PENNSYLVANIA RENTAL APPLICATION

Please fill out this form **COMPLETELY** and sign where indicated.

PERSONAL INFO	RMATIO:	N										
FIRSTNAME	MIDDLE				LAST			S.S.#				
DATE OF BIRTH / /	When	would you lik	ke to move in	in?				DRIVERS LICENSE # STATE				
PHONE – – GELL HOME PHONE		HONE		EXT.			EMAIL					
PRESENT HOME ADDRESS					CITY/STATE/ZIF	1		•				
LENGTH OF TIME PRESENT			RESENT LAND	NDLORD				LANDLORD PHONE				
REASON FOR LEAVING					AMOUNT OF RENT				Is your present rent up to date?			
PREVIOUS HOME ADDRESS				CITY/STATE/ZIP								
LENGTH OF TIME PREVIOU			REVIOUS LAN	ANDLORD					LANDLORD PHONE			
REASON FOR LEAVING					AMOUNT OF RENT				Was your rent up to date?			
NEXT PREVIOUS HOME ADDRESS					CITY/STATE/ZIP							
LENGTH OF TIME			EXT PREVIOU	JS LANDLORD					LANDLORD PHONE			
REASON FOR LEAVING					AMOUNT OF RENT			Was your rent up to date?			ES 🔲 NO	
PROPOSED OCC	TIDANT(S)										
PROPOSED OCCUPANT(S) NAME REL			HIP	OCCUPATION				AGE				
NAME		RELATIONSHIP			OCCUPATION				AGE			
NAME RELATIONS			NSHIP			OCCUPATION			AGE			
NAME		RELATIONSHIP			OCCUPATION			AGE				
NAME		RELATIONSHIP			OCCUPATION				AGE			
VEHICLE(S) INFO										_		
			MODEL		COLOR			PLATE #		STATE		
YEAR MAK	MAKE MODEL		IODEL	COLOR		PLATE #		STATE				
EMPLOYMENT												
CURRENT EMPLOYER				OCCUPATION					HOURS/WEEK			
SUPERVISOR				PHONE	_	EXT: YEAR		EARS EM	S EMPLOYED			
ADDRESS				CITY/STATE/ZIP								
CURRENT EMPLOYER				OCCUPATION	ATION				HOURS/WEEK			
SUPERVISOR				PHONE	EXT: YEAI			EARS EM	S EMPLOYED			
ADDRESS				CITY/STATE/ZIP					•			
INCOME												
CURRENT INCOME \$ WEEKLY D BIWEEKLY MONTHLY YEARLY			YEARLY	SOURCE					PROOF OF INCOME YES NO			
CURRENT INCOME \$				SOURCE					PROOF OF INCOME YES NO			
CURRENT WEEKLY BIWEEKLY MONTHLY YEARLY				SOURCE					PRO	OF OF I	NCOME YE	s 🔲 NO

EMERGENCY/PERSONAL REFERENCE INFORMATION									
EMERGENCY CONTACT	PHONE CELL I HOME	PHONE HOME work							
RELATION	ADDRESS	CITY/STATE/ZIP							
EMERGENCY CONTACT	PHONE CELL I HOME	PHONE HOME							
RELATION	ADDRESS	CITY/STATE/ZIP							
PERSONAL REFERENCE	PHONE CELL I HOME	PHONE HOME • WORK							
RELATION	ADDRESS	CITY/STATE/ZIP							
PERSONAL REFERENCE	PHONE CELL HOME	PHONE HOME WORK							
RELATION	ADDRESS	CITY/STATE/ZIP							
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APPLICANT QUESTIONNAIRE	AUTHORIZATION								
Has applicant ever been sued for bills?	Has applicant ever been locked out of their apartment by the	e sheriff? 🔲 YES 🔲 NO							
Has applicant ever been bankrupt?	Has applicant ever been brought to court by another landlor	d? YES NO							
Has applicant ever been guilty of a felony?	Has applicant ever moved owing rent or damaged an apartr	nent?							
Has applicant ever broken a Lease?	Is the total move-in amount available now (rent and deposit	c)?							
Applicant authorizes the landlord to contact past and present landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented. ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTATION OF THIS FORM OR A PHOTOCOPY OF THIS FORM AT ANY TIME. X APPLICANTSIGNATURE DATE									
If you have any questions about the interpretation or legality of this form, please consult an attorney or other qualified person.									
NOTES:									

Please note that all Applications require a \$40.00 Fee, per person.