

APPLICATION TO LEASE

PLEASE FILL IN THIS APPLICATION COMPLETELY!

PROPERTY I.D. _____

Property A Management - PAM
778 Garrett Rd, Upper Darby, Pa 19082
Phone 610-352-4445 Fax 610-410-7611 (call 1st)
www.4rent.name – Email – Pam.778@hotmail.com.

DATE OF APPLICATION _____

1. QUESTIONER

- a) **Has** applicant ever been brought to court by another landlord? YES NO
- b) **Has** applicant ever been locked out of their apartment/house by a sheriff? YES NO
- c) **Has** applicant ever moved owing rent or damaged for apartment/house? YES NO
- d) **Has** applicant ever broken a lease? YES NO
- e) **IS** the total move in amount available now (rent, deposit & last month)? YES NO
- f) **Please** use last page to explain any negative information.

2. Apartment Occupants (List all persons who will occupy property) Names numbers must match I.D.

NAME	Birthday	Age	Sex	Social Security #	Couple_ Single_ Widowed_Separated_ Divorced_ Other_

3. **INCOME** Monthly\$ _____ + (Other) \$ _____ = (Total) \$ _____ **PHONE** Cell: _____
(Explain 2nd source)

Work #: _____ Email _____

4. EMPLOYMENT

>>>> “Please Attach Pay Stub” <<<<

Current Employer: _____ Address _____

How long: _____ Phone: _____ Email: _____

Supervisor Name: _____ Hours/week: _____
(previous employer required if less than 4 yrs.)

4a. Previous Employer: _____ Address: _____

How long: _____ Phone: _____ Email: _____ Supervisor Name: _____

Hours/week: _____

5. **PERSONAL REFERENCES** (Relationship) ? (Two Required)

NAME ADDRESS CITY/STATE/ZIP Cell & Email

a) _____

b) _____

6. **CURRENT ADDRESS WHERE YOU LIVE NOW - - How Long: Years _____ Months _____ Rent\$ _____**

NAME ADDRESS CITY/STATE/ZIP Cell & Email

a) _____

Current Landlord Name: _____ Phone: _____

Email: _____

(less than four years than 2nd address required)

6.1 **PREVIOUS ADDRESS WHERE YOU LIVED - - How Long: Years _____ Months _____ Rent\$ _____**

NAME ADDRESS CITY/STATE/ZIP Cell & Email

b) _____

Previous Landlord Name: _____ Phone: _____

Email: _____

7. **BANK AND CREDIT CARD** NAME ADDRESS CITY/STATE/ZIP PHONE

a) _____

CHECKING ACT # _____ SAVING ACT # _____ CREDIT CARD YES/NO

8. **DRIVERS LICENSE #** _____ VEHICLE Make/model year _____ Tag # _____

9. **IN CASE OF EMERGENCY PLEASE NOTIFY** ----- Whom they are to you?

NAME ADDRESS CITY/STATE/ZIP Cell & Email

a) _____

10. A holding deposit in the sum of \$ (as recorded) is made, as consideration for management promise to hold this dwelling for applicant. It is understood that this application is subject to approval and acceptance of the management. If the application is not approved, the deposit, less the fee for credit reports and processing of \$55.00, the balance will be returned to the applicant. It is also understood that the entire holding deposit will be lost if this applicant, after approval, fails to sign the lease and /or fails to moves in.

11. CIRCLE THE APPROPRIATE ANSWERS IN EACH OF THE FOLLOWING AREAS:

a) WHY ARE YOU MOVING? Job Transfer Parking Noise Better Location Management Maintenance Price Other-Explain

b) HOW DID YOU FIND OUT ABOUT OUR VACANCY? Drive by Apartment Directory Craigslist Locator Service
Newspaper Referred by Someone Other-Explain

12. VEHICLES CIRCLE how many Automobiles 1 2 Motorcycle 1 2 Boat 1

Applicant authorizes PAM to contact landlords, employers, creditors, credit bureaus, neighbors and any other sources deemed necessary to investigate applicant. All information is true, accurate and complete to the best of applicant's knowledge. Landlord reserves the right to disqualify tenant if information is not as represented. **ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON PRESENTMENT OF THIS FORM, OR A PHOTOCOPY, FAX, PDF AT ANY TIME, PAST, PRESENT AND FUTURE. ALSO, FOR THE COLLECTION OF PENDING OR JUDGMENTS FOR POST RENTAL COLLECTIONS.**

Print Name: _____

SIGNATURE _____

DATE _____

Print Name: _____

SIGNATURE _____

DATE _____

Use this space to explain:

Make check/money order payable to: "Property Management" \$45.00 per person - 778 Garrett Road Upper Darby, Pa 19082
phone: 610-352-4445 fax: 610-410-7611 (call 1st before faxing) - - Thank you.

Note: Incomplete information is subject to rejection without notice and/or surcharges for completion.

revised 12/2020