

RESIDENTIAL RENTAL APPLICATION

Non-Refundable Fee: \$0.00

THE PROPERTY

Type (Apt, Home, Condo): _____ Square Feet (SF): _____ SF

Bedrooms: _____ Rent Amount: \$ _____ /Month

Street Address: _____

City: Glen Rock State: PA Zip: 17349

Pets? Yes No Smoking Allowed? Yes No Parking? Yes No

If Yes, Describe the Parking: parking at rear of house

TENANCY

Type/Length: _____ Start Date: _____

APPLICANT DETAILS

Full Name: _____ DOB: _____ SSN: _____

Driver's License No. _____ Phone: _____

E-Mail: _____

Other Occupants? Yes No

If Yes, Describe: _____

Pets? Yes No

If Yes, Describe: _____

Vehicles? Yes No

If Yes, Describe: _____

Ever Been Convicted of a Crime? Yes No

If Yes, Describe: _____

Ever Filed for Bankruptcy? Yes No

If Yes, Describe: _____

Ever Been Evicted? Yes No

If Yes, Describe: _____

CURRENT EMPLOYMENT

Company: _____ Occupation/Title: _____

How Long? _____ Gross Income: \$ _____ (From Prior Year Tax Filing)

Street Address: _____

City: _____ State: _____ Supervisor: _____

PREVIOUS EMPLOYMENT

Company: _____ Occupation/Title: _____

How Long? _____ Gross Income: \$ _____)

Street Address: _____

City: _____ State: _____ Supervisor: _____

CURRENT RESIDENCE

Type (Apt, Home, Condo): _____ Square Feet (SF): _____ SF

Bedrooms: _____ Rent Amount: \$ _____ /Month

Street Address: _____

City: _____ State: _____ Zip: _____

How long at this Address? _____ Current Lease Expiration Date: _____

Desire for Moving? _____