



*1 Lake Scranton Road
Scranton, PA 18505
Phone: 570.3463009
Fax: 570.346.8149*

APPLICANT NAME: _____ DATE: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS:

LIST the Head of Household and one member who will be living in the unit.

	MEMBER'S FULL NAME	RELATIONSHIP	BIRTHDATE	AGE	SEX	SOCIAL SECURITY #
HEAD						
CO-HEAD (SPOUSE)						

Race of Head of Household (Check one) (For statistical purposes only).

_____ White _____ Black _____ American Indian/Alaskan Native _____ Asian/Pacific Islander

Ethnicity of Head of Household (Check one) (For statistical purposes only).

_____ Hispanic _____ Non-Hispanic

Is head of household or spouse handicapped or disabled? _____ Yes _____ No

PREVIOUS RENTAL HISTORY:

Name and address of your _____ Telephone# _____

(present landlord) _____ How long have you lived there? _____

Reason for leaving? _____

Name and address of your _____ Telephone# _____

(former landlord) _____ How long have you lived there? _____

Reason for Leaving? _____

Name and address of _____ Relationship: _____

nearest relative NOT _____ Telephone# _____
living with you: _____

Name and address of _____ Relationship: _____

person to be contacted _____ Telephone# _____
if you should become _____
incapacitated: _____

Are you now living in a federally subsidized housing unit? _____ Yes _____ No IF YES:

Name of complex: _____ Name of Manager: _____ Phone#: _____

SOURCE OF INCOME/TYPE OF INCOME		ANNUAL INCOME
HEAD	SOCIAL SECURITY	
	SSI	
	PENSION	
	OTHER	
CO-HEAD	SOCIAL SECURITY	
	SSI	
	PENSION	
	OTHER	

ASSETS:

List all checking and savings accounts (including IRA's, Keogh deeds, and Certificates of Deposits).

BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

Value of stocks and bonds: \$ _____ Dividends form stocks and bonds: \$ _____

Equity in Real Estates: \$ _____

Description of Auto: Make: _____ Year: _____ Color: _____

License Number: _____ State where Registered: _____

EXPENSES:

Do you have medicare? _____ Yes _____ No If yes, what is your monthly premium? \$ _____

Do you have any other kind of medical insurance? _____ Yes _____ No If yes, please provide:

Name and address of carrier: _____

Policy number: _____ Premium amount: \$ _____

APPLICANT CERTIFICATION: I certify that the statements made on this application are true and complete to the best of my knowledge and belief. I understand that providing false statements or incomplete information my result in punishment under Federal Law.

Signature of Head of Household

Date

Signature of Co-Head

Date

PLEASE NOTE: Submission of this application in no way guarantees residency at Lutherwood. It is the first step in the resident selection process. When an apartment becomes available, you will receive a more detailed application form for completion and submission. Lutherwood is an equal opportunity housing facility.