists vary. We can not provide specifics on availability.

**Wood Street Commons** – *Downtown* 301 Third Avenue, Pittsburgh PA 15222

**Centre Avenue Housing**- *Hill District* 2621 Centre Avenue, Pittsburgh PA 15219

**Second Avenue Commons**- *Downtown* 700 2<sup>nd</sup> Avenue, Pittsburgh PA 15222

All completed application must be submitted with the following documents. Application will not be added to a waitlist until the required documents are provided.

Valid Photo ID     Social Security Card     Proof of Income

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

What is the first night you will need a room? \_\_\_\_\_

How long do you anticipate staying at Centre Avenue Housing? \_\_\_\_\_

### **Current Employer**

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number \_\_\_\_\_

Length of employment: Years \_\_\_\_\_ Months \_\_\_\_\_

Are you currently collecting welfare, unemployment, or social security? no yes

Monthly amount received: \_\_\_\_\_

Do you have a Payee? no yes

Payee's Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Organization (if applicable) \_\_\_\_\_

Do you have a case worker? no yes  
Case Worker's Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Organization \_\_\_\_\_

Do you have a social worker? no yes  
Social Worker's Name \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Organization \_\_\_\_\_

**Residence History**

Previous Address: \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
*How long at address: Years* \_\_\_\_\_ *Months* \_\_\_\_\_

**Legal History**

Have you ever been convicted of a crime? no yes  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any past convictions or jail time: \_\_\_\_\_  
\_\_\_\_\_

Are you currently on parole or probation? no yes \_\_\_\_\_  
If yes, what is the name of the parole/probation officer? \_\_\_\_\_  
Phone number: \_\_\_\_\_

**Medical Information**

Please list any medical conditions you think we should be aware of such as Diabetes, Epileptic Seizures, Hepatitis, etc. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency/ Alternate contact information-** We may also contact this person if we are having trouble reaching you regarding your application. This should be a person who can still get in contact with you if your phone is off or your number changes.

*You are authorizing us to reach out and discuss your application with the person*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Relationship \_\_\_\_\_

**Acknowledgement and Authorization for Background Check**

*I hereby authorize the obtaining of “consumer reports” and/ or investigative consumer reports by NDC Asset Management. NDC Asset Management reserves the right to investigate the above information. I acknowledge that this information is true to the best of my knowledge. Any information that is found to be false can lead to the disqualification from consideration for a room. By signing below, I give written consent for NDC Asset Management to conduct a background check which will be used to determine eligibility for housing. Background check is conducted by RealPage Inc. 2201 Lakeside Blvd, Richardson Tx. 75082 1-866-934-1124.*

*I do \_\_\_\_\_ do not \_\_\_\_\_ authorize you to contact, through RealPage Inc. my current employer for employment and references verification (Checking “I do” will authorize inquires to the Human Resources Department and to any listed supervisor. )  
I also consent to have any legally required notices sent electronically.*

Printed Name: \_\_\_\_\_

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Last Name: \_\_\_\_\_ Frist Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number : \_\_\_\_\_

Drivers License or Photo ID # \_\_\_\_\_ State: \_\_\_\_\_

Email Address: \_\_\_\_\_

