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APPLICATION FOR OCCUPANCY AT  
**WEIDNER MANOR**

1133 Ben Franklin Highway West, Douglassville, PA 19519  
Telephone (610) 385-1070  
TDD# 1-800-654-5984

**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 \_\_\_\_\_

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: \_\_\_\_\_

**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

**Weidner Manor Manor maintains a "smoke free" facility.**

**Return Application to:**

**Weidner Manor**

**Attention: Manager**

**1133 Ben Franklin Highway West**

**Douglassville, PA 19519**