



FOR OFFICIAL USE ONLY

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**APPLICATION FOR OCCUPANCY AT
DEVITT HOUSE**

340 JPM Road, Lewisburg, PA 17837
Telephone (570) 522-0021
TDD# 1-800-654-5984
FAX# 570-522-0098

PART I: APPLICANT INFORMATION

Applicant's Name: _____

Address: _____
Street/Apt. City State/Zip Code

Phone: (____) _____ Email: _____

Birth Date: _____ Age: _____ SS#: _____

Current Landlord: _____

Address: _____
Street/Apt. City State/Zip Code

Phone: (____) _____

Applicant's Employer: _____

Employer's Address: _____

Employer's Contact Person: _____

Employer's Phone: (____) _____ Applicant's Occupation: _____

Current Salary: \$ _____ per _____ Avg. Hours Per Week: _____

Overtime Expected: _____ Rate of Overtime Pay: _____

Gross additional Income (**itemize interest, social security, dividends, etc.**):

Source: _____ \$ _____ per _____

Source: _____ \$ _____ per _____



Source: _____ \$_____ per _____

Assets (include cash, savings, checking, certificates, real estate, etc.):

\$_____ Type: _____ \$_____ Type: _____

\$_____ Type: _____ \$_____ Type: _____

Did you dispose of any assets below fair market value within the last two (2) years: _____

(If yes, please explain): _____

Credit References: Bank: _____ Account: _____

Bank: _____ Account: _____

Other: _____ Account: _____

Other: _____ Account: _____

PART II: CO-APPLICANT INFORMATION (If not applicable, advance to **PART III**)

Co-Applicant's Name: _____

Address: _____
Street/Apt. # City State/Zip Code

Phone: (____) _____

Birth Date: _____ Age: _____ SS#: _____

Prior Landlord: _____

Address: _____
Street City State/Zip Code

Phone: (____) _____

Co-Applicant's Employer: _____

Employer's Address: _____



Employer's Contact Person: _____

Employer's Phone: (____) _____

Applicant's Occupation: _____

Current Salary: \$_____ per _____

Avg. Hours Per Week: _____

Overtime Expected: _____

Rate of Overtime Pay: _____

Additional Income (itemize interest, social security, dividends, etc.):

Source: _____ \$_____ per _____

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Source: _____ \$_____ per _____

Assets (include cash, savings, checking, certificates, real estate, etc.):

\$_____ Type: _____ \$_____ Type: _____

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Did you dispose of any assets below fair market value within the last two (2) years: _____

(If yes, please explain): _____

Credit References: Bank: _____ Account: _____

Bank: _____ Account: _____

Other: _____ Account: _____

Other: _____ Account: _____

Are there any special housing accommodations the household will require?

For example: mobility impaired unit? ____ Yes ____ No

Please list accommodations: _____

PART III:

Please list all occupants who will reside in the unit.



Name: _____ Age: _____ Date of Birth: _____ Sex: _____

Relationship: _____ Social Security #: _____

Name: _____ Age: _____ Date of Birth: _____ Sex: _____

Relationship: _____ Social Security #: _____

Name: _____ Age: _____ Date of Birth: _____ Sex: _____

Relationship: _____ Social Security #: _____

Automobile: Year: _____ Make: _____ License No.: _____

PART IV:

I CERTIFY THAT THIS WILL BE MY PERMANENT RESIDENCE. I FURTHER CERTIFY THAT I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

Are you currently subject to a lifetime registration requirement under a state sex offender registration program?
Yes _____ No _____

Applicant's Signature: _____ **Date:** _____

Co-Applicant's Signature: _____ **Date:** _____

PART V:

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure that federal laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this 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 it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

Race (mark one or more):

- ☐ 1. American Indian/Alaskan Native
- ☐ 2. Asian
- ☐ 3. Black or African American
- ☐ 4. Native Hawaiian or Other Pacific Islander
- ☐ 5. White
- ☐ 6. Other

Gender:

- ☐ Male
- ☐ Female

Ethnic Group:

- ☐ Hispanic
- ☐ Non-Hispanic

Devitt House maintains a "smoke free" facility.

Return Application to:

Devitt House

Attention: Manager

340 JPM Road

Lewisburg, PA 17837