

LOVETT'S MANUFACTURED HOME PARK

Dennis & Laura Baker
367 Briar Lane, Corry, PA 16407
(814) 664-5493

RENTAL APPLICATION

To Applicant:

This application must be completed in full. If "None", so indicate. All items are subject to verification. A false or willfully omitted statement in this application will be grounds for its rejection, or cancellation of your lease at the option of landlord. **This application must be accompanied by a non-refundable fee of \$20.00 per person, (FOR ALL PERSONS OVER 18 YEARS OF AGE) for processing and credit reports.**

Property Address _____ Apt. No _____ Date _____

1. APPLICANTS

Name		Social Security #	Date of Birth	Occupation
Applicant:				
Spouse:				
Maiden Name:				
Aliases:				
Home Phone	Business Phone	Marital Status	Drivers License #	Pets (Special Written Permission Required)
Children's Names and Ages				
Why are you moving?			Present Rent?	Utilities?

2. LAST THREE RESIDENCES

Address and Apartment #	City, State, Zip	Date of Occupancy	Landlord's Name, Address, Phone #
Present			
Previous			
Previous			

3. EMPLOYMENT

Your Supervisor's Name _____

Employer	Address and Phone #	Zip Code	Dates Worked
Present			
Previous			

4. EMPLOYMENT OF SPOUSE

Spouse's Supervisor's Name _____

Employer	Address and Phone #	Zip Code	Dates Worked
Present			
Previous			

5. LIST OF YOUR PROPERTY

Which will be located on the rental premises

Items	Value
Furniture	\$
Electronics	\$
Other	\$
Other	\$

6. MONTHLY INCOME ***

Source	Amounts
	\$
	\$
	\$
	\$
Total	\$ _____

7. LIST OF MOTOR VEHICLES

Total Number? _____

Make	Year	Color	Type	License # and State

8. CURRENT LOANS AND OBLIGATIONS

Company or Person	Reason	Time Left	Monthly Amount
			\$
			\$
			\$
			\$
Total			\$ _____

9. FINANCIAL REFERENCES

Name	Address
Bank	
Charge Account	

10. PERSONAL REFERENCES (NON-FAMILY MEMBERS)

Name	Relationship	Address	Phone #
Emergency Contact:			

11. GENERAL

a. Have you received welfare assistance within the last two years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
b. Have you received unemployment compensation within the last two years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
c. Are you eligible for any Government Housing Subsidy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
d. Have you ever been evicted for non-payment of rent or otherwise failed to meet your lease obligation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
e. Have you ever been convicted of, pleaded guilty, or "no contest", to a felony (whether or not resulting in a conviction)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
f. Have you ever been convicted of, pleaded guilty, or "no contest", to a misdemeanor involving sexual misconduct (whether or not resulting in a conviction)? {If YES, itemize and explain in remarks}	YES <input type="checkbox"/>	NO <input type="checkbox"/>

12. REMARKS

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13. RENTAL INFORMATION How Did You Hear About This Rental Unit?

Classified Newspaper Ad <input type="checkbox"/>	Recommendation <input type="checkbox"/>	Website <input type="checkbox"/>	Saw Rental Unit While Driving By <input type="checkbox"/>	Yellow Pages <input type="checkbox"/>
Other: _____				

I CERTIFY THAT the above information supplied is true and complete to the best of my knowledge. I authorize verification of all information given; and understand that additional information will be obtained from the Apartment Association of Northwestern Pennsylvania, Inc., the Credit Bureau, and other sources. I understand that my rent payment record, my performance of rules and lease obligations, and my treatment of the premises will be reported to the Apartment of Northwestern Pennsylvania, Inc., a credit bureau, and other Landlords.

I understand that this application may be accepted or rejected at the discretion of the Landlord. **I understand and agree that rents and deposits paid toward the rental unit will be refunded only if this application is rejected by the Landlord;** and that otherwise, those rents and deposits will be applied as specified in the lease agreement. ALL applicants, 18 years of age or older, MUST sign below.

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____