

# SCOTTMOR APARTMENTS

100 N. GRANT STREET  
SCOTTDALE, PA 15683

(Mail Application to PO Box 533, Scottdale, PA 15683)

## A Smoke Free Facility

### PRE-APPLICATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE# \_\_\_\_\_

#### TENANT INFORMATION:

#### CO-TENANT INFORMATION:

Scottmor is a Senior complex, Is the head-of-household, co-head-of-household or spouse 62 years old or is the head-of-household, co-head-of-household or spouse disabled? Yes \_\_\_\_\_ No \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_

SOC. SEC. # \_\_\_\_\_

SOC. SEC.# \_\_\_\_\_

OCCUPATION \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER \_\_\_\_\_

EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

#### **Income:**

Employment Income \$ \_\_\_\_\_ per \_\_\_\_\_

Employment Income \$ \_\_\_\_\_ per \_\_\_\_\_

Public Assistance \$ \_\_\_\_\_ per \_\_\_\_\_

Public Assistance \$ \_\_\_\_\_ per \_\_\_\_\_

Social Security \$ \_\_\_\_\_ per \_\_\_\_\_

Social Security \$ \_\_\_\_\_ per \_\_\_\_\_

Additional Income (Interest, etc.):

Additional Income (Interest, etc.):

\$ \_\_\_\_\_

\$ \_\_\_\_\_

#### **Assets:**

House \$ \_\_\_\_\_

House \$ \_\_\_\_\_

Cert. of Deposits \$ \_\_\_\_\_

Cert. of Deposits \$ \_\_\_\_\_

Stocks \$ \_\_\_\_\_

Stocks \$ \_\_\_\_\_

Other Investments \$ \_\_\_\_\_

Other Investments \$ \_\_\_\_\_

#### **Medical Expenses:**

Health Insurance \$ \_\_\_\_\_ per \_\_\_\_\_

Health Insurance \$ \_\_\_\_\_ per \_\_\_\_\_

Prescriptions \$ \_\_\_\_\_ per \_\_\_\_\_

Prescriptions \$ \_\_\_\_\_ per \_\_\_\_\_

Co-payments \$ \_\_\_\_\_ per \_\_\_\_\_

Co-payments \$ \_\_\_\_\_ per \_\_\_\_\_

Other Med Exp. \$ \_\_\_\_\_ per \_\_\_\_\_

Other Med Exp. \$ \_\_\_\_\_ per \_\_\_\_\_

Handicapped Unit Needed: \_\_\_\_\_ Yes \_\_\_\_\_ No

Current Landlord (Include Name, Address & Phone Number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior Landlord and Address: \_\_\_\_\_

\_\_\_\_\_

How did you hear about the Scottmor Apartments?

Check all those which apply:            \_\_\_\_\_ Friend  
   \_\_\_\_\_ Newspaper  
   \_\_\_\_\_ Church  
   \_\_\_\_\_ Other

Is the applicant or any member of the applicant's household subject to state lifetime state sex offender registration program in any state?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

List all states that all household members have resided in.

I/We hereby apply for Pre-application as described. I/We affirm that the information provided is correct to the best of my/our knowledge.

Applicant's Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Application Received By \_\_\_\_\_ Date \_\_\_\_\_

**Mail all completed applications to SCCIA, PO Box 533, Scottdale, PA 15683**