

**WILLIAM PENN REALTY GROUP, INC**

APT#:

BLG: \_\_\_\_\_

CURRENT PHONE \_\_\_\_\_

RENT: \$ \_\_\_\_\_

MOVE IN DATE \_\_\_\_\_

DEPOSIT: \$ \_\_\_\_\_

(w/Application)

**RENTAL APPLICATION**

MR/MRS/MS. \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

STREET CITY STATE ZIP

RESIDENCE FOR LAST (3) YEARS (IF DIFFERENT FROM ABOVE)

STREET CITY STATE ZIP

PRESENT RENTAL Amount \_\_\_\_\_ HOW LONG? \_\_\_\_\_ BREAKING LEASE? \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_ MARITAL STATUS \_\_\_\_\_ NO. OF CHILDREN \_\_\_\_\_

PRESENT Landlord \_\_\_\_\_ AGENT PHONE ( ) \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_ SALARY \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ OCCUPATION \_\_\_\_\_

LAST THREE (3) YEARS OF EMPLOYMENT - IF DIFFERENT THAN ABOVE:

EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_ OCCUPATION \_\_\_\_\_ HOW LONG ? \_\_\_\_\_

STUDENT AT \_\_\_\_\_ COURSE OF STUDY \_\_\_\_\_ ADVISOR \_\_\_\_\_

MAJOR CREDIT CARDS: \_\_\_\_\_

CHECKING ACCOUNT (# & BRANCH) \_\_\_\_\_ SAVINGS ACCOUNT (# & BRANCH) \_\_\_\_\_

INCASE OF EMERGENCY \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

INTENDING TO BE LEGALLY BOUND, APPLICANT and LESSOR agree that the APPLICANT shall be entitled to a refund of his/her/their deposit, if and only he notifies LESSOR in writing, within (3) days of the signing of this APPLICATION, of their intention to cancel. Should APPLICANT fail to notify LESSOR of cancellation within three (3) calendar days, in writing, LESSOR will retain all deposit monies as liquidated damages for withdrawing this unit from the rental market.

APPLICANT(S) certifies and represents that all information on this APPLICATION is correct, that he is not breaking his Lease, that he has paid his rent/mortgage payments in a timely fashion for the past twelve (12) month period, that they have received no notices of Lease Termination or Eviction; and that they have not filed for bankruptcy with the past five (5) years, and are presently financially solvent; that no adverse credit information is on record - except as follows:

AUTHORIZATION TO OBTAIN INFORMATION: APPLICANT hereby authorize LESSOR to verify accuracy of all statements in this APPLICATION, and also authorize all employers, previous landlords, mortgage holders, all banks and any other creditor listed on the lease application, to release all information concerning me or my account(s), my rental history or payments, my employment history, including the likelihood of future employment for the purpose of verifying this APPLICATION, and determining my ability to afford the contractual obligations of the LEASE.

A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE THE EQUIVALENT OF THE ORIGINAL.

This authorization shall be continuing during the term of the LEASE or any renewal of the LEASE; to update or otherwise verify new information including, but not limited to LESSOR'S rights to inquire from time to time, from banking institutions, whether there are sufficient funds to pay check, or checks delivered by LESSEE to LESSOR.

No pets are permitted without the written consent of Lessor/Agent.

I release all such persons delivering said and all other information, from any inadvertent error, whether communicated either orally, or in writing, or over the telephone. APPLICANT understands that a photo I.D. is necessary to complete this application. APPLICANT understands that the provider of information may communicate adverse information.

ALL APARTMENTS ARE AVAILABLE FOR RENT UNTIL A COMPLETED APPLICATION AND DEPOSIT ARE RECEIVED AND APPROVED.

IT IS AGREED AND UNDERSTOOD THAT ALL APPLICATION FEES AND DEPOSIT MONIES SHALL BE FULLY REFUNDED IF APPLICATION IS NOT APPROVED BY LESSOR FOR ANY REASON WHATSOEVER.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_