



Equal Housing Opportunity

APPLICATION MUST BE FILLED OUT COMPLETELY USING BLUE OR BLACK INK.

Today's Date _____ Date of anticipated Move in _____

Property Address _____ Apt# _____

Security Deposit _____ Monthly Rent _____

PLEASE TELL US ABOUT YOURSELF

Full Name _____

Date of Birth _____

Driver's License# _____ State _____

Home Phone _____ Cell Phone _____

Email Address _____

Parent's names _____

Address _____

City _____ State _____ Zip _____

Co-Applicant Names _____

PLEASE GIVE RESIDENTIAL HISTORY

Current Address _____ Apt# _____

City _____ State _____ Zip _____

Reasons for Leaving _____

Rent \$ _____ Lease Dates: _____

Owner/Agent _____ Phone () _____

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION/REFERENCES

_____ Full Time _____ Part Time _____ Student _____ Unemployed

Employer _____

Dates employed _____ Employed as _____ Salary \$ _____

Supervisor Name _____ Phone () _____

If Student please supply the following:

Students: Major _____ Graduation date _____

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Be sure to Friend us on Facebook! <https://www.facebook.com/FairmountEastApartments/>

203 East Fairmount Avenue, Suite 1, State College, PA 16801

Office Phone: (814) 234-4188 | Office Fax: (814) 234-4493

Website: <https://www.fairmouneastapts.com> | Email: apts@fairmouneastapts.com



Personal Reference

Name _____ Phone () _____

Address _____ Relationship _____

In Case of Emergency who do we contact?

Name _____ Phone () _____

Address _____

Relationship _____

Will you need parking? _____ **If YES INSIDE OR OUTSIDE** _____

Make/Model of vehicle _____

Where may we reach you to discuss this application?

Day Phone () _____ Night Phone () _____

I hereby apply to lease the above described premises for the term and upon the set 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 \$_____ as earnest money to be refunded to me if this application is not accepted in 5 business banking days. Upon acceptance, this deposit shall be retained as part of the security deposit. When so approved and accepted, I agree to execute a lease for _____ months before possession is given. If the application is not approved or accepted by the owner or agent, the deposit will be refunded minus \$30.00 application fee, the application hereby waiving any claim for damages by reason off non-acceptance which the owner or agent may reject. I recognize that as a part of your procedure for processing my application, and investigative consumer report may be prepared whereby information is obtained through personal interviews with others with whom I may be acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living.

The information on this application, to the best of my knowledge, is true and correct.

Please sign: X _____

Name of Applicant

Date

PLEASE DO NOT WRITE BELOW (Office use only)

DEPOSIT: _____ DATE RECEIVED _____

CHECK NUMBER _____

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