



**CROSSROADS
101 WEXFORD COURT
POTTSTOWN, PA 19464
Phone (484) 624-3046 Fax (484) 624-3688
Pre-Application for Housing**

1. List each household member who would be living in the unit, including you. (Only persons listed below will be permitted to reside in the unit)

Name	Date of Birth	Sex M/F	Relationship To You	Social Security Number	Full Time Student Yes/No	Annual Income
			Self			

2. Current Address: Street: _____, Apt.# _____
 City: _____ State: _____ Zip: _____
 Daytime Phone: _____ Evening Phone: _____
 I have lived at this address for _____ year _____ months
 Landlord Name: _____ Phone: _____

3. Applicant Employer Information: Name of Employer _____
 Phone #: _____ Length of Employment: _____
 Co-Applicant Employer Information: Name: _____
 Phone #: _____ Length of Employment: _____
 Other Income Sources (SSI, Child Support, Business, Pension etc.)
 Received From: _____

4. Are you currently in Lease? _____ Number of Days for Lease Termination Notice? _____
 5. How many bedrooms are you applying for _____ Prefer 1st or 2nd Floor: _____
 6. Do you have a Section-8 Voucher or Certificate: _____
 7. Ethnicity /Race: _____ (for statistical purposes only) How did you hear about us? _____
 8. Special Needs Unit (if any): _____ Date _____

MANAGEMENT USE ONLY
 Appointment Scheduled: _____ Date: _____ Time: _____ By: _____
 Comments, Special Needs, etc. _____
 Put on Wait List: _____ Received by: _____