SANDALWOOD APARTMENTS
PRELIMINARY APPLICATION FOR HOUSING

Date Received: _____
Time Received: _____
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/T 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

6. Current Address Street Address_____

City _____State_____ Zip Code_____ Apt. No _____

Day Phone _____ Evening Phone _____

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

EQUAL HOUSING OPPORTUNITY

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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

Submit completed application to:

Sandalwood
253 Sandalwood Drive
Leechburg, Pa 15656
Fax Number: **724 845-7357**

EQUAL HOUSING OPPORTUNITY

www.sandalwoodapt.com

Head of Household – Background Check

Please complete the information below to run the required background checks:

Name of Applicant – Head of Household: _____

Additional Names (aliases) - Head of Household: _____

Name on Driver's License - Head of Household: _____

Name on Social Security Card - Head of Household: _____

Social Security Number – Head of Household: _____

Date of Birth – Head of Household: _____

Most Recent Addresses (Current and previous) for the past six years – Head of Household:

_____

_____

_____

_____

Length of residency at current address – Head of Household: _____ Monthly Rent $_____

Number of months employed – Head of Household: _____

Monthly income - Head of Household: _____

I understand and authorize Sandalwood Holdings LP to do a credit, tenant, and criminal background check.

_____ _____

Signature Date

Other Adult Household Member – Background Check

Please complete the information below to run the required background checks:

Name of Applicant – Other Adult Household Member: _____

Additional Names (aliases) - Other Adult Household Member: _____

Name on Driver's License - Other Adult Household Member: _____

Name on Social Security Card - Other Adult Household Member: _____

Social Security Number – Other Adult Household Member: _____

Date of Birth – Other Adult Household Member: _____

Most Recent Addresses (Current and previous) for the past six years – Other Adult Household Member:

_____

_____

_____

_____

Length of residency at current address – Other Adult Household Member: _____ Monthly Rent $ ____

Number of months employed – Other Adult Household Member: _____

Monthly income - Other Adult Household Member: _____

I understand and authorize Sandalwood Holdings LP to do a credit, tenant, and criminal background check.

_____ _____

Signature Date