

**DELAWARE COUNTY HOUSING DEVELOPMENT CORPORATION
RENTAL APPLICATION**

Phone: 610-876-2521 TDD#: 610-876-3341

Visit us on the web at: www.dcha1.org

This Application can be submitted by e-mail at housingapp@dcha1.org by fax at 610-490-3305 or via U.S. mail to:
Delaware County Housing Development Corporation
C/O Applications Department
Delaware County Housing Authority
1855 Constitution Avenue, P.O. Box 100
Woodlyn, PA 19094

Applications may also be dropped off to Delaware County Housing Authority at 1847 Constitution Avenue, Building 1, Woodlyn, PA 19094.

Date of Application: _____

APPLICANT INFORMATION		
Last Name:	First Name:	M.I.
Street Address:		Apt./Unit #:
City:	State:	Zip:
Home Phone:	Work Phone:	
Cell Phone:	U.S Citizen (please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security #:	Date of Birth: ____/____/____	Place of Birth City & State or Alien #
E-mail Address:	Ethnicity (please check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Race:	Gender (please check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Handicapped/Disabled (please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	Senior (62 & up) Please check one. <input type="checkbox"/> Yes <input type="checkbox"/> NO	
Marital Status (single, married, separated, divorced, widow):		
Domestic Abuse Victim <input type="checkbox"/>		Veteran <input type="checkbox"/>
Do you speak English? (please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, what language spoken?	

Delaware Housing Development Corporation, An Equal Opportunity Housing Corporation



Please list family members that will reside with you.

Family member #1		Relationship to you:	
Last Name:	First Name:	M.I.	
Social Security #:	Date of Birth: ____/____/____	Place of Birth City & State	
Race:	Gender (please check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity (please check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			

Family member #2		Relationship to you:	
Last Name:	First Name:	M.I.	
Social Security #:	Date of Birth: ____/____/____	Place of Birth City & State	
Race:	Gender (please check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity (please check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			

Family member #3		Relationship to you:	
Last Name:	First Name:	M.I.	
Social Security #:	Date of Birth: ____/____/____	Place of Birth City & State	
Race:	Gender (please check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity (please check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			

Family member #4		Relationship to you:	
Last Name:	First Name:	M.I.	
Social Security #:	Date of Birth: ____/____/____	Place of Birth City & State	
Race:	Gender (please check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity (please check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			



Family member #5		Relationship to you:	
Last Name:	First Name:		M.I.
Social Security #:	Date of Birth: ____/____/____	Place of Birth City & State	
Race:	Gender (please check one) <input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity (please check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			

Please attach a separate piece of paper for any additional family members.

Sources of Income		
Annual Income amount:		
<input type="checkbox"/> Yearly <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly (please circle one)		
Number of hours worked per week: _____		
Please list income source: (employed, Social Security Benefits, Public Assistance, unemployment, Workers Compensation etc.) Please list the amount of each.		
If employed please complete the information below. (Please attach a separate piece of paper for additional employment.) Also list name of person receiving income.		
Name of employer:		
Street Address:		
City:	State:	Zip:
Name of employer:		
Street Address:		
City:	State:	Zip:

*** PLEASE NOTE: ONE MONTH'S RENT AND SECURITY DEPOSIT IS DUE UPON DATE OF LEASE UP.**

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Sign and date your application below. If applying on line please type your name into the signature space. Once your application is processed you will receive a letter of confirmation.

You must report all changes and contact Delaware County Housing Development Corporation once a year to update or your Rental Application or your application will be withdrawn. We can be reached at 610-876-2521, TDD#: 610-876-3341.

If your rental application is selected, a criminal background and credit check will be conducted to see if you meet our housing criteria. A non-refundable credit check fee of \$25.00 will apply.

Possession will be given only after execution of the Lease and payment of the one month's rent and security deposit.

Applicant Signature

Date

Delaware County Housing Development Corporation is a non-profit affordable housing development and real estate management component unit of Delaware County Housing Authority.

