



**Fax this application to: (215) 482-0780**

## **RESIDENTIAL RENTAL APPLICATION**

*All individuals 18 and older should complete a separate rental application.*

Date of Application: \_\_\_\_\_

***This section to be completed by landlord.***

Address of Rental Property: \_\_\_\_\_

Move-in Date: \_\_\_\_\_ Rental Term: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Security Deposit Amount: \$ \_\_\_\_\_

### **APPLICANT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work / Cell Phone \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Number of Occupants: \_\_\_\_\_

### **ADDITIONAL APPLICANTS**

Full Name	Relationship	Full Name	Relationship

**RESIDENTIAL HISTORY**

Current Address: \_\_\_\_\_

Length of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_

Landlord: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Length of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_

Landlord: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

Previous Address: \_\_\_\_\_

Length of Occupancy: From \_\_\_\_\_ To \_\_\_\_\_

Landlord: \_\_\_\_\_ Landlord's Phone: \_\_\_\_\_

Monthly Payment: \$ \_\_\_\_\_ Reason for Moving: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Current Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Dates Employed \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Dates Employed \_\_\_\_\_ Salary: \$ \_\_\_\_\_ per \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Sources of Income: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**BANK & CREDIT REFERENCES**

Bank Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Savings Account # \_\_\_\_\_

Credit Card Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Account #: \_\_\_\_\_

Credit Card Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Account #: \_\_\_\_\_

Loan (car loan, student loan or other): \_\_\_\_\_

Loan Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Account #: \_\_\_\_\_

Other Financial Obligations (alimony, child support or other): \_\_\_\_\_

\_\_\_\_\_

**VEHICLE INFORMATION** (including motorcycles, trailers, RVs, boats)

Make	Model	Year	Own / Lease	Lic. Plate # / State

**PERSONAL REFERENCE**

Personal Reference Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**EMERGENCY CONTACT**

Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**MISCELLANEOUS**

Number and Type of Pets: \_\_\_\_\_

- Have you ever:
- Filed for bankruptcy in the past seven years?       Yes       No
  - Been evicted from a rental residence?                       Yes       No
  - Been 2 or more months late on rental payments?       Yes       No
  - Been convicted of a felony?                                       Yes       No

Explain any "Yes" responses: \_\_\_\_\_

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**AUTHORIZATION**

This application must be signed by the applicant before consideration by the Landlord / Manager and is subject to the Landlord's approval.

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration. I authorize the Landlord / Manager to contact all references given in this application and to conduct a credit review, including obtaining my credit report from any authorized credit reporting agency.

All deposit monies forfeited if application canceled after 72 hours of applying. Cancellation notice must be in writing and countersigned by Martin Management.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_

LANDLORD / MANAGER USE ONLY (Do not write below)

Credit Report fee \$ \_\_\_\_\_ (not refundable), received on \_\_\_\_\_

Manager Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_