



Dear Applicant,

Thank you for your interest in our affordable housing community! Please complete each section of this application with the most current information available, sign and date where indicated, then return application to the property via mail or email at [applications@stanfordmanagement.com](mailto:applications@stanfordmanagement.com). Please ensure that all PDFs are clearly scanned and legible. **Unfortunately, poorly scanned or unreadable documents cannot be accepted. All questions are required unless otherwise indicated. Incomplete applications will be returned for corrections.** You will receive a letter regarding your application status at the address you provide. Please note, you must fill out a separate application for each property you would like to be considered for. If you have any questions, please call us directly at the number listed on the top of the application.

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### *NOTICE TO ALL APPLICANTS AND RESIDENTS*

*Upon request, Stanford Management provides translated copies of all vital documents necessary to participate in our housing programs. Stanford Management also provides language assistance and interpreter services, upon request, for applicants and for residents, for adherence of program requirements and certifications.*

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"This institution is an equal opportunity housing provider and employer." If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)



In accordance with Federal Law and USDA Policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability (not all prohibited bases apply to all programs). To file a complaint of discrimination, write to:  
USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410, or call 1-800-795-3272 (voice) or 202-720-6382 (TDD). Stanford Management is an equal opportunity provider and employer.



# Brownsville House APARTMENT LEASE APPLICATION

Address: 310 Cadwallader Street, Brownsville, PA 15417

Phone: (724) 785-5391

Email: [applications@stanfordmanagement.com](mailto:applications@stanfordmanagement.com)

Mailing Address: 310 Cadwallader Street, Brownsville, PA 15417

## Office Use Only

Date Received:	
Time Received:	
Application Fee:	
Manager Initials:	

Number of bedrooms requested: ☐ one (1) bedroom

### APPLICANT INFORMATION:

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Cellular Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Ethnicity (National Origin): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Mark as many as apply): ☐ Black/African American ☐ American Indian or Alaskan Native

☐ Native Hawaiian/Other Pacific Islander ☐ White

Gender: ☐ Female ☐ Male

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

Please indicate your preferred method of communication: ☐ Phone ☐ Mail ☐ Email ☐ Cell

### CO-APPLICANT INFORMATION:

(Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Cellular Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Ethnicity (National Origin): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Mark as many as apply): ☐ Black/African American ☐ American Indian or Alaskan Native

☐ Native Hawaiian/Other Pacific Islander ☐ White

Gender: ☐ Female ☐ Male

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Widowed

Please indicate your preferred method of communication: ☐ Phone ☐ Mail ☐ Email ☐ Cell

# PLEASE LIST ALL PERSONS WHO WILL BE OCCUPYING THE APARTMENT

NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP	STUDENT YES/NO
			Head of Household	

**1** Ethnicity (National Origin): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Mark as many as apply): ☐ Black/African American ☐ American Indian or Alaskan Native  
☐ Native Hawaiian/Other Pacific Islander ☐ White

Gender: ☐ Female ☐ Male

# 2 NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP	STUDENT YES/NO

Ethnicity (National Origin): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Mark as many as apply): ☐ Black/African American ☐ American Indian or Alaskan Native  
☐ Native Hawaiian/Other Pacific Islander ☐ White

Gender: ☐ Female ☐ Male

# 3 NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP	STUDENT YES/NO

Ethnicity (National Origin): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Mark as many as apply): ☐ Black/African American ☐ American Indian or Alaskan Native  
☐ Native Hawaiian/Other Pacific Islander ☐ White

Gender: ☐ Female ☐ Male

# 4 NAME	SOCIAL SECURITY #	DATE OF BIRTH	RELATIONSHIP	STUDENT YES/NO

Ethnicity (National Origin): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (Mark as many as apply): ☐ Black/African American ☐ American Indian or Alaskan Native  
☐ Native Hawaiian/Other Pacific Islander ☐ White

Gender: ☐ Female ☐ Male

Are you or any member of your household a Veteran of Military Service? ☐ Yes / ☐ No If so, please list name/s \_\_\_\_\_

Do you anticipate changes in your family size within the next year? Such as marriage, birth of a child, etc? ☐ Yes ☐ No

Are you currently a student? ☐ Yes ☐ No If yes, are you ☐ Full time ☐ Part time

Name of School: \_\_\_\_\_

School Address & Phone #: \_\_\_\_\_

If you attend college, what do you spend for books & tuition annually? \$ \_\_\_\_\_

Do you or any household member require special housing needs? ☐ Yes / ☐ No

Please explain: \_\_\_\_\_

Are you requesting the \$400.00 disability/handicap adjustment to your income? ☐ Yes ☐ No

Could you benefit from the features offered by a handicap accessible unit? ☐ Yes ☐ No

Are you requesting a handicapped unit? ☐ Yes ☐ No

**APPLICANT INCOME / ASSET INFORMATION**

Please describe any capital investments and their cash value: \_\_\_\_\_

**Have you disposed any assets within the last two (2) years?** ☐ Yes / ☐ No

If yes, please list selling price: \$ \_\_\_\_\_ Amount received: \$ \_\_\_\_\_

Selling expense: \$ \_\_\_\_\_

What was the Fair Market Value for those assets at the time of disposal? \$ \_\_\_\_\_

What is the actual income received from assets: Tenant: \$ \_\_\_\_\_ Co-Tenant: \$ \_\_\_\_\_

Interest on Savings, CD's, etc. \$ \_\_\_\_\_

Payment received from notes \$ \_\_\_\_\_

Withdrawal from pensions, IRA's. \$ \_\_\_\_\_

Are you self-employed? ☐ Yes ☐ No (If yes, a copy of last year's tax return must accompany this application)

When completing this portion of the application, please indicate monetary of amount and frequency of receipts.

For example: \$100 per week, \$300 per month, or \$5,000 per year, etc.

Type of Income	Tenant	Co-Tenant	Source (Name and Address)
Wages/Salaries	\$ Per: _____	\$ Per: _____	
Social Security / SSI Pension	\$ Per: _____	\$ Per: _____	
Public Assistance	\$ Per: _____	\$ Per: _____	
Public Assistance	\$ Per: _____	\$ Per: _____	
Child Support	\$ Per: _____	\$ Per: _____	
Alimony	\$ Per: _____	\$ Per: _____	
Unemployment Benefits	\$ Per: _____	\$ Per: _____	
VA Benefits	\$ Per: _____	\$ Per: _____	
Disabled/Workman'sCompens	\$ Per: _____	\$ Per: _____	
ation	\$ Per: _____	\$ Per: _____	
Regular Gifts	\$ Per: _____	\$ Per: _____	
Armed Forces pay/all.	\$ Per: _____	\$ Per: _____	

**Do you have a Housing Voucher?** ☐ Yes / ☐ No

If Yes, Amount: \$ \_\_\_\_\_

If Yes, please list the name of the Housing Authority \_\_\_\_\_

**Please indicate below the claim numbers of Social Security/Pension benefits you receive, other than your own.**

Name of Recipient: \_\_\_\_\_ Claim #: \_\_\_\_\_ Agency: \_\_\_\_\_

Name of Recipient: \_\_\_\_\_ Claim #: \_\_\_\_\_ Agency: \_\_\_\_\_

**Bank Accounts**

Last months balance in checking account(s) \$ \_\_\_\_\_

Average six month balance in checking account(s) \$ \_\_\_\_\_

Last months balance in savings account(s) \$ \_\_\_\_\_

Today's balance in savings account(s) \$ \_\_\_\_\_

List names and address of banks associated with your accounts listed above: \_\_\_\_\_

**Cash Values and Interest Rates (if applicable):**

IRA(s) \$ \_\_\_\_\_ at \_\_\_\_\_ %  
Certificate(s) of deposit \$ \_\_\_\_\_ at \_\_\_\_\_ %  
Stocks \$ \_\_\_\_\_ at \_\_\_\_\_ %  
Bonds \$ \_\_\_\_\_ at \_\_\_\_\_ %  
Retirement/pension funds \$ \_\_\_\_\_ at \_\_\_\_\_ %  
Other(s) \$ \_\_\_\_\_ at \_\_\_\_\_ %

List names and address of banks associated with your accounts listed above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY:**

**Applicant:** Present Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Length of time at current job: \_\_\_\_\_ Phone #: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Length of time at current job: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Co-Applicant:** Present Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Length of time at current job: \_\_\_\_\_ Phone #: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

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

Supervisor: \_\_\_\_\_ Length of time at current job: \_\_\_\_\_ Phone #: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name	Address	Relationship	Phone #

**CURRENT HOUSING INFORMATION:**

☐ Own ☐ Rent Length of time at current address: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**PREVIOUS HOUSING INFORMATION:**

☐ Own ☐ Rent Length of time at previous address: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever received or lived at any other subsidized housing? ☐ Yes ☐ No

If yes, please list name and address: \_\_\_\_\_

Has your housing assistance ever been terminated for fraud, non-payment, failure to recertify

or for any other reason?

☐ Yes ☐ No

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**PERSONAL REFERENCES:**

Please list three references.

	Name	Complete Address	Phone Number
1.	<hr/>		
2.	<hr/>		
3.	<hr/>		

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Have you ever been convicted for the illegal manufacture, distribution, or possession of a controlled substance?

☐ Yes ☐ NoIf yes, please list date, county and state: 

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Have you ever been convicted of a crime?

☐ Yes ☐ NoIf yes, please list date, county and state: 

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Have you ever been convicted of a felony?

☐ Yes ☐ NoIf yes, please list date, county and state: 

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Are you, or any member of your household, subject to a lifetime sex offender registration requirement in any state?

☐ Yes ☐ NoIf yes, please list date, county and state: 

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List all other states in which you, or any member of your household, have resided: 

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List all other Names you have been known by: 

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**How did you hear about us?** 

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**Please note: The Following Section Is for Elderly / Disabled Applicants Only\***

**ELDERLY / DISABLED HOUSEHOLD INFORMATION**

Total Cost of Medical Expenses Last Year

Type	Cost	Amount Reimbursed by Insurance
Doctor/Dentist Visits	\$	\$
Prescriptions	\$	\$
Medical Appliances	\$	\$
Over the Counter Drugs	\$	\$
Eyeglass Appliances	\$	\$
Medical Insurance Premium	\$	\$

Name of Doctor: \_\_\_\_\_

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

Name of Pharmacy: \_\_\_\_\_

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

Name of Medical Appliance Provider: \_\_\_\_\_

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

Name of Optometrist: \_\_\_\_\_

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

Name of Insurance Company: \_\_\_\_\_

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

**Are you currently making payments on outstanding medical bills, hospital stays, or related expenses?** ☐ Yes ☐ No

If yes, please list total amount of expenses owed: \_\_\_\_\_

**Will your expenses for the next twelve months be basically the same as listed above?** ☐ Yes ☐ No

If no, please describe any changes: \_\_\_\_\_

***\*End of Elderly / Disabled Applicant Section***

**APPLICANT CERTIFICATION:** I/we certify that all of the above statements are true and complete and hereby authorize verification of all information, references and credit records. I/we acknowledge that false information herein constitutes grounds of rejection of this application, termination of the right of occupancy, and/or forfeiture of deposits and may constitute a criminal offence under the laws of this state. I/we understand that the information given must be verified in order for the application to be processed. All necessary verification forms may be obtained from the site manager. I/we further certify that this housing shall be my/our permanent residence and that I do not and will not maintain a separate subsidized rental unit in a different location.

Applicant's Signature: \_\_\_\_\_

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

Co-Applicant Signature: \_\_\_\_\_

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

DISCLOSURE STATEMENT: The information regarding race, ethnicity, and gender designation solicited in this application is requested in order to assure the federal government, acting through rural development, rural housing service that federal laws prohibiting discrimination against tenant applications on the base of race, color, national origin, religion, gender, sexual orientation, familial status, age, and disability are complied with. You are not required to furnish the following information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish this the owner is required to note the race/ethnicity and gender of individual applicants on the basis of visual observation or surname.

## CONSENT AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any FEDERAL, STATE, or LOCAL AGENCY, ORGANIZATION, BUSINESS, or INDIVIDUAL, to release and verify my application for participation, and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing, and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD)/Rural Development (RD) administering and enforcing program rules and policies. I also consent for HUD/RD or the manager to release information from my file about my rental history to credit bureaus, collection agencies, or future landlords. This includes records on my payment history, and any violations of my lease or occupancy policies.

### INFORMATION COVERED

I understand that, depending on program policies and requirements, previous or current information regarding me or any household may be needed:

Identity and Marital Status	Employment, Income, and Assets
Medical or Child Care Allowances	Credit, Residences and Rental Activity

### GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous Landlords (including Public Housing Agencies)	Past and Present Employers
Courts and Post Offices	Public Assistance Agencies
Schools and Colleges	State Unemployment Agencies
Law Enforcement Agencies	Social Security Administration
Medical and Child Care Providers	Support and Alimony Providers
Retirement Systems	Banks and Financial Institutions
Credit Providers and Credit Bureaus	

I agree that a photocopy of this authorization may be used for the purpose stated above. The original of this authorization is on file in the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

### SIGNATURES:

_____ Head of Household (Applicant)	_____ Print Name	_____ Date
_____ Adult Member /Spouse (Co-applicant)	_____ Print Name	_____ Date

ADDENDUM TO APPLICATION FOR RESIDENCY We operate in accordance with the fair housing law. We do not discriminate against any person in the terms, conditions or privileges of sale or rental of a dwelling or in the provisions of services or facilities in connection therewith, because of race, color, national origin, religion, gender, sexual orientation, familial status, age, or disability. Stanford Management, LLC does not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with non-discrimination requirements contained in the development of Housing and Urban Developments regulating implementing Section 504. (24CRF Part 8 Date June 2, 1988).

Thom Rhoads  
VP of Operations P.O. Box 3879  
Portland, ME 04104-3879

Telephone: (724) 785-5391  
Email: applications@stanfordmanagement.com  
StanfordManagement.com

*"This institution is an equal opportunity housing provider and employer." If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov) . Stanford Management, LLC is an equal opportunity provider and employer.*