



Please Print and Fax to
(215) 545-0701

RENTAL APPLICATION

Notice: Co-Applicant must complete a separate Rental Application Form

The undersigned hereby makes application to rent unit number _____ located at _____
beginning on _____, 20_____, at a monthly rental of \$
.

PLEASE TELL US ABOUT YOURSELF

FULL NAME _____ Phone () _____

Email: _____ Phone 2 () _____

Date of Birth _____ Social Security No. _____

Name of Co-Applicant _____

Other Occupants and Their Relationship _____

Pets (Number and Kind) _____

EMAIL ADDRESS _____

PLEASE GIVE YOUR RESIDENCE HISTORY FOR THE PAST 3 YEARS (Beginning With Most Current)

CURRENT ADDRESS _____ City/State: _____ Zip: _____

Month & Year Moved In _____ Reason for Leaving _____

Owner or Agent _____ Phone () _____

PREVIOUS ADDRESS (If within 3 years) _____

Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____

Owner or Agent _____ Phone () _____

PREVIOUS ADDRESS (If within 3 years) _____

Month & Year Moved In _____ Moved Out _____ Reason for Leaving _____

Owner or Agent _____ Phone () _____

PLEASE GIVE YOUR EMPLOYMENT INFORMATION

EMPLOYED BY _____ How Long? _____ Salary _____

Employer's Address _____ Phone () _____

Position Held _____ Supervisor _____

PREVIOUS EMPLOYER _____ How Long? _____

Employer's Address _____ Phone () _____

Position Held _____ Supervisor _____

YOUR DRIVER'S LICENSE NUMBER _____ State _____

YOUR VEHICLE MAKE/MODEL _____ Year _____ Tag No. _____ State _____

SECOND VEHICLE MAKE/MODEL _____ Year _____ Tag No. _____ State _____

OTHER VEHICLES _____

HAVE YOU EVER: Filed for bankruptcy? _____ No _____ Yes

Been evicted from tenancy? _____ No _____ Yes

Willfully or intentionally refused to pay rent when due? _____ No _____ Yes

PLEASE GIVE YOUR SOURCE OF REFERENCE

PHILADELPHIA WEEKLY _____ INQUIRER _____ SIGN _____ OTHER _____

PLEASE GIVE ANY ADDITIONAL INFORMATION WHICH MIGHT HELP MANAGEMENT EVALUATE THIS APPLICATION

_____ IN CASE OF
PERSONAL EMERGENCY, NOTIFY: _____

Relationship _____ Telephone(s) () _____

Address _____

If management has any questions about this application, please give PHONE NUMBERS where you can be located:

DAY PHONE(S) _____

NIGHT PHONE(S) _____

I hereby apply to lease the above described premises for the term and upon the conditions above set forth and agree that the rental is to be payable the FIRST day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above set forth are true; however, should any statement made above be a misrepresentation or not a true statement of facts, ALL of the deposit will be retained to offset the agent's cost, time and effort in processing my application.

I hereby deposit one month's rent as earnest money to be refunded to me if this application is not accepted within five business banking days. Upon acceptance of this application, this deposit shall be retained as the Security Deposit. When so approved and accepted I agree to execute a lease for twelve months or longer before possession is given, or the deposit will be forfeited as liquidated damages in payment for the agent's time and effort in processing my inquiry and application, including making necessary investigation of my credit, character, and reputation. At the signing of the lease I also agree to pay the First Month's Rent and the Last Month's Rent as required. If this application is not approved and accepted by the owner or the agent, the deposit will be refunded, and the applicant hereby waives any claim for damages for nonacceptance.

I RECOGNIZE THAT AS A PART OF YOUR PROCEDURE FOR PROCESSING MY APPLICATION, AN INVESTIGATIVE CONSUMER REPORT MAY BE PREPARED WHEREBY INFORMATION IS OBTAINED THROUGH PERSONAL INTERVIEWS WITH MY NEIGHBORS, FRIENDS, AND OTHERS WITH WHOM I MAY BE ACQUAINTED. THIS INQUIRY INCLUDES INFORMATION AS TO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MODE OF LIVING. I UNDERSTAND THAT I MAY HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF THIS INVESTIGATION.

The above information, to the best of my knowledge, is true and correct.

Signature of Applicant _____

Date Signed _____

CONSUMER NOTICE

ACT 112 OF THE PENNSYLVANIA LICENSING AND REGISTRATION ACT OBLIGATES PMG REALTY TO INFORM YOU THAT WE REPRESENT AND SERVE AS AGENTS FOR THE OWNER OF THE PROPERTY FOR WHICH YOU ARE APPLYING TO RENT.

SIGNATURE



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