

G.C. TOWN PROPERTIES RENTAL APPLICATION
1211 Leatherwood Dr.
Clarion PA 16214

Property Manager: Clarion County Housing and Community Development Corporation
Property Manager Phone Number: 814-226-8910

PERSONAL DATA

Head of Household: _____ Phone #: _____

Social Security #: _____ DOB: _____ Driver's License #: _____

Present Address: _____ City/State/Zip: _____

How long at present address: _____ Landlord: _____ Phone #: _____

Current Rent\$ _____ Rent Paid Through _____ Current Lease Expires: _____

Previous Address: _____ City/State/Zip: _____

How long at previous address: _____ Landlord: _____ Phone #: _____

Vehicle Make: _____ Model: _____ License Plate #: _____

Have you ever been convicted of a felony? _____ Describe: _____

Have you ever not had a lease renewed? _____ Have you ever been evicted from any tenancy? _____

Co-Tenant: _____ Phone # _____

Social Security #: _____ DOB: _____ Driver's License #: _____

Present Address: _____ City/State/Zip: _____

How long at present address: _____ Landlord: _____ Phone #: _____

Current Rent\$ _____ Rent Paid Through _____ Current Lease Expires: _____

Previous Address: _____ City/State/Zip: _____ How long at

previous address: _____ Landlord: _____ Phone #: _____

Vehicle Make: _____ Model: _____ License Plate #: _____

Have you ever been convicted of a felony? _____ Describe: _____

Have you ever not had a lease renewed? _____ Have you ever been evicted from any tenancy? _____

List Other Occupants:

Name: _____ Relationship: _____ DOB: _____

Name: _____ Relationship: _____ DOB: _____

Do you Have Pets: _____

Do you Smoke: _____

Is the HOH or Co-Head requesting any accommodations? _____ Describe: _____

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OCCUPATION

HOH Present Occupation* HOH Prior Occupation* Co-HOH Occupation

Occupation: _____

Employer Name: _____

Self, doing business as: _____

Business Address: _____

Business Phone: _____

Type of Business: _____

Position Held: _____

Supervisor's Name/Title: _____

How Long: _____

Monthly Gross Income: \$ _____ \$ _____ \$ _____

*If employed or self-employed less than two years, give same information on prior occupation also.

EMERGENCY CONTACT

HOH Contact Name: _____ Relationship: _____ Phone: _____

Co-HOH Contact Name: _____ Relationship: _____ Phone: _____

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I AUTHORIZED ITS VERIFICATION. I agree that Landlord may terminate any agreement entered into in reliance on any misstatement made above.

(Head of Household)

(Co-Head of Household)

Date: _____

Date: _____