

Rental Application
Methodist Towers, Inc.

160 West 8th Street, Erie, PA 16501 (814) 456-1783

Methodist Towers is a retirement housing community sponsored by the First United Methodist Church of Erie. **Studio apartments are \$536 and one bedroom apartments are \$571.** The head of household must be at least 55 years of age or older.

All information provided in this application is confidential. Please print or type your responses. Applicants are responsible for notifying Methodist Towers, Inc. of any change in address or telephone number.

1.	Tenant Applicant:		
	Name:		Social Security Number:
	Address		Date of Birth Age:
	City, State, Zip Code		
	Telephone ()		Alternate Telephone ()
	Co-Tenant Applicant:		
	Name:		Social Security Number:
	Address		Date of Birth Age:
	Tenant Applicant:		
	Name:		Social Security Number:
	Address		Date of Birth Age:
	City, State, Zip Code		
	Telephone ()		Alternate Telephone ()
2.	Do you own or rent your present housing?		Own Rent
	How long have you resided at your current address?		
	Current housing cost?		Utilities
	List name, address and telephone number of present landlord and one or more previous landlords below		
	1.	2.	3.
3.	Closest relative (excluding spouse)		
	Name		Telephone:
	Address		
	City, State, Zip Code		
4.	If you own a car, please include the following information:		
	Make	Year	Color License Plate #

Financial Information

5.	When are you available to occupy an apartment?						
6.	INCOME: List the exact amounts of income this applicant currently receives:						
A.	Gross Social Security		\$			per month	
	Deductions from this check before you receive it:						
	Medicare?	Yes	No	Amount	\$		
	Other?	Yes	No	Amount	\$		
B.	Gross Pension/Annuity		\$			per month	
	Medical insurance deductions from this check before you receive it?						
		Yes		No		Amount \$	
C.	Supplement Security Income		\$			per month	
D.	Veteran's Affairs (VA) pension		\$			per month	
E.	Public Assistance		\$			per month	
F.	Salary / Wages		\$			per month	
G.	Public Assistance (Welfare)		\$			per month	
H.	Other		\$			per month	
7.	ASSETS: (Use an additional sheet of paper if necessary)						
A.	Savings or Checking Accounts:						
	Type of Account	Interest Rate	Balance	Bank			
B.	Certificates of Deposit or Money Market Accounts:						
	Type of Account	Interest Rate	Balance	Bank			
C.	Stocks or Bonds: List any stocks or bonds (including savings bonds) owned by this applicant, including name of company, number of shares, total value and amount of interest or dividends earned in 12 months						

D.	Property: List any real estate owned below. Before move-in, a letter from a realtor or appraiser listing the property's value will be required.		
	Property	Location	Value

E.	List any other assets that you currently own.	
	Asset	Value

F.	Have you disposed of any assets less than fair market value during the 2 years preceding the date of this application?		Yes	No
	Asset	Date Disposed of	Value	Amount Received

8.	<p>Expenses: Estimate any medical expenses that you anticipate for the next twelve (12) months which are not covered by Medicare or supplemental insurance.</p> <p>A. Health Insurance \$ _____</p> <p>B. Repeated Prescriptions \$ _____</p> <p>C. Repeated Doctor Visits \$ _____</p> <p>D. Dental Expenses \$ _____</p> <p>E. Optical Expenses \$ _____</p> <p>F. Hearing Aid \$ _____</p> <p style="text-align: right;">\$ _____</p> <p>G. Estimate any handicap expenses that you anticipate for the next 12 months which are covered by Medicare or supplemental insurance. (Handicap expenses are allowable expenses ONLY if they cover apparatus and/or care which enables an adult in the household to work.)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center;">Type of Expense</th> <th style="width: 40%; text-align: center;">Cost</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Type of Expense	Cost	_____	_____	_____	_____	_____	_____	_____	_____
Type of Expense	Cost											
_____	_____											
_____	_____											
_____	_____											
_____	_____											

Applicant History (Required)

9.	<p>Have you or any member of your household been charged with any misdemeanor or felony crimes? _____ If yes, who? _____</p> <p>Please list the type of charge and charge(s) When? Explain below:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				
10.	<p>Have you or any member of your household ever been incarcerated? _____</p> <p>When? _____ Where? _____</p> <p>Who? Describe why:</p> <hr/> <hr/> <hr/> <hr/>				
11.	<p>Please list all states that you have resided in during your lifetime:</p> <hr/> <hr/> <hr/> <hr/>				
12.	<p>Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? If yes, who? In what state(s)?</p> <hr/> <hr/> <hr/> <hr/>				
<table style="width: 100%;"><tr><td style="width: 60%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Signature</td><td style="width: 40%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Date</td></tr><tr><td style="width: 60%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Signature</td><td style="width: 40%; text-align: center; border-top: 1px solid black; border-bottom: 1px solid black;">Date</td></tr></table>		Signature	Date	Signature	Date
Signature	Date				
Signature	Date				

Co-Applicant History (Required)

If no Co-Applicant, Initial Here: _____

13.	Have you or any member of your household been charged with any misdemeanor or felony crimes? _____ If yes, who? _____ Please list the type of charge and charge(s) When? Explain below: _____ _____ _____ _____ _____ _____				
14.	Have you or any member of your household ever been incarcerated? _____ When? _____ Where? _____ Who? Describe why: _____ _____ _____				
15.	Please list all states that you have resided in during your lifetime: _____ _____ _____ _____				
16.	Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? If yes, who? In what state(s)? _____ _____ _____				
<table><tr><td data-bbox="211 1690 998 1753">_____ Signature</td><td data-bbox="1079 1690 1396 1753">_____ Date</td></tr><tr><td data-bbox="211 1837 998 1900">_____ Signature</td><td data-bbox="1079 1837 1396 1900">_____ Date</td></tr></table>		_____ Signature	_____ Date	_____ Signature	_____ Date
_____ Signature	_____ Date				
_____ Signature	_____ Date				

Please mark the size of apartment that you would be interested in.

For specific floor plans, please check our website. www.MethodistTowers.com

STUDIO - Bedroom/Living room combined. Small dressing room before the Bathroom. Storage cage available in lower level.

ONE BEDROOM - Living room and Bedroom are separate.

Each apartment has its own hot water tank.

Heat and Air Conditioning are controlled independently by each resident.

I certify that all information and answers to the questions are true and complete to the best of my knowledge. I understand that providing false information or making false statements may be grounds for denial of my application. I understand that my occupancy is contingent upon meeting management's selection criteria.

Applicant's Signature

Co-Applicant's Signature

Date

*** **

** For Office Use Only **

Date application was received _____

Application received by: _____

Notes: _____

