

Dear Applicant:

Applications are being accepted for the **HISTORIC FAIRMOUNT APARTMENTS or YCDC Properties IN YORK, PA.** Your application will be placed on the processing list in the order it is received. All applications will be numbered, date and time stamped in the order of receipt. For this reason, we encourage you to return your completed application to us as quickly as possible.

This application does not, in any way, obligate you or Historic Fairmount or YCDC properties. It does, however, give us an opportunity to determine preliminary eligibility.

Please supply all the requested information and sign the application form, Consumer Notice, application Fee Policy and Guidelines, and the General Release form. It is important for you to read all the forms entirely, answer all questions, and be certain they are all signed.

Please include your non-refundable \$25.00 Processing Fee for one applicant and \$40.00 for two applicants with your application. This is for processing only and is not a deposit on an apartment.

As part of our preliminary processing we will do a credit check, landlord reference (if applicable), criminal background check and income calculation. It should take approximately two to three weeks to complete this process, and we will then contact you for a personal visit at your home.

Please return your completed application to the York Area YMCA location at:

YMCA
ATTN: Kathy Duclo
310 W. PHILADELPHIA STREET
YORK, PA 17401

Thanks for your interest in the **Historic Fairmount Apartments or YCDC Properties**

Sincerely,

Kathy Duclo
Assistant Property Manager



APPLICATION FEE POLICY AND GUIDELINES

Dear Applicant:

In order to process your application and because of rising costs, we find it necessary to charge a processing fee. The fee is **\$25.00 for one applicant and \$40.00 for two applicants, paid by money order only.**

This is a NON-REFUNDABLE FEE, even if your application is rejected for any reason (over income, unacceptable credit, unacceptable references, unacceptable home visit or any other reason) or you withdraw your application. The fee is to cover costs of processing such as credit checks, criminal back ground check, home visits, reference checks, income verification and other various clerical procedures involved in placing applicants on the waiting list and processing.

By signing this memo, you are not entering into a contract, only paying a fee. The payment of this fee does not obligate YCDC to rent to you. You acknowledge that this fee will not be returned to you for any reason.

Our processing includes a credit check, which you must pass ~ if you have more than two accounts in collection or with a 4-9 rating (reflects slow payment) excluding medical collections you will be rejected. It is recommended that if you are not sure about your credit, you should check on it before you apply.

If you have questions about processing or the resident selection plan, you are encouraged to ask questions prior to submitting your application.

By signing this memo, I understand that I will not have the \$25 or \$40.00 processing fee returned to me whether I am accepted as an applicant or rejected.

Name (printed): _____

Signature: _____

Date: _____

Received by: _____
Employee signature

Date: _____ Time: _____

PLEASE MAKE **MONEY ORDER** PAYABLE TO:

Historic Fairmount, or YCDC Properties, depends on your choice.

There is no guarantee that a unit is available in the specific property group you request.

Historic Fairmount/ YCDC

Please Complete this Application & Return to:

FOR OFFICE USE ONLY

Historic Fairmount Apts. /YCDC Date Received: _____

310 W. Philadelphia Street

York, PA 17401

(717) 854-7291 X4703

Time Received: _____

Applicant #: _____

Unit Size: EFF 1 2 3 4

The following information is confidential and will not be disclosed without your consent.

Email Address: _____ (Email is a quick and easy way to communicate. Please provide an email address for any work, and personal references you may be submitting below.)

Applicant's Name			Social Security No.	Home Phone ()
Present Street Address	City	State	Zip Code	No. Yrs at Present Address
Former Street Address (if at present address for less than 5 yrs.)	City	State	Zip Code	No. Yrs. at Former Address
Current Housing Status: Provide the name, address, and phone number of all your landlords for the past 3 years.				
Current Landlord:		Phone: _____		
Address: _____				
Previous Landlord:		Phone: _____		
Address: _____				
Previous Landlord:		Phone: _____		
Address: _____				
Name and Address of Employer			Type of Business	Self Employed? Yes _____ No _____
Business Phone Number ()	Position/Title		No. Yrs. on Job	Yrs in this line of work
Name and Address of Previous Employer (if employed at present position less than 5 yrs.)			No. of Yrs. with Previous Employer	Business Phone ()
Co-Applicant's Name			Social Security No.	Home Phone ()
Present Street Address	City	State	Zip Code	No. Yrs at Present Address
Former Street Address (if at present address for less than 5 yrs.)	City	State	Zip Code	No. Yrs at Former Address
Name and Address of Employer			Type of Business	Self-employed? Yes _____ No _____
Business Phone Number ()	Position/Title		No. Yrs. on Job	Yrs. in this line of work
Name and Address of Previous Employer (if employed at present position less than 5 yrs.)			No. of Yrs. with Previous Employer	Business Phone ()

ANNUAL INCOME				
SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 YRS OR OLDER	TOTAL
Gross Salary				
Overtime Pay				
Commissions/Fees/Tips/ Bonuses				
Unemployment Benefits				
Workers Compensation, etc.				
Social Security, Pensions, Retirement Funds, etc., Received Periodically				
TANF Payments				
Alimony, Child Support				
Interest and/or Dividends				
Net Income from Business				
Net Rental Income				
Other:				
			TOTAL:	
ASSETS	CASH VALUE	INCOME FROM ASSETS	NAME OF FINANCIAL INSTITUTION	ACCOUNT NUMBER
Checking Account	\$	\$		
Savings	\$	\$		
Certificate of Deposit	\$	\$		
Mutual Funds/Stocks/Bonds	\$	\$		
Real Estate	\$	\$		
Whole Life Insurance	\$	\$		
Other:	\$	\$		
TOTAL:	\$	\$		

I _____ have or I _____ have not disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the "other" column in the above listing of assets. (CHECK ONE)

Are all household members full-time students? Yes _____ No _____

HOUSEHOLD COMPOSITION List the head of your household and all members who live in your home. Give the relationship of each family member to the head.

MEMBER NO.	FULL NAME	RELATIONSHIP	BIRTHDATE M/D/Y	SOCIAL SECURITY NO.
Head of Household				
2				
3				
4				
5				
6				
7				

PLEASE LIST MOTHER'S MAIDEN NAME OF ALL ADULT'S	
YOUR FULL NAME	YOUR MOTHER'S MAIDEN NAME
1.	
2.	
3.	

Have you ever been denied for housing with SMB before? Yes _____ No _____

Do you own the home where you currently reside? Yes _____ No _____

Do you own a home or other property? Yes _____ No _____

Are you or any member of your household currently using an illegal substance? Yes _____ No _____

Are you or any member of your household currently abusing alcohol? Yes _____ No _____

Have you or any member of your household been convicted of drug use or manufacture or any other felony? Yes _____ No _____

Have you or any member of your household been convicted of any crime in the past five years? Yes _____ No _____

(note: any crime includes ALL crimes, misdemeanor, summary offense & felony)

Have you or any member of your household been convicted of any misdemeanors? Yes _____ No _____

Have you or any member of your household ever been evicted from any housing? Yes _____ No _____

Are you or any member of your household registered with any State as a Sexual Offender? Yes _____ No _____ If yes, which state(s)? _____

Are there any special housing needs or reasonable accommodations that the household will require? If yes, list below:

COMMENTS/ADDITIONAL INFORMATION

The information provided in this application is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer and financial references for purposes of income and asset verification related to my/our application for tenancy. I/we understand that in order to be considered for housing we must pass all the resident selection criteria including a home visit/inspection, credit check, landlord reference, criminal background check, and income qualification. I / we understand that if information is missing (intentional or not), incomplete, or falsely reported on this rental application I/we shall be immediately rejected for consideration of housing. I/we understand that this application gives YCDC/Historic Fairmount Apartments permission to verify all the information included within the application and other information requested during the processing of the application. I/we understand that this application is not an approval for housing.

*****ALL PERSONS AGE 18 AND OLDER MUST SIGN THIS APPLICATION BELOW*****

Applicant (Head of Household)	_____	Date	_____
Co-Applicant	_____	Date	_____
Co-Applicant	_____	Date	_____

In accordance with the data collection information required by the Department of Housing and Urban Development (HUD), please provide the following information for the head of household. It is for data collection only. Please report the head of household statistics only at this time.

RACE	
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native & White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian/Alaska Native & Black/African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Other Multi-racial

ETHNICITY	GENDER
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Female

CONSUMER NOTICE
THIS IS NOT A CONTRACT

Kathy Duclo hereby states that with respect to Historic Fairmount Apartments and YCDC, I am acting in the following capacity:

As Agent of the Owner/Landlord pursuant to a property management agreement.

Signatures:

I acknowledge that I have received this notice:

Applicant

Date

I certify that I have provided this notice:

 Kathy Duclo
Agent
