

173 apartments

437 Centreville Pike #9
Slippery Rock, PA 16057
(724) 794-2782

RENTAL APPLICATION - FOR OFFICE USE ONLY
DATE _____ APT NO. _____ RENT \$ _____
DEPOSIT PAID _____ TO HOLD TIL _____
DEPOSIT WILL NOT BE REFUNDED IF LEASE IS NOT
SIGNED BY _____

Please complete all requested information on this form. Application must be filled in completely in order to process. Thank-you

Date of Application _____ Desired Date of Occupancy _____ No. Of Bedrooms _____

PERSONAL INFORMATION

APPLICANT'S FULL NAME _____ Date of Birth _____

Social Security No. _____ Drivers License No./State _____

CO-APPLICANT'S FULL NAME _____ Date of Birth _____

Social Security No. _____ Drivers License No./State _____ Relationship _____

Full Names of other Residents to occupy Apartment	Relationship to You	Date of Birth

Note any animals or pets to occupy unit: Number of Pets _____ Type of Animal(s) _____

How did you hear about our property? _____

RESIDENCE HISTORY

PRESENT ADDRESS _____

Present Telephone _____ Dates From _____ To _____

Present Landlord or Mortgage Co. _____ Telephone _____

Monthly Payment \$ _____ Reason For Moving _____

PREVIOUS ADDRESS _____

Dates From _____ To _____

Previous Landlord or Mortgage Co. _____ Telephone _____

Monthly Payment \$ _____ Reason For Moving _____

EMPLOYMENT INFORMATION

PRESENT EMPLOYER _____ Dates From _____ To _____

Employer's Address _____ Telephone _____

Position _____ Supervisor _____ Gross Monthly Salary \$ _____

OTHER INFORMATION

Total Gross Monthly Household Income _____ Number of Dependants _____ Student__ Married__ Unmarried__

If there are other sources of income you would like us to consider, please list income, source, and person to contact for confirmation.

You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Per _____ Source _____ Telephone _____

Nearest Relative: _____ Telephone _____ Address _____

Total Number of Vehicles _____ Make/Model _____ Year _____ Licence Plate No. _____

BANKING AND CREDIT REFERENCES

ACCOUNT TYPE	BANK/STORE/CHARGE NAME	ACCOUNT #	BALANCE	MONTHLY.PMT
CHECKING				
SAVINGS				
AUTO LOAN				
OTHER				

VERIFICATION, CONDITIONS, and IMPORTANT NOTICE - YOU MUST READ THE PARAGRAPHS BELOW AND AGREE BEFORE SIGNING !

I hereby declare that the above information is accurate and permit any agent of James P. Chandler (173 apartments) to investigate my credit and references. It is also understood that any falsifications or misrepresentations made on this rental application shall make this application and any subsequent lease agreement subject to cancellation at the option of the lessor.

Read carefully before you complete this application. The following conditions are understood to be a prerequisite for completing this application and with the understanding the applicant(s) must be qualified as an acceptable tenant and the applicant(s) agrees to the conditions of the Lessor set herein and all other conditions and terms of any lease entered into between the Lessor and the Applicant(s).

The applicant(s) hereby authorize the investigation of information herein submitted by the applicant(s) and any information acquired as a result of this investigation for this request. All wages and income must be verified. Applicant(s) acceptance shall be based, in part, on the credit worthiness of the applicant(s) as determined by the credit policy of the Lessor and the personal habit(s) of the applicant(s) as may be acceptable by the Lessor. Present and past landlords are to be questioned as to the promptness of rental payments, good housekeeping, damages if caused by applicant(s), violations if any of the lease agreements, and any and all matters that may affect the acceptance of this application. No dogs or pets permitted on the leasehold premises without the written consent of the lessor. Applicants shall forfeiture the Advance Deposit under the following conditions: (a) cancels the Rental Application (b) Failure of the applicants to enter into a lease agreement with the lessor upon acceptance of the applicants(s) as a tenant by the lessor and after being duly notified of such acceptance within forty-eight (48) hours of such notification to enter into a lease agreement. Upon the completion of the lease agreement, the Advance Deposit shall be credited towards the first month's rent. In the event the applicant(s) is/are not accepted as a tenant(s) the advance deposit will be refunded. The Escrow Deposit fund shall be held applicable to the laws of the Commonwealth of Pennsylvania and shall not be used by the tenant as the final lease agreement payment or any other lease agreement payment, in part or in whole. Any attempt to move, or actually move from the leasehold premises without the written consent from the lessor, prior to the expiration of the lease agreement, shall give cause for legal recourse by the lessor to collect the remaining portion of the lease agreement terms. The applicant(s) herein agree to hold self/selves responsible for all future defects of the leasehold premises that may arise out of their own negligence, self causing, or other means caused by the applicant(s) and their visitors. The applicant(s) understand that any violation, by the applicant(s) of any Health Standards Codes now enacted, or enacted in the future, by the municipality in which the leasehold property is located, or as may be set forth by any Country Health Ordinance in which the Leasehold Property is located shall be reported to that Enforcing Agency for compliance. I HAVE READ AND AGREE TO THE ABOVE CONDITIONS.

APPLICANT'S SIGNATURE _____

CO-APPLICANT _____

DATE SIGNED _____

OFFICE USE ONLY- REFERENCE VERIFICATION - REMARKS - DATE
Present Landlord _____
Previous Landlord _____
Employment _____
Bank _____
Other _____