WESTVIEW
TERRACE ESTATES

901 West Grant Street (724) 510-0190
New Castle, PA 16101 fax: (724) 510-0193

Thank You for Applying

Applications and coresponding documents can be mailed or dropped off at our office
at 901 West Grant Street, New Castle PA 16101
Or emailed to pmwestview@fnjmgmt.com

When returning your Application please include the following:

- Identification cards for everyone over 18
- Social Security cards for everyone in the household
- Birth certificates for everyone in household
- ALL income information you have (4 pay stubs, social security ward letter, TANF printout, 4 months child support, ECT.)
- Any bank information you may have (6 months statements for checking account, current balance for savings)*Everyone over the age of 18 must sign application*

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Westview Terrace Estates
PRELIMINARY APPLICATION FOR HOUSING

OFFICE USE ONLY:
Date: _____
Time: _____
Apartment size applying for: _____

1. List each person in your household starting with yourself. Information will be added to the property's waiting list. **Incomplete applications will not be processed.**

LAST NAME	FIRST NAME	BIRTH DATE	SEX	RELATIONSHIP TO YOU	ANNUAL INCOME	SOCIAL SECURITY NO.	STUDENT STATUS F or P/T
				Head			

2. Does anyone live with you now who is not listed above? ☐ Yes ☐ No
3. Do you expect any change in your household composition? ☐ Yes ☐ No
4. If you answered yes to either # 2 or # 3, please explain:_____
5. What type of income do you have: ☐ Employment, ☐ Social Security or SSI, ☐ Welfare, ☐ Unemployment, ☐ Child Support, ☐ Other

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6. Current Address Street Address_____

City _____State_____ Zip Code_____ Apt. No _____

Day Phone _____Evening Phone _____

Email_____

7. Are you a US Citizen? ☐ Yes ☐ No
8. Please identify any special housing needs that may be required by you or any of the members in your Household _____
9. Are you currently residing in subsidized housing or do you have a Section 8 voucher?

☐ Yes ☐ No

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CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for the apartment prior to occupancy. I/We understand that our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We further consent to have the Owner/Management Agent verify all of the information contained in this Rental Application as well as my/our credit, landlord, criminal background and personal references.

Any changes in family household income or student status changes are required to be reported to the management office within 10 days of the change.

All adult applicants, 18 or older, are required to sign application.

SIGNATURE (S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date

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TENANT HISTORY REQUEST

Name:_____ Phone: _____

Address:_____

The Rest To Be Completed by Current/Previous Landlord

We are writing for a verification of residency on the above-named individual.

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1. # of persons on lease:_____ Monthly rental amount:_____ Utilities included:_____
2. Date lease began:_____ Date lease expires:_____ Evicted, if so when:_____
3. Was eviction for: Non pay☐ Violations☐ Criminal☐ Money owed☐
4. Is/was the tenant current on his/her rent?_____ If not, how late/times late?_____
5. Have there been any pets found on the premises?_____
6. Has this tenant been responsible for any property damage?_____ If yes please explain:_____

   _____
7. Have there been any lease violations?_____ If yes please explain:

   _____

   _____
8. Has this tenant kept the premises clean?_____ Would you rent to this tenant again?_____

   Additional Comments:_____

   _____

   Landlord Print Name:_____

   Landlord Signautre:_____

   Phone Number:_____

I hereby grant permission for release of information from credit agencies, banks, and present and prior landlords which is necessary to process the lease.

Signature:_____ Date:_____

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CRIMINAL/CREDIT CONSENT RELEASE FORM

I/We, by signature below, authorize the Owner/Agent to request a complete criminal, sex offender, credit, employment and landlord investigation through the use of an outside independent background service company to secure a written report of all information pertaining to my/our application request.

All adult applicants, 18 or older, are required to sign application.

SIGNATURE(S):

_____
(Applicant's Signature)

_____
(Co-Applicant Signature)

_____
(Other family Member over 18 Signature)

_____
(Other family Member over 18 Signature)