



**Penn Crossings Senior Village**  
 4000 Village Drive, Jeannette, PA 15644  
 724-392-4401

**RESIDENT APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of all occupants	Social Security #	Date of Birth	Relationship

Please list your current landlord or mortgage company: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Please list your previous landlord: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

If the previous tenancy is less than three years total, please list previous landlord:

\_\_\_\_\_

Please list an emergency contact (friend/relative):

\_\_\_\_\_

Check your preferences for an apartment (check all that apply):

\_\_\_ 1 Bedroom \_\_\_ 2 Bedroom \_\_\_ Pet \_\_\_ Garage \_\_\_ 1<sup>st</sup> Floor \_\_\_ 2<sup>nd</sup> Floor \_\_\_ 3<sup>rd</sup> Floor

Please list your income sources (income must be verified by presentation of pay stubs, statements and/or financial reports):

Source of income \_\_\_\_\_ \$ \_\_\_\_\_ /month

Source of income \_\_\_\_\_ \$ \_\_\_\_\_ /month

Source of income \_\_\_\_\_ \$ \_\_\_\_\_ /month

If you wish to present assets to support income sources, please list here:

\_\_\_\_\_ Cash Value As of Date

\_\_\_\_\_ Cash Value As of Date

\_\_\_\_\_ Cash Value As of Date

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RESIDENT APPLICATION, CONTINUED**

List any person(s) or agencies that may guarantee or subsidize your rental payment:

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Have you declared bankruptcy in the past seven years?    Yes \_\_\_\_\_    No \_\_\_\_\_

Have you ever been convicted of a felony?    Yes \_\_\_\_\_    No \_\_\_\_\_

Have you ever been evicted from a residence?    Yes \_\_\_\_\_    No \_\_\_\_\_

List any negative credit or criminal record that may appear during a background check:

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Are you or any family member listed as a sex offender?    Yes \_\_\_\_\_    No \_\_\_\_\_

How did you initially hear about our community? \_\_\_\_\_

Do you require the features of a fully accessible unit as can be verified by a physician? \_\_\_\_\_

Do you require modifications or accommodations to the unit or policies, please list:

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	<u>Accept</u>	<u>Decline</u>	<u>Initials</u>
____ Leasing now, no hold fee required	_____	_____	_____
____ Pre-qualifying, no hold fee required	_____	_____	_____
____ Holding Unit #_____, hold fee required	_____	_____	_____
____ Hold for later date:_____, hold fee required	_____	_____	_____

**Applicant Certification:**

This application will be used for the purpose of determining your eligibility to reside in Penn Crossings Senior Village, 4000 Village Drive, Jeannette, PA. Please complete all requested information in order that we may process the application as quickly as possible. Blank, false or misleading information could result in declination of housing or refusal by the landlord to consider this application. Penn Crossings Senior Village and Calamar Industries is an Equal Opportunity Housing Provider, without discrimination against race, color, religion, creed, national origin, familial status, sex or disability. Information provided and discovered will remain confidential and will not be sold or given to others, but is subject to review by auditors. If this application is placed on a waiting list, it is considered on the basis of first come, first served and that an offer for an apartment may be given by the owner with less than thirty days notice. Penn Crossings Senior Village is occupancy restricted for applicants in which the Head of Household or Co-Head is 55 years of age or older at the time of application. The qualifying member must be 55 years of age at the time of application in order to be placed on a waiting list.

By signing and/or submitting this application, I/we authorize the landlord to verify all information provided, to contact present and previous landlords and other sources and to conduct credit and criminal history investigation through reporting agencies available to Calamar and management of Penn Crossings Senior Village.

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RESIDENT APPLICATION, CONTINUED**

Head of Household	Date
Co-Head of Household/Spouse	Date
Management Agent Signature	Date & Time Received

***For Office Use Only:***

Application fee: \_\_\_\_\_ Ck. #: \_\_\_\_\_

Marketing Source: \_\_\_\_\_

Application Approved: \_\_\_\_\_ Declined: \_\_\_\_\_ Date: \_\_\_\_\_

Unit Assigned: \_\_\_\_\_ Move-In Date: \_\_\_\_\_

Hold Fee Accepted: \_\_\_\_\_ Ck. #: \_\_\_\_\_

Management Initials: \_\_\_\_\_

**Mail or Email Applications to:**

Colleen Peluso  
Penn Crossings Senior Village  
4000 Jeannette, PA 15644  
724-392-4401

**Email:** [managerpenncrossings@calamar.com](mailto:managerpenncrossings@calamar.com)

